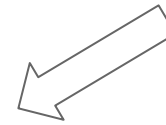
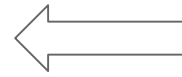


# Not every IBS IS IBS

Red flags and mimic

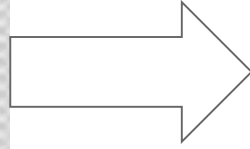
A dark blue diagonal graphic that starts from the bottom left corner and extends towards the top right corner, creating a triangular shape in the bottom right of the slide.

**-60year-old patient with abdominal pain and constipation for 1 month, accompanied by gas, abdominal distension, tenesmus, weight loss, and loss of appetite**



**A -2 a htiw tneitap dlo-raey-25 sedosipe elpitlum fo yrotsih htnom emaceb retal hcihw ,aehrraid fo lanimodba htiw detaicossa ,ydoolb dna ,aimena ,ssol thgiew ,niap ralimis a si erehT .eugitaf lareneg rehtorb sih ni yrotsih**

**A raey-5 a htiw tneitap elamef dlo-raey-15 stneserp ehS .sutillem setebaid fo yrotsih ,aehrraid emulov-egral fo yrotsih a htiw imgyrobrob dna ,noisnetsid lanimodba htiw gnola ,(gnilgrug lanimodba) ,ssol riah ,eugitaf lareneg fo smotpmys .thgiew niag ot ytilibani dna ,rollap**



"Does the diagnosis  
for all of the above  
correspond to  
**IBS**"?.....

**the IBS  
trap.....**

# IBS NOT ALWAYS IBS

Irritable Bowel Syndrome (IBS) is common, but many other conditions can cause similar symptoms.

Don't ignore persistent symptoms.  
Find the real cause. Get the right treatment.

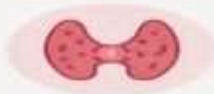


## CONDITIONS THAT CAN BE MISTAKEN FOR IBS



### CELIAC DISEASE

An autoimmune reaction to gluten that damages the small intestine.



### THYROID DISORDERS

Both overactive and underactive thyroid can cause bowel changes.



### SIBO

(Small Intestinal Bacterial Overgrowth)

Excess bacteria in the small intestine can cause bloating, gas, diarrhea, or constipation.



### GASTRIC CONDITIONS

E.g., acid reflux, ulcers, or gastroparesis can cause similar symptoms.



### INFLAMMATORY BOWEL DISEASE (Crohn's Disease or Ulcerative Colitis)

Chronic inflammation of the digestive tract that requires specific treatment.



### GALLBLADDER DISEASE

Can cause abdominal pain, bloating, and changes in bowel habits.



### FOOD INTOLERANCES (Lactose, Fructose, etc.)

Difficulty digesting certain foods can lead to IBS-like symptoms.



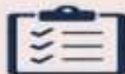
### STRESS, ANXIETY & MENTAL HEALTH CONDITIONS

Can significantly impact gut health and mimic IBS.



#### WHAT YOU CAN DO

- Don't self-diagnose
- Keep a symptom diary
- Get proper medical evaluation
- Treat the cause, not just the symptoms



You deserve answers.  
**IBS not always IBS.**  
Dig deeper. Feel better.

# Introduction and Definitions

- ❖ IBS is a functional bowel disorder characterized by the presence of abdominal discomfort or pain associated with disturbed defecation, Bloating is a common symptom but is not considered essential for diagnosis.

# Introduction and Definitions

- ❖ **Diagnostic Criteria:** Individual symptoms lack diagnostic specificity. To standardize research and clinical practice, formal criteria such as the Manning criteria (which are specific but not sensitive), the Kruis scoring system, and the Rome criteria (Rome I, II, and III) were developed to create a framework for diagnosis

# Pathology

The pathophysiology of IBS is multifactorial and not fully understood. Key mechanisms include:

1. Disorder of Gut-Brain Interaction.
2. Visceral Hypersensitivity.
3. Altered Gut Motility.
4. Low-Grade Inflammation and Immune Activation.
5. Brain-Gut Axis Dysfunction.
6. Gut Microbiota Dysbiosis.
7. Increased Intestinal Permeability.
8. Psychosocial Factors.
9. Genetic Factors.

