

Irritable bowel syndrome

Primary Care Trust Clinical Assessment Service

Management

Primary Care management includes

- Appropriate treatment depends on symptoms
- Exclude serious alternative diagnoses
- Manage by considering end organ treatment or central treatments (these approaches are not mutually exclusive)
- Non drug treatments include: explanation, reassurance, diet and lifestyle
- Drug treatments should be as required and include laxatives, antidiarrhoeal agents, antispasmodics,
- antidepressants
- For children dietary changes alone are recommended
- Psychological treatments include psychotherapy, relaxation therapy, biofeedback, cognitive behaviour therapy, dynamic psychotherapy
- Transcutaneous nerve stimulation may treat the pain but not other symptoms

Specialist management includes

Further investigations such as barium enemas and sigmoidoscopy are considered, and more specialist treatments such as exclusion diets, psychotherapy, transcutaneous nerve stimulation, and use of tricycilc antidepressants may be tried. Some specialist centres, where available, may carry out motility and visceral sensitivity testing to help clarify the diagnosis.

When to refer

Urgent out-patient referral [liaise with specialist and copy to CAS]

Referral may be appropriate to exclude serious alternative diagnoses e.g. colorectal cancer

Refer to CAS

- Referral may be required to exclude serious alternative diagnoses e.g. inflammatory bowel disease
- If symptoms are constant, more severe, there is poor response to standard treatment, or the person requires further reassurance then referral for specialist opinion is appropriate. Any change in symptoms should be reevaluated
- People with atypical symptoms, or symptoms and signs suggesting a high risk of neoplasia (such as age over 45years at presentation; family history of cancer of colon, breast, ovary, or uterus; new symptoms; sinister symptoms -e.g. rectal bleeding weight loss, anorexia) should always be referred

Refer to RARC

if the patient does not meet the referral criteria above consider referral to CAS requesting a RARC appointment.