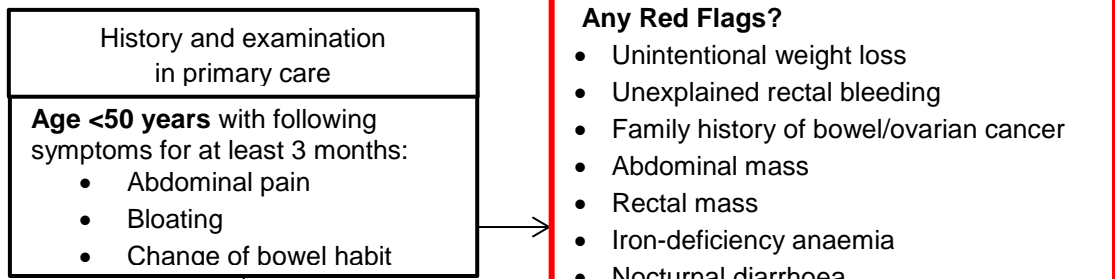


## IBS Diagnostic Flowchart for adults under 50 years of Age



Cancer not suspected

Review: NICE Suspected cancer recognition and referral guidelines and refer

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](#)