**Diagnosing and managing IBS in Primary Care**

**The Stockport Pathway**

**16-45 yrs with IBS symptoms for 6 months**

* Abdominal pain
* Bloating \*
* Change in bowel habit (constipation/ diarrhoea/mixed)

**\*Females >50 + bloating/distention**

**Early Satiety**

**Pelvic/abdominal pain**

**Request USS pelvis & Ca125**

**RED FLAGS**

* Anaemia/elevated ESR/CRP
* Over 45yrs
* Abdominal mass
* Rectal mass
* Rectal bleeding
* Unexplained weight loss
* FHx bowel or ovarian cancer

**NO RED FLAGS**

Ensure rectal and abdominal examination, and check:

|  |  |
| --- | --- |
| FBC | TTG |
| Stool MC&S | CRP |
|  |  |

Refer to gastroenterology

Abnormal

Normal

**Refer To Calprotectin Triage Clinic**

[IBDSpecialistnurses@stockport.nhs.uk](mailto:IBDSpecialistnurses@stockport.nhs.uk) (Causes include: NSAID, IBD, Diverticulitis etc)

(please note causes include: NSAID, IBD diverticulitis, etc..)

Positive >100 µg/g

**Faecal Calprotectin**

*Repeat after 6 weeks. If remains*

*>50 refer to gastro if <50 manage as IBS*

*If clinically possible stop NSAIDS 4 weeks prior to test (apart from low dose Aspirin 75mg)*

Negative

(<50 µg/g)

Indeterminate

(50-100 µg/g)

**Manage IBS**

|  |  |
| --- | --- |
| **Constipation (consider TFTs, Ca2+)** | **Diarrhoea / Mixed (consider TFTs)** |
| Diet and Lifestyle advice: Regular exercise. Reduce caffeinated, carbonated and alcoholic drinks. | |
| Stop constipating drugs | Stop diarrhoea causing drugs |
| Increase soluble fibre (*reduce*  *insoluble fibre*) | Avoid sorbitol |
| 1st line laxatives | Consider Loperamide |
| 2nd line laxatives/linaclotide | Consider TCA/NSRI |
| Consider SSRI |  |
| Community Dietitian e.g. low FODMAP diet | |
| Antispasmodics | |
| Distressed-consider CBT/hypnotherapy | |
| Please note some medications above unlicensed but recommended by NICE  **Symptoms persist despite above measures-refer to gastroenterology** | |