Provincial Irritable Bowel Syndrome Primary Care Clinical Pathway

1. Suspected IBS

Recurrent abdominal discomfort or pain at least 3 days per month in the last 3 months, with two or more of the following:

- Related to defecation (either increasing or improving pain)
- Associated with a change in frequency of stool
- Associated with a change in form (appearance) of stool
- Typical symptoms – bloating, flatulence, nausea, burping, early satiety, dyspepsia
- Other symptoms – dysuria, frequent/urgent urination, widespread musculoskeletal pain, dysmenorrhea, dyspareunia, fatigue, anxiety, depression, headaches

2. Investigations

- Medical history, physical exam, assess secondary causes of symptoms
- CBC, ferritin
- Celiac disease screen

Positive for celiac

6. Refer for consultation/ endoscopy. See referral guideline tab for details

3. Alarm features

- Family history (first degree relative) of IBD or colorectal cancer
- Onset of symptoms after age 50
- Unintended weight loss (>5% over 6-12 months)
- Visible blood in stool
- Nocturnal symptoms
- Iron deficiency anemia (see Iron Primer)

Yes

No

Presumed Diagnosis of IBS

If unsatisfactory response to treatment, consider using an advice service. See referral guideline tab for details

4. Potential approaches to IBS treatment (all subtypes)

- Dietary modifications: assess common food triggers, soluble fibre supplementation, ensure adequate fluids
- Physical activity: 20+ minutes of physical activity/day, aiming for 150 min/week
- Psychological treatment: patient counselling and reassurance, Cognitive-Behavioural Therapy and hypnotherapy, screen and treat underlying sleep or mood disorders
- Pharmacological therapy: antispasmodics, enteric coated peppermint oil

IBS-D (diarrhea predominant)	IBS-M/U (mixed/undefined)	IBS-C (constipation predominant)
Further testing for patients with high suspicion of IBD. Do fecal calprotectin test. If fecal cal test > 120ug/g, refer to consultation/ endoscopy. See referral guideline tab for details	• Pay particular attention to lifestyle & dietary principles • Probiotics • Tricyclic antidepressants	• Adequate fibre and water intake • Osmotic laxatives • Linaclotide • Prucalopride • Plecanatide • SSRIs
• Loperamide • Tricyclic antidepressants • Probiotics • Low FODMAP diet Second line therapies • Rifaximin		