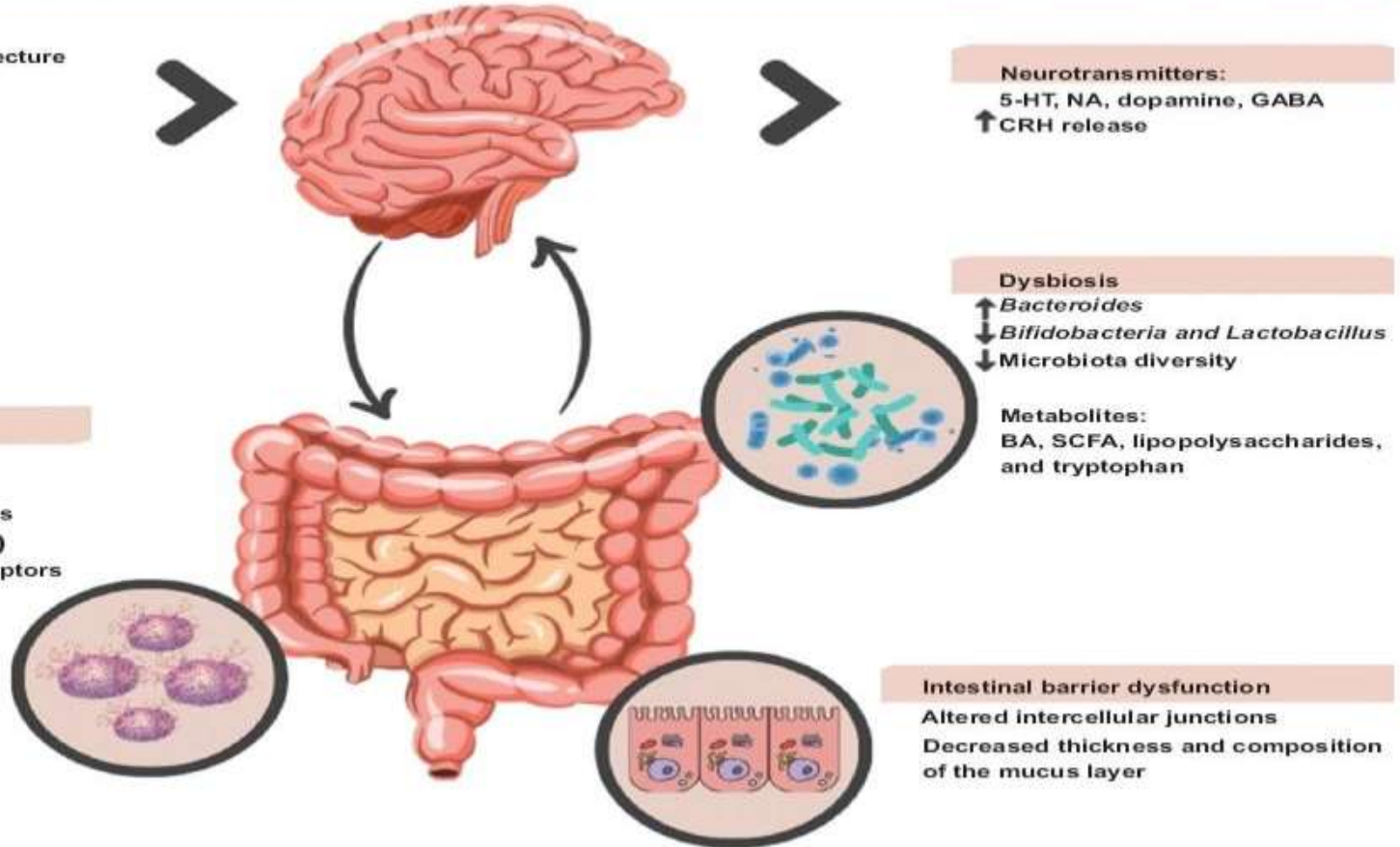
# Pathophysiology of Irritable Bowel Syndrome

