

PRESS RELEASE

NICE guideline to improve the diagnosis, care and management of irritable bowel syndrome in adults

The National Institute for Health and Clinical Excellence (NICE) and the National Collaborating Centre for Nursing and Supportive Care have today (27 February 2008) issued a guideline on the diagnosis, care and treatment of people with irritable bowel syndrome (IBS). IBS is a disorder that interferes with the normal functioning of the large bowel. It is characterised by abdominal discomfort, bloating and changes in bowel habit (diarrhoea, constipation or both) and affects up to 1 in 10 people at some time in their lives. Symptoms often become noticeable between the ages of 20 and 30.

The guideline, for the first time, provides healthcare professionals with a clear set of symptoms that need to be present to positively diagnose the condition and sets out the support, treatment and advice people with IBS should be offered. It is hoped that the guideline will encourage more people living with IBS symptoms to approach their doctor.

Key recommendations include:

- If a person reports having had abdominal pain or discomfort, a change in bowel habit or bloating for at least 6 months, healthcare professionals should consider assessment for IBS
- A diagnosis of IBS should be considered only if the person has abdominal pain or discomfort that is either relieved by emptying the bowels or associated with altered bowel frequency or stool form. This should be accompanied by at least two of the following four symptoms a) altered stool passage (straining, urgency, incomplete evacuation) b) abdominal bloating c) symptoms made worse by eating d) passage of mucus

- In people who meet the IBS diagnostic criteria, the following tests should be undertaken to exclude other diagnoses a) full blood count b) erythrocyte sedimentation rate c) c-reactive protein d) antibody testing for coeliac disease
- All people presenting with possible IBS symptoms should be asked if they have any 'red flag' indicators and should be referred to secondary care for further investigation if they have unintentional and unexplained weight loss, rectal bleeding or a family history of bowel or ovarian cancer
- People with IBS should be given information that explains the importance of self-help in effectively managing their IBS. This should include information on general lifestyle, physical activity, diet and symptom-targeted medication.
- Healthcare professionals should review the fibre intake of people with IBS, adjusting it while monitoring the effect of symptoms. People with IBS should be discouraged from eating insoluble fibre (for example, bran). If an increase in dietary fibre is advised, it should be soluble fibre or foods high in soluble fibre (e.g. oats).

Dr Gillian Leng, Deputy Chief Executive, and Executive Lead for this guidance

says: "Traditionally, IBS has been diagnosed by the process of elimination of other conditions. For the first time this guideline provides healthcare professionals with a tool to help diagnose and manage the condition. By providing evidence-based clarity to healthcare professionals, they will be in the best position to support individuals and give them the confidence to cope with recurrences of IBS symptoms."

Ms Theresa Shaw, Chief Executive, Foundation of Nursing Studies and

Guideline Development Group Chair says: "IBS is not a condition that will go away but in every case we can ensure that the condition is managed in the best possible way – this may be through limiting high fibre food, caffeine and alcohol, increasing daily activity or offering an antispasmodic agent which will reduce bowel spasms. I hope that these guidelines will give people with the IBS the confidence to know that there are a number of options for managing the condition and they do not need to suffer in silence."

Dr James Dalrymple, General Practitioner and Guideline Development Group

member says: "As doctors now have clear advice to help make a positive diagnosis of IBS it means that the number of patients that have unnecessary investigations will be reduced. I know that healthcare professionals will really welcome the advice on dietary fibre as one of the strategies to manage this condition."

Marion Saunders, patient representative and Guideline Development Group

member says: “IBS has a massive impact on the quality of life of the individual and symptom recurrences can be severe enough to stop them going to work, taking public transport, and participating in leisure activities. Many people I speak to try to manage their condition themselves but there is currently a lot of misinformation about what treatments really help. For example, from a young age we are told to eat lots of fibre – but eating insoluble fibre can have a detrimental impact on people with IBS. As someone who has lived with IBS since childhood I really welcome these guidelines as once and for all they set out exactly what works, based on the best available evidence.”

Joe Blanchard Smith, patient representative, The Gut Trust, and Guideline

Development Group member: “On regular basis I talk to people who have symptoms of IBS but as they have lived with them for so many years, they consider these ‘normal’. I am pleased that from now on, anyone who approaches their doctor with symptoms of IBS will be treated as having a real illness and will not feel they are being ‘neurotic’. Whilst there is no magic cure for this condition, if patients get a positive diagnosis, they will feel reassured that they can actively start managing the symptoms and improve their quality of life.”

Ends

Notes to Editors

1. The guidance is available at www.nice.org.uk/CG61
2. Fibre is made up of complex carbohydrates that cannot be broken down by the body. Insoluble fibre helps to make stools soft and bulky and prevents constipation. Soluble fibre absorbs water in the intestines and helps waste material to move through the bowel. It also helps to regulate blood sugar levels and reduce cholesterol in the blood.
3. Large bowel is the lower section of bowel (also known as the colon) where water is absorbed from digested food as it moves towards the rectum.

About NICE

4. The National Institute for Health and Clinical Excellence (NICE) is the independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health.
5. NICE produces guidance in three areas of health:
 - **public health** – guidance on the promotion of good health and the prevention of ill health for those working in the NHS, local authorities and the wider public and voluntary sector
 - **health technologies** – guidance on the use of new and existing medicines, treatments and procedures within the NHS
 - **clinical practice** – guidance on the appropriate treatment and care of people with specific diseases and conditions within the NHS.