

Dr Sudarshan Paramsothy, Gastroenterologist & Hepatologist

Irritable Bowel Syndrome

Irritable bowel syndrome (IBS) is a functional disorder of the gastrointestinal tract characterized by chronic abdominal pain and altered bowel habits. It is extremely common, affecting 10-15% of the general population and a source of significant patient morbidity

Symptoms

- Abdominal pain
- Altered bowel habit (diarrhoea +/- constipation)
- Bloating
- Flatulence

Diagnosis

A clinical diagnosis of IBS requires the presence of symptom-based criteria and exclusion of organic disease. There is no diagnostic test for IBS.

Initial Investigations

- FBC, iron studies, TFT
- Age appropriate colorectal cancer screening
- If diarrhoea - CRP, coeliac serology, stool M/C/S

First-line Treatment

Along with education & reassurance

Diarrhoea-predominant

- Dietary modification / exclusion of identified food triggers
- Imodium

Constipation-predominant

- Soluble fibre supplements (Metamucil)
- Osmotic laxatives (Movicol)
- Stool softeners (Coloxyl) especially if hard stools

When to refer

- Patients not responding to first-line treatments
- OR

Red flag symptoms

- Age of onset after 50 years
- Rectal bleeding or melaena
- Nocturnal diarrhoea
- Progressive abdominal pain
- Unexplained weight loss
- Laboratory abnormalities (iron deficiency anaemia, elevated CRP or faecal calprotectin)
- Family history of IBD or colorectal cancer

Above warrant referral to gastroenterologist for further investigation including endoscopic evaluation to rule out organic disease.



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Dr Sudarshan Paramsothy is a specialist Gastroenterologist & Hepatologist who treats all aspects of general gastrointestinal and liver disorders. His subspecialty interests are inflammatory bowel disease, colorectal cancer surveillance and functional gut disorders including irritable bowel syndrome. Dr Paramsothy also consults from Macquarie University.

Continued overleaf...

Differentials

Diarrhoea-predominant

- Coeliac disease
- Lactose intolerance
- Inflammatory bowel disease (ulcerative colitis, Crohn's disease)
- Microscopic colitis
- Small intestinal bacterial overgrowth

Constipation-predominant

- Colorectal cancer
- Hypothyroidism
- Slow transit constipation
- Dyssynergic defaecation

Additional Management Options

Diarrhoea-predominant

- Low FODMAPs diet to avoid fermentable foods (should be under guidance of dietician)
- Lomotil
- Bile acid sequestrants (Questran)
- Tricyclic antidepressants (low dose amitriptyline)
- Xifaxan (not PBS reimbursed)
- Ondansetron (not PBS reimbursed)

Constipation-predominant

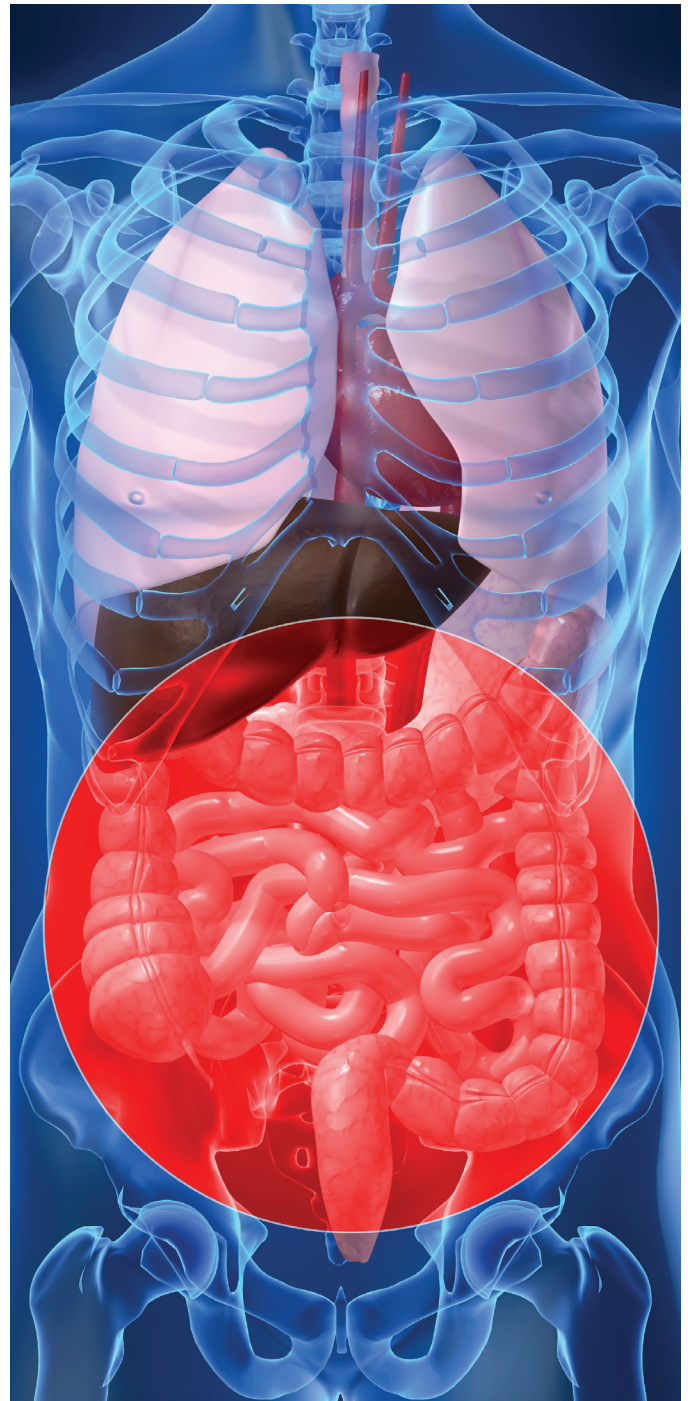
- Stimulant laxatives (Dulcolax); short course
- 5-HT₄ agonists (Resotrans)
- Anorectal biofeedback with pelvic floor physiotherapy (if significant straining / dyssynergia)

Abdominal pain and bloating

- Low FODMAPs diet
- Anti-spasmodics
 - Peppermint oil / Mintec
 - Colese
 - Buscopan
- Xifaxan
- Antidepressants, particularly SNRIs (Cymbalta, Effexor)

For refractory symptoms, psychology review and behaviour modification

- Cognitive behavioural therapy
- Stress relaxation



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