Alterations in brain architecture and connectivity

↓ Parasympathetic activity  
↑ Sympathetic activity

Low-grade inflammation

↑ Mast cells  
↑ Dendritic cells and T cells  
↑ Proinflammatory cytokines  
(IL-1 $\beta$ , IL-4, IL-5, IL-6, IL-13)  
Overexpression of TLR receptors



Neurotransmitters:

5-HT, NA, dopamine, GABA  
↑ CRH release

Dysbiosis

↑ *Bacteroides*  
↓ *Bifidobacteria* and *Lactobacillus*  
↓ Microbiota diversity

Metabolites:

BA, SCFA, lipopolysaccharides,  
and tryptophan

Intestinal barrier dysfunction

Altered intercellular junctions  
Decreased thickness and composition  
of the mucus layer

# Pathology

- **Disorder of Gut-Brain Interaction:**

IBS is a disorder of the gut-brain axis, involving bidirectional miscommunication between the central nervous system and the enteric nervous system.

- **Increased Intestinal Permeability:**

A "leaky gut" can allow substances to pass through the intestinal barrier and trigger immune responses.

# Pathology

## Visceral Hypersensitivity

Patients often have an increased perceptio of normal or mildly uncomfortable stimuli within the gut, such as gas or contractions, which can be perceived as painful. This is a well-established marker of IBS and represents an .abnormality of the brain-gut axis

# Pathology

## Altered Gut Motility

- :Changes in bowel transit time and muscle contractions contribute to symptoms. This may manifest as excessive or insufficient motility, leading to diarrhea or constipation.
- The textbook details specific motility changes that correspond to the different IBS subtypes.

# Pathology

- **Diarrhea (IBS-D):** Can result from increased high-amplitude propagated contractions (HAPCs), an enhanced gastrocolic reflex, or rectal hypersensitivity.
- **Constipation (IBS-C):** May be secondary to increased segmental (non-propulsive) contractions, decreased HAPCs, or reduced rectal sensation.
- **Transit Times:** Colonic and small bowel transit is characteristically delayed in IBS-C and accelerated in IBS-D

# Pathology

- **Low-Grade Inflammation and Immune Activation:**

Some patients, particularly those with post-infectious IBS, show evidence of low-grade mucosal inflammation and immune cell infiltration (e.g., mast cells).

- **Gut Microbiota Dysbiosis:**  
Alterations in the composition and function of the gut microbiome are common and may contribute to symptoms by affecting motility, sensation, and immune function.

# Pathology

- **Psychosocial Factors:**

Psychological distress, including anxiety and depression, is common and can influence the onset and severity of symptoms.

- **Genetic Factors :**

There is evidence for a genetic predisposition, though no single gene has been identified as causative

# Epidemiology

- **Prevalence:** IBS is a common disorder, affecting up to **1 in 10 individuals** worldwide .
- the rate of misdiagnosis of IBS (i.e., incorrectly labeling a patient with IBS when they actually have another organic disease like IBD, celiac disease, or cancer) is estimated to be around **25% – 10%** in older studies. However, with strict application of the Rome IV criteria and attention to red flag signs, this rate drops significantly.
- **Demographics:** The condition is more prevalent in people under 50 years of age, though it may be underdiagnosed in the elderly. IBS is more commonly reported in women than men.

# IBS Subtypes

IBS is further classified into subtypes based on the predominant stool pattern:

- **IBS-C (Constipation-predominant):**  
>25% of bowel movements are hard or lumpy stools) Bristol Stool Form Scale types (2-1 and <25% are loose or watery stools) Bristol Stool Form Scale types .(7-6
- **IBS-D (Diarrhea-predominant):**  
>25% of bowel movements are loose or watery stools and <25% are hard or lumpy stools.

# IBS Subtypes

- **IBS-M (Mixed)**: >25% of bowel movements are both hard/lumpy and loose/watery.
- **IBS-U (Unclassified)**: Patients who meet diagnostic criteria but cannot be categorized into the other three subtypes.

Historical Context: The text notes that earlier diagnostic aids like the Manning and Kruis criteria were developed to help identify IBS, with Manning criteria being specific but not sensitive for diagnosis.



# Subtypes of IBS

## IBS-Constipation

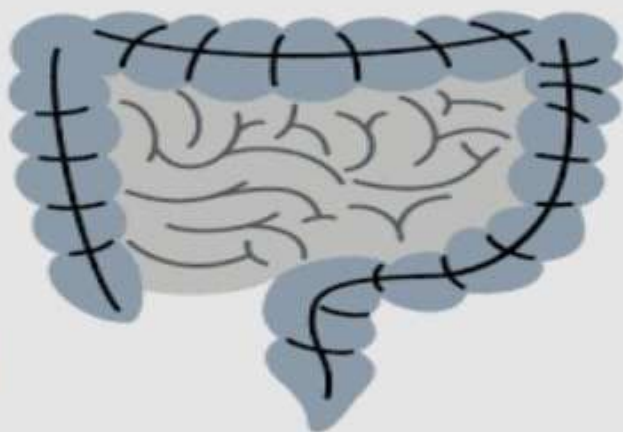
Patients with IBS-C experience predominant symptoms of constipation alongside...

ABDOMINAL DISCOMFORT

ABDOMINAL PAIN

STRAINING

BLOATING



## IBS-Diarrhea

Patients with IBS-D experience predominant symptoms of diarrhea alongside...

ABDOMINAL DISCOMFORT

ABDOMINAL PAIN

SUDDEN URGES

GASSINESS

## IBS-Mixed

Patients with IBS-M experience alternating symptoms of both IBS-C and IBS-D.

Patients may experience one or more of these subtypes over a lifetime.

# Symptoms

- **Non-Colonic Symptoms:** Many patients experience symptoms outside the GI tract, including dyspepsia, fatigue, headache, backache, urinary frequency, and pelvic pain.
- An sddo eht ni esaercni dlof-8 **aispepsyd** gnivah osla fo .(trofmocsid cirtsagipe)

# Symptoms

- A fo sddo eht ni esaercni dlof-4 elbitapmoc smotpmys gnivah **laegahposeortsag) DREG** htiw **.(esaesid xufler**
- A higher prevalence of extraintestinal symptoms like **headache, backache, chronic fatigue, and pelvic pain.**

# Symptoms

- Overlap with other GI conditions: IBS symptoms are common in patients with inflammatory bowel disease (IBD) in remission
- The textbook notes that IBS-like symptoms are very common in patients with inflammatory bowel disease (IBD) in remission, occurring in 31% of those with ulcerative colitis and 41% of those with Crohn's disease
- **Chronicity:** For a confident diagnosis, symptoms should have been present for at least six months, and IBS often co-occurs with other chronic conditions

