IBS Diagnostic Flowchart for adults under 50 years of Age

History and examination in primary care

Age <50 years with following symptoms for at least 3 months:

- Abdominal pain
- Bloating
- Change of bowel habit

Any Red Flags?

- Unintentional weight loss
- Unexplained rectal bleeding
- Family history of bowel/ovarian cancer
- Abdominal mass
- Rectal mass
- Iron-deficiency anaemia
- Nocturnal diarrhoea

Review: NICE Suspected cancer recognition and referral guidelines and refer

Cancer not suspected

A positive diagnosis of IBS should be considered if the person has recurrent abdominal pain, on average at least 1 day per week in the last 3 months.

This is usually accompanied by at least **two** of the following**:**

- Pain related to defecation
- Associated with a change in bowel habit
- Associated with a change in stool form (appearance)

Common symptoms include abdominal bloating and distension. Other features such as lethargy, nausea, depression/anxiety, fibromyalgia, backache & bladder symptoms are common in people with IBS and may be used to support the diagnosis.

Organise: FBC, CRP, coeliac serology → If abnormal refer to secondary care

Positive diagnosis of IBS
Manage as per IBS Management Pathway **in primary care**

Uncertainty of diagnosis of IBS vs. IBD

Organise:

1. Faecal calprotectin (ug/g) – **ensure off NSAIDs & PPI for 2 weeks**
2. If loose stool send stool culture (M,C&S)

Calprotectin <100

IBS 98% likely

Manage as per IBS Management Pathway

Calprotectin 100-250

Equivocal result, **repeat at 2 weeks**

Calprotectin >250

IBD 46% likely

Ensure stool culture sent. Refer to Gastroenterology urgently highlighting suspected IBD pathway

Repeat Calprotectin <100

IBS 98% likely

Manage as per IBS Management Pathway

Repeat Calprotectin>100

IBD 12% likely

Ensure stool culture sent. Refer to Gastroenterology urgently highlighting suspected IBD pathway