

# **Positive Diagnosis Guide for Irritable Bowel Syndrome With Diarrhea (IBS-D)**

#### Consider common symptoms of IBS-D<sup>2</sup>

- Change in bowel habits
- Recurrent abdominal pain
- Increased bowel urgency
- Increased bowel frequency Most abnormal bowel
- movements are diarrhea
- Pain reduced or worsened
- with bowel movement
- Bloating

Patients with IBS-D often experience multiple symptoms for extended periods before a diagnosis.<sup>3</sup>

Limited laboratory tests

may be appropriate

to rule out infection,

celiac disease, thyroid

issues, and IBD.2,†

Did you know?

This is not a comprehensive list of IBS-D symptoms.

### Probe further to uncover all symptoms

Ask your patient about all the symptoms they are experiencing, not just the most common or most bothersome.

Conversation Starters to help you probe are provided on page 2.

#### Review the Rome Foundation Clinical Diagnostic Criteria for Disorders of Gut-Brain Interaction<sup>4</sup>

□ Do your patient's symptoms align with the Rome IV Clinical Diagnostic Criteria for IBS-D? (See page 2.)

#### **Rule out alarm features**

- Conduct a complete medical history and rule out the alarm features below.<sup>1,2,5,6,\*</sup>
  - Symptom onset after age 45
  - Recent change or progression in symptoms
  - Unintended weight loss
  - Nocturnal symptoms
  - Rectal bleeding
  - Iron-deficiency anemia
  - Family history of colon cancer, celiac disease, or inflammatory bowel disease (IBD)
  - Fever

\*This is not an all-inclusive list of alarm features. Medical history should include diet and recent use of antibiotics.<sup>12</sup>

\*Specific laboratory and diagnostic testing recommendations have been proposed by the American College of Gastroenterology's (ACG) 2020 Clinical Guideline: Management of Irritable Bowel Syndrome as well as by the American Gastroenterological Association's (AGA) 2019 Clinical Practice Guidelines on the Laboratory Evaluation of Functional Diarrhea and Diarrhea Predominant Irritable Bowel Syndrome in Adults (IBS-D). These testing recommendations may help clinicians choose appropriate tests to exclude other diagnoses in the setting of suspected IBS.<sup>12</sup>

#### Rule out other conditions through physical examination<sup>2</sup>

- Conduct a simple physical examination to rule out the presence of the following:
  - Enlarged/swollen liver or spleen
- Ascites
- Abdominal mass
- Review findings and consider a positive diagnosis of IBS-D Patient reports symptoms of IBS-D □ Laboratory testing, if conducted, is normal and not indicative of other disease Patient's symptoms fulfill Rome IV Clinical Diagnostic Criteria for IBS-D Patient has a normal physical examination Patient does not exhibit alarm features

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Learn more about making a positive diagnosis of IBS-D (see page 2) >>

## More About Helping You Make an IBS-D Diagnosis

Irritable bowel syndrome (IBS) is a debilitating disorder of gut-brain interaction characterized by recurrent abdominal pain and altered bowel habits.<sup>1</sup> It is highly prevalent, affecting an estimated 5% of the US adult population.<sup>8,9</sup> Irritable bowel syndrome with diarrhea (IBS-D) is the most common subtype of IBS; however, it shares symptoms with other gastrointestinal conditions.<sup>2,8</sup> It is therefore important to be familiar with the questions to ask a patient with possible IBS-D to help arrive at an accurate diagnosis.

The Positive Diagnosis Guide for IBS-D (*see page 1*) can serve as a resource for making a confident, positive diagnosis of IBS-D.

#### **Rome IV Clinical Diagnostic Criteria for IBS<sup>4</sup>**

Recurrent abdominal pain  $\geq$ 1 day per week for the last 3 months associated with  $\geq$ 2 of the following:

- Defecation
- Change in frequency of stool
- Change in form (appearance) of stool

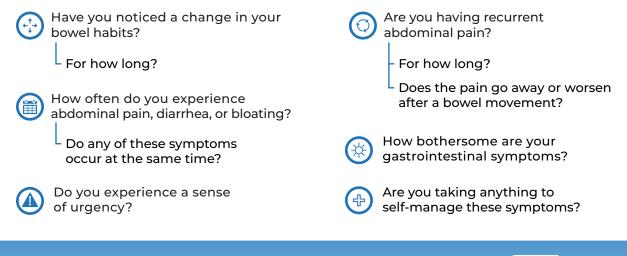
**For IBS-D**: Diarrhea predominant\* during an abnormal bowel movement.

Bowel habit abnormalities should be evaluated only when the patient is not taking medications used to treat bowel habit symptoms. If symptoms are bothersome to the patient, diagnosis can be made with a lower frequency and shorter duration (8 weeks or more).<sup>†</sup>

<sup>†</sup>Provided there is clinical confidence that other diagnoses have been sufficiently ruled out based on presentation and additional investigations as needed.

\* >25% of their bowel movements (BMs) associated with soft, loose, and/or watery stool consistency (Bristol Stool Form Scale [BSFS] 6 or 7) and <25% of their BMs associated with hard and/or dry stool consistency (BSFS 1 or 2).

#### **Conversation Starters**



Scan the QR code to watch a physician assistant detail her approach to making a positive IBS-D diagnosis, and follow along with the Positive Diagnosis Guide for IBS-D.



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References: 1. Lacy BE et al. Am J Castroenterol. 2021;116(1):17-44. 2. Lacy BE et al. Castroenterology. 2016;150(6):1393-1407. 3. Sayuk GS et al. Am J Castroenterol. 2017;112(6):892-899. 4. Drossman DA, Tack J. Castroenterology. 2022;162(3):675-679. 5. Moayyedi P et al. United European Gastroenterol J. 2017;5(6):773-788. 6. Wolf AMD et al. CA Cancer J Clin. 2018;68(4):250-281. 7. Smalley W et al. Castroenterology. 2019;157(3):851-854. 8. Palsson OS et al. Castroenterology. 2020;158(5):1262-1273.e3. 9. Sperber AD et al. Castroenterology. 2021;160(1):99-114.e3.



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