# Diagnosis

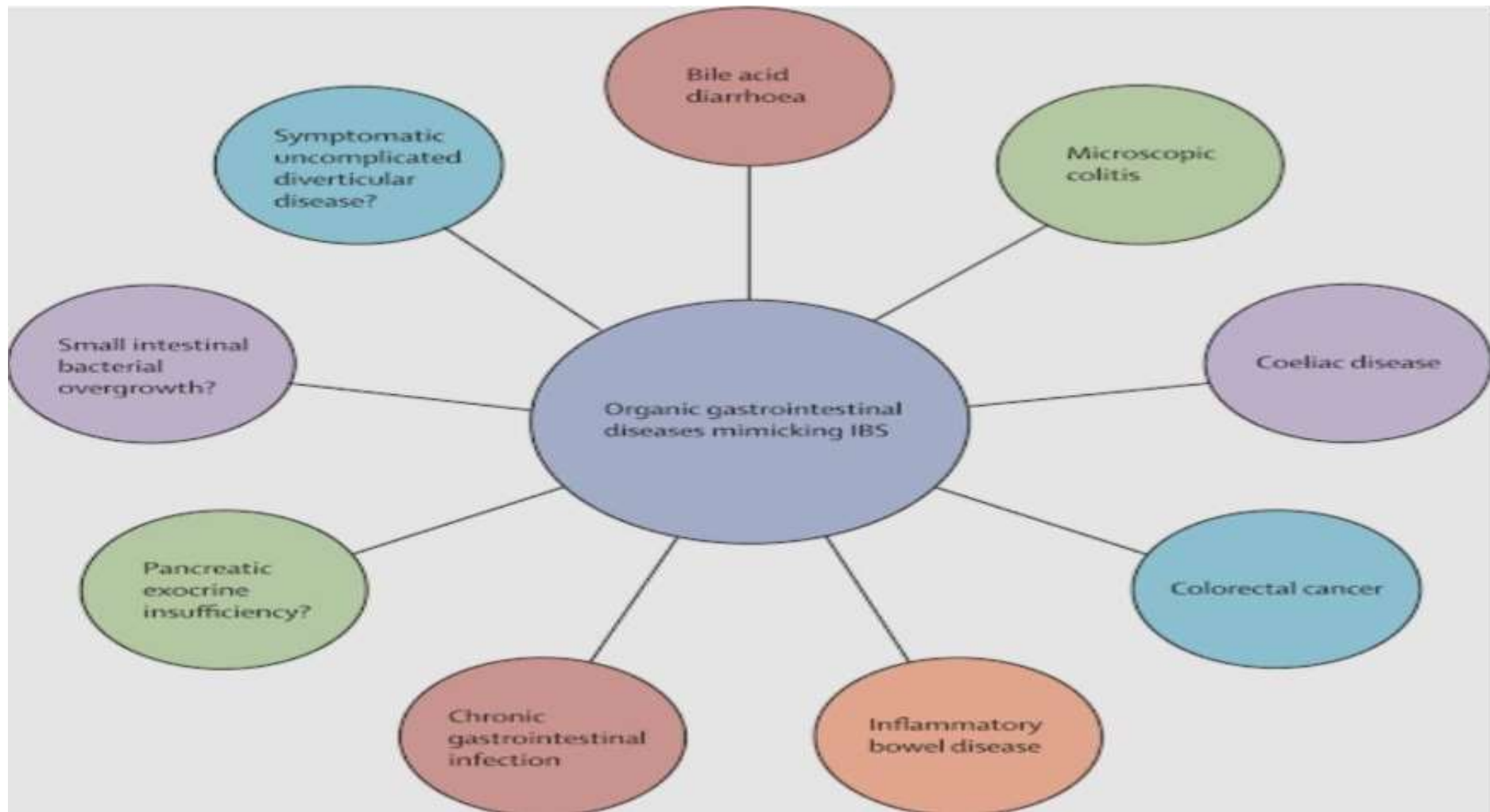
IBS is a positive diagnosis made primarily through clinical history and symptom-based criteria, not just by excluding other conditions.

# Diagnosis

## Rome IV Criteria

The cornerstone for diagnosing IBS is the Rome IV criteria. According to the Sleisenger and Fordtran chapter, a patient must have recurrent abdominal pain, on average, at least 1 day per week in the last 3 months, with symptom onset at least 6 months before diagnosis, associated with two or more of the following:

- Pain related to defecation.
- Change in stool frequency.
- Change in stool form (appearance).



# Differential Diagnosis

- It is crucial to distinguish IBS from other conditions that can mimic its symptoms, especially when "alarm features" are present.
- **Inflammatory Bowel Disease (IBD):** Includes Crohn's disease and ulcerative colitis. Key differentiators include the presence of inflammation, bleeding, weight loss, fever, and laboratory abnormalities.
- **Celiac Disease:** An autoimmune reaction to gluten. Symptoms can be similar to IBS-D. Diagnosis is made through serologic tests (e.g., anti-tissue transglutaminase antibodies) and duodenal biopsy.

# Differential Diagnosis

- **Microscopic Colitis:** A common cause of chronic watery diarrhea, especially in older adults, requiring colonoscopy with biopsies for diagnosis.
- **Colorectal Cancer:** A serious condition that may present with alarm features such as rectal bleeding, unexplained weight loss, or anemia. Colonoscopy is necessary for evaluation.
- **Small Intestinal Bacterial Overgrowth (SIBO):** An overgrowth of bacteria in the small intestine that can cause bloating and diarrhea.

