The Newcastle Upon Tyne Hospitals NHS Foundation Trust

DIAGNOSING AND MANAGING SUSPECTED IBS IN PRIMARY CARE

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Review Date April 2026

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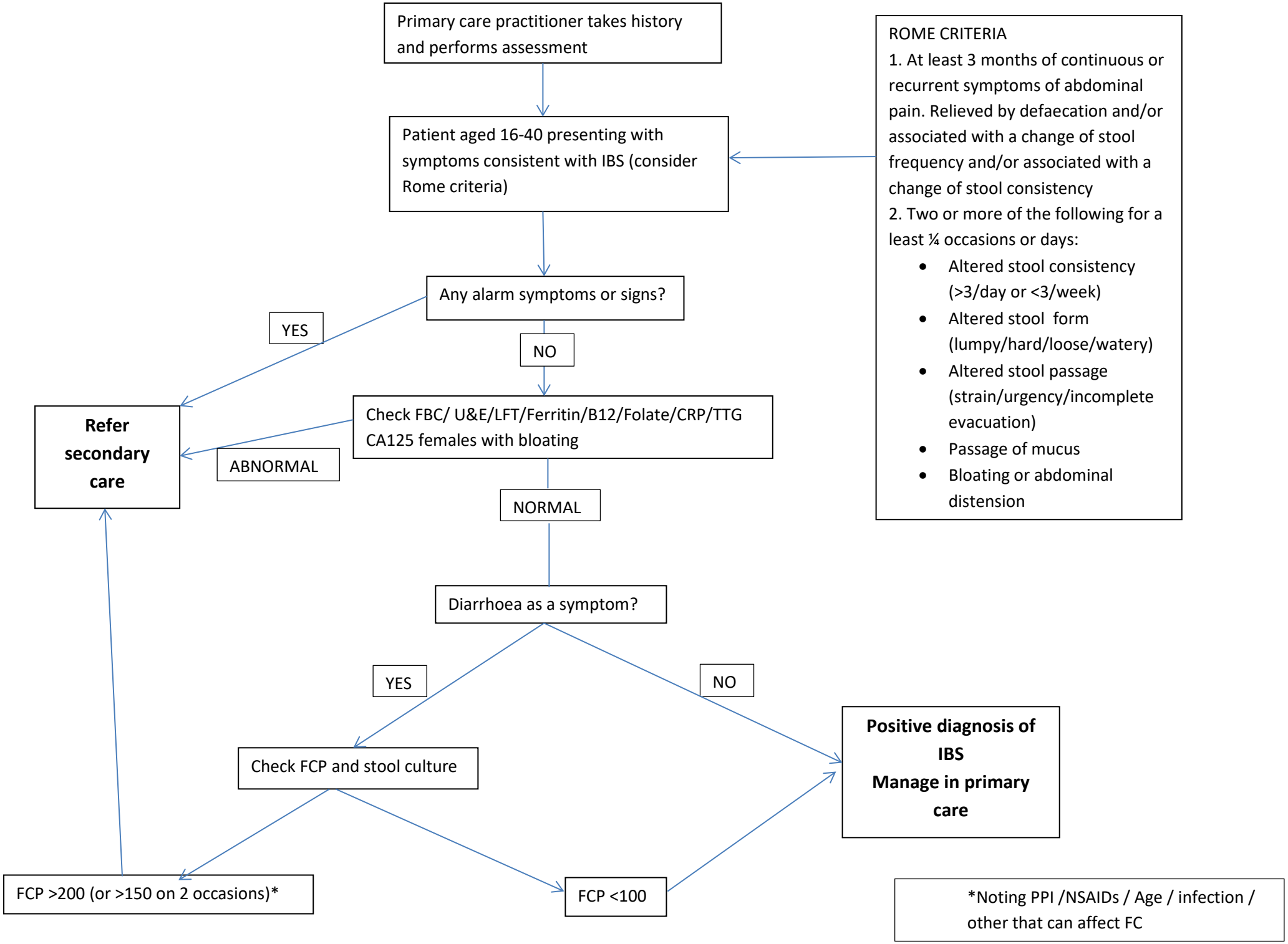
Primary care practitioner takes history and performs assessment
Patient aged 16-40 presenting with symptoms consistent with IBS (consider Rome criteria)
ROME CRITERIA
1. At least 3 months of continuous or recurrent symptoms of abdominal pain. Relieved by defaecation and/or associated with a change of stool frequency and/or associated with a change of stool consistency
2. Two or more of the following for a least ¼ occasions or days:
• Altered stool consistency (>3/day or <3/week)
• Altered stool form (lumpy/hard/loose/watery)
• Altered stool passage (strain/urgency/incomplete evacuation)
• Passage of mucus
• Bloating or abdominal distension
Any alarm symptoms or signs?
YES
NO
Refer secondary care
Check FBC/ U&E/LFT/Ferritin/B12/Folate/CRP/TTG CA125 females with bloating
ABNORMAL
NORMAL
Diarrhoea as a symptom?
YES
NO
Positive diagnosis of IBS
Manage in primary care
Check FCP and stool culture
FCP >200 (or >150 on 2 occasions)*
FCP <100
*Noting PPI /NSAIDs / Age / infection / other that can affect FC

Management of IBS in primary care

Reinforce positive diagnosis of IBS with access to clinician YouTube video- describing and explaining symptoms
Offer links to further information:
The IBS Network
IBS- Getting diagnosed- NHS (www. nhs.uk)

Offer General Lifestyle advice
- Increase physical activity
- Reduce caffeine and sugar
- Reduce alcohol
- Eat regular meals

Ongoing symptoms offer first line pharmacological therapy alongside further dietary advice

First line pharmacological therapy
Offer treatment depending on the predominant symptom
- Antispasmodics (for bloating and pain): colpermin (one tab tds), buscopan(10mg TDS) or mebeverine (135mg tds)
- Antimotility (Diarrhoea predominant): Loperamide (titrate up as required max 8mg per day)
- Laxatives (constipation predominant or alternating bowel habit): Non lactulose containing; suggested regime laxido 1-2 daily, bisacodyl 10mg at night PRN (when no BO for 2 days)

Dietary Management
Consider further dietary advice
- gluten free diet
- lactose free diet

Trial for 2 weeks each (not at the same time) and revert back to normal diet if no improvement

Still symptomatic offer second line management strategies

Second line pharmacological therapy
- Constipation predominant: switch Laxido to Linaclotide 290mg OD
- Bloating, pain and diarrhoea start low dose amitriptyline or nortriptyline 10mg at night can be titrated up to 30mg at night. Offer SSRI if can't tolerate TCA

Refer to dietician for FODMAPS diet

Ongoing symptoms despite above, consider referral or A&G secondary

NB if persistent diarrhoea despite all steps consider referral for SehCAT