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Summary

Lower GI disorders

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Rome V criteria for bowel and anorectal disorders introduce key changes including relaxed IBS frequency thresholds, removal of stigmatizing terminology, simplified dyssynergic defecation diagnosis, and new rectal sensory disorder classifications to better reflect clinical practice and improve patient identification.

KEY POINTS

- IBS criteria now require recurrent but not continuous abdominal pain or discomfort at least three days per month (reduced from weekly in Rome IV), increasing global prevalence from 3.8% to 8.5% as stated by the speaker and better capturing the full disease spectrum.
- The term functional was removed where possible and replaced with chronic constipation and unclassified bowel disorder to reduce patient stigma, though functional diarrhea was retained to differentiate from organic causes like microscopic colitis.
- Dyssynergic defecation (renamed from functional defecation disorders) now combines symptom and physiology criteria, simplified to one of three tests emphasizing rectoanal gradient, which may reduce unnecessary multi-test workups and allow faster access to biofeedback therapy.
- Two new rectal sensory disorder categories were introduced: rectal hyposensitivity (abnormally high thresholds) and rectal hypersensitivity (abnormally low thresholds), each requiring coexisting fecal incontinence or dyssynergic defecation and guiding targeted treatments such as sensory biofeedback versus neuromodulators.
- Fecal incontinence threshold was relaxed to once monthly (from higher frequency), increasing global prevalence from 1.7% to 4.1% as reported by the speaker, reflecting that even low-frequency incontinence significantly impairs quality of life and can respond to biofeedback.

– The committee developed practical clinical guidance slides consolidating history-taking steps, alarm features, physical examination requirements, and testing thresholds including fecal calprotectin cut-offs and indications for colonoscopy and anorectal physiology testing.

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