# Differential Diagnosis

- **Food Intolerances:** e.g., lactose intolerance. Can cause bloating, gas, and diarrhea after ingestion of the specific food. Diagnosis is confirmed with breath tests or elimination diets.
- **Bile Acid Diarrhea:** A condition where excess bile acids reach the colon, causing watery diarrhea

# How to differentiate IBS of other Diagnosis?

## Step deR" rof neercS :1 smotpmys "galF

IBS is generally suspected in younger patients, but the first step is always to exclude serious pathology. The presence of any of the following alarm features warrants immediate and thorough investigation for conditions like CRC or IBD, and rules out a symptom-based IBS diagnosis.

# How to differentiate IBS of other Diagnosis?

## Alarm Feature Points toward ruling out

<b>Onset after age 50</b>	Colorectal Cancer
<b>Rectal bleeding / Melena</b>	IBD, Colorectal Cancer ,
<b>Unintended weight loss</b>	IBD, Celiac Disease, Colorectal Cancer
<b>Nocturnal diarrhea</b>	Microscopic Colitis, IBD
<b>Iron-deficiency anemia</b>	Celiac Disease, Colorectal Cancer
<b>Family history</b>	IBD or CRC
<b>Recent antibiotic use</b>	Clostridium difficile Colitis
<b>Elevated CRP or fecal calprotectin</b>	IBD (indicates active inflammation)

# How to differentiate IBS of other Diagnosis?

## Step 2: SBI morf yeK :2 IDeffitnerla

Once alarm features are excluded, focus on distinguishing IBS from other conditions with symptom overlap, particularly IBD and other causes of chronic diarrhea.

Condition Key Differentiating Features Diagnostic Approach

- **IBS** niap lanimodba tnerrucer ,cinorhC noisnetsid dna gnitaolB .noitacefed ot detaler lamron ,serutaef mrala oN .nommoc era evitisoP .sbal cisab lamron dna ,maxe lacisyhp 1 ≤ niap) airetirC VI emoR gnisu sisongaid day/week for 3 months, associated with 2 ≤ of: related to defecation, change in stool frequency, change in stool form).

# How to differentiate IBS of other Diagnosis?

- IBD (Crohn's, UC) ot etucabuS  
serutaef tnenimorP .smotpmys cinorhc  
,(loots ni doolb) aizehcotameh edulcni  
.ssol thgiew dna ,eugitaf ,revef  
rehtar tnatsnoc netfo era smotpmys  
htiw ypocsodnE .tnettimretni naht  
.sisongaid rof deriuqer si yspoib  
era PRC dna nitcetorplac lacef detaveIE  
.noitammaflni etacidni dna nommoc

# How to differentiate IBS of other Diagnosis?

- CRC citamotpmysa netf0  
tneserp nehws motpmys .ylrae  
gninesrow) evissergorp era  
sloots reworran ,noitapitsnoc  
yam dna (shtnom/skeew revo  
ni niap lanimodba edulcni  
ypocsonoloC .segats decnavda  
ro aimenA .dradnats dlog eht si  
cinoyrbmeonicrac) AEC detavele  
.tneserp eb yam (negitna

# How to differentiate IBS of other Diagnosis?

## Step fo scimiM rehtO tuO eluR :3 D-SBI

For patients presenting with IBS with diarrhea (IBS-D) , several other conditions should be considered as they require specific treatments. A systematic review found that a significant subset of IBS-D patients have an alternative, overlooked diagnosis.

**Celiac Disease:** gnineercs cigolores enituoR (GTt) esanimatulgsnart eussit-itna htiw %4-3 tuoba sa ,dednemocer si seidobitnaof suspected IBS cases may have undiagnosed celiac disease.

# How to differentiate IBS of other Diagnosis?

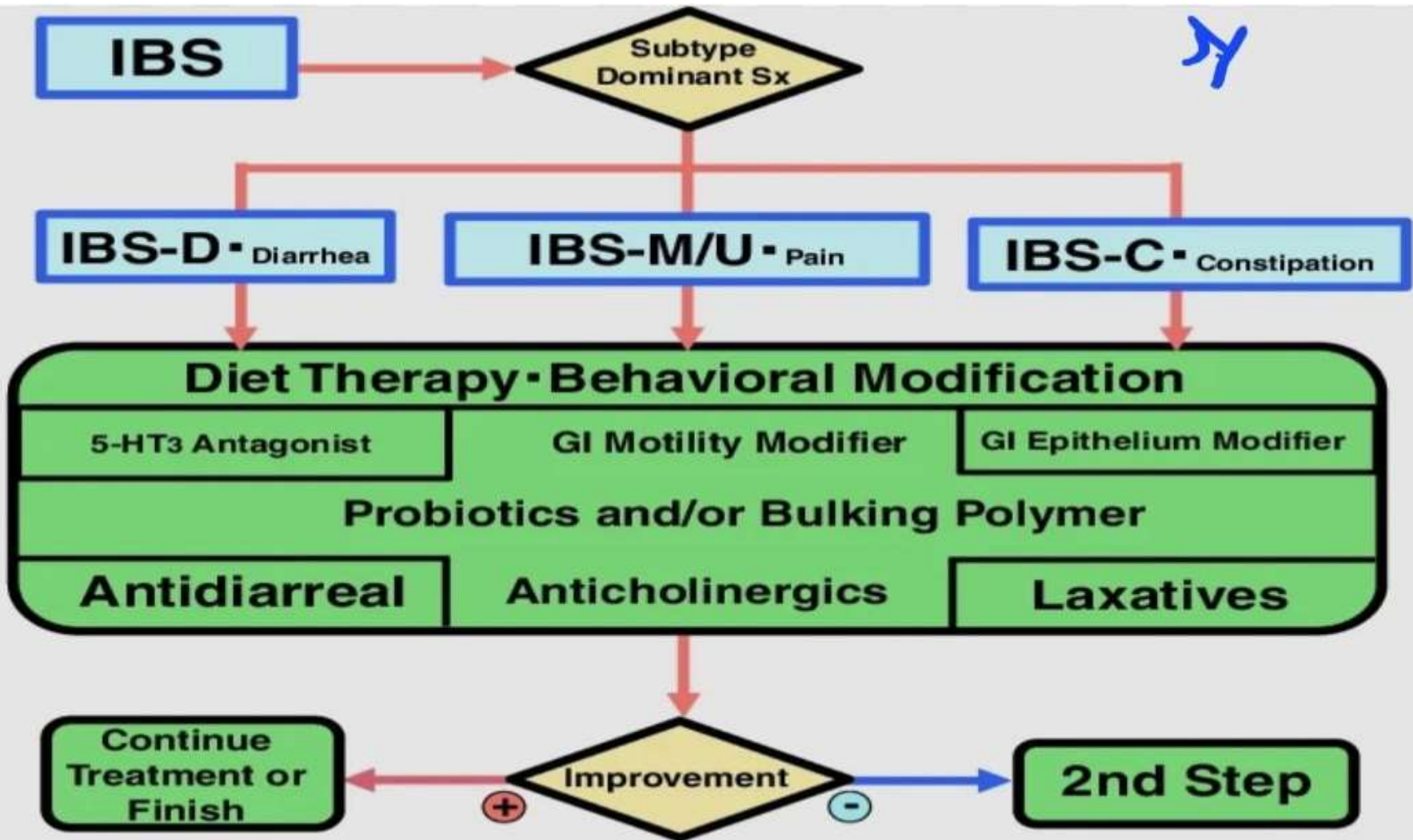
Microscopic Colitis fo esuac nommoc A :  
nemow ni yllaicepse ,aehrraid yretaw cinorhc  
seriuqer sisongaiD .stluda redlo dna  
cinoloc eht sa seispoib htiw ypcosnoloc  
.lamron sraeppa asocum

Bile Acid Diarrhea (BAD) ni redisnoC :  
htiw esoht ylralucitrap ,D-SBI htiw stneitap  
eb naC .ymotcetsycelohc fo yrotsih a  
na ro gnitset TACHeS htiw desongaid  
ekil rednib dica elib a fo lairt ciripme  
.enimarytselohc

Small Intestinal Bacterial Overgrowth  
htiw stneitap ni redisnoC : (OBIS)  
eb naC .aehrraid dna gnitaolb tnetsisrep  
esolutcal ro esoculg a htiw dessessa  
.tset htaerb

# Diagnostic Strategy Summary:

For most patients with suspected IBS-D, a reasonable initial diagnostic panel includes: CBC, CRP, and serology for Celiac Disease. If these are normal and no alarm features exist, a positive diagnosis of IBS can be made. For persistent or treatment-resistant symptoms, proceed to fecal calprotectin (to rule out IBD) and consider colonoscopy with biopsies (to rule out microscopic colitis).



**IBS**

Subtype  
Dominant Sx

**IBS-D** - Diarrhea

**IBS-M/U** - Pain

**IBS-C** - Constipation

**Diet Therapy - Behavioral Modification**

5-HT<sub>3</sub> Antagonist

GI Motility Modifier

GI Epithelium Modifier

**Probiotics and/or Bulking Polymer**

**Antidiarrheal**

**Anticholinergics**

**Laxatives**

Improvement

Continue  
Treatment or  
Finish

**2nd Step**

# Treatment

Management is tailored to the individual's predominant symptoms and subtype, with a focus on improving quality of life. There is no cure, so treatment is symptomatic.

- Non-Pharmacological (First-Line)

Dietary Modification: This is a cornerstone of treatment.

Low FODMAP Diet: A diet low in fermentable oligosaccharides, disaccharides, monosaccharides, and polyols. It is effective for reducing bloating, pain, and diarrhea in many patients.

# Treatment

**Fiber Supplementation:** Soluble fiber (e.g., psyllium) can improve constipation, while insoluble fiber may worsen symptoms.

**Brain-Gut Behavioral Therapies:** These are recommended in major guidelines.

**Cognitive Behavioral Therapy (CBT):** Helps patients identify and change negative thought patterns and behaviors related to their symptoms.

# Treatment

**Gut-Directed Hypnotherapy:** Uses hypnosis to reduce pain perception and improve bowel function.

## **Pharmacological Therapy**

Treatment is often subtype-specific and guided by major society recommendations (e.g., ACG, AGA).

# Treatment

## For IBS-C:

- Secretagogues ,editolcaniL :  
era ronapaneT dna ,editanaceIP  
diufl esaercni taht stnega evitceffe  
lewob etomorp ot tug eht ni noiterces  
.stnemevom
- Laxatives ,.g.e) sevitaxal citomsO :  
rof desu eb yam (locylg enelyhteylop  
.feiler motpmys

# Treatment

## For IBS-D:

- **Rifaximin**: elbabrosba-non A  
rof evitceffe si taht citoibitna  
.aehrraid dna gnitaolb gnicuder
- **Eluxadoline** rotpecer dioipo-um A :  
lanitsetni sesaerced taht tsinoga  
.niap dna ytilitom
- **Antidiarrheals** eb nac edimarepoL :  
.tnemeganam motpmys rof desu

# Treatment

## For Global Symptoms (Pain, Bloating):

- Antispasmodics: ekil stnegA  
nac enimolcyd ro enimaycsoyh  
dna gnipmarc lanimodba eveiler pleh  
.niap
- Neuromodulators: Low-dose tricyclic antidepressants (TCAs) or selective serotonin reuptake inhibitors (SSRIs) can be effective for pain management, independent of their effects on mood.

# SUMMARY

## SUMMARY CHECKLIST FOR CLINICAL PRACTICE:

- Identify Alarm Features (Weight loss, bleeding, nocturnal symptoms, age >50 onset).
- Screen for Celiac Disease (Anti-tTG IgA) in IBS-D patients.
- Check Fecal Calprotectin if IBD is suspected (normal <50 mcg/g strongly supports IBS).
- Pelvic Exam for women >40 with new onset bloating/pain.
- Classify Subtype (C, D, M, U) to guide pharmacotherapy.