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Summary

The diagnosis

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IBD | Primary Care

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A collaboration between IBD and Rome Foundation experts developed consensus definitions and diagnostic criteria for IBD with IBS-like symptoms to standardize evaluation and guide research into this condition affecting one quarter to one third of IBD patients.

KEY POINTS

- The working group recommends the term 'IBD with IBS-like symptoms' for patients with established Crohn's disease or ulcerative colitis who have symptoms disproportionate to or incompletely explained by the degree of inflammation or structural bowel damage present, though the specific threshold remains uncertain.
- For clinical practice, diagnosis requires chronic abdominal pain related to defecation, stool frequency or stool form bothersome enough to seek care for at least eight weeks, in the setting of limited or no inflammation and insufficient structural change to account for symptoms.
- For research, more stringent criteria were recommended including endoscopic remission thresholds of SES-CD less than 4 or absence of large ulcers in Crohn's disease, Mayo endoscopic subscore of 0 or 0 to 1 in ulcerative colitis, and faecal calprotectin between 50 and 150.
- The consensus group considered 133 statements across two voting rounds, with 86 statements rated as appropriate, emphasizing that perianal fistulas were not considered to account for IBS-like symptoms and that structural bowel changes may also drive symptoms.
- Symptoms may include abdominal pain or discomfort, diarrhea, constipation, mixed bowel habits or bloating but not vomiting or heartburn, and can precede or occur after IBD diagnosis.
- The diagnostic algorithm the speaker presented directs clinicians to evaluate with endoscopy and biomarkers, optimize IBD therapy if inflammation is found, and if no abnormality is identified, diagnose IBD with IBS-like symptoms and treat the most bothersome symptoms.

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