
NICE quality standard for
irritable bowel syndrome
in adults (QS114)

QS114

Irritable bowel syndrome in adults

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Introduction

The quality standard QS114 *Irritable bowel syndrome in adults* covers the diagnosis and management of irritable bowel syndrome in adults. It does not cover other gastrointestinal disorders such as non-ulcer dyspepsia, coeliac disease and inflammatory bowel disease.

Quality statement 1: Excluding inflammatory causes

Adults with symptoms of irritable bowel syndrome are offered tests for inflammatory markers as first-line investigation to exclude inflammatory causes.

Healthcare professionals in primary care (GPs and nurses) should offer adults with symptoms of irritable bowel syndrome tests for inflammatory markers (including faecal calprotectin and C-reactive protein) as first-line investigation to exclude inflammatory causes of symptoms.

Definitions of terms used in this quality statement

Symptoms of irritable bowel syndrome

Irritable bowel syndrome should be considered

if an adult presents with abdominal pain or discomfort, bloating or a change in bowel habit for at least 6 months. A diagnosis of irritable bowel syndrome should be considered only if the person has abdominal pain or discomfort that is either relieved by defaecation or is associated with altered bowel frequency or stool form. This should be accompanied by at least 2 of the following 4 symptoms:

- altered stool passage (straining, urgency, incomplete evacuation)
- abdominal bloating (more common in women than men), distension, tension or hardness
- symptoms made worse by eating
- passage of mucus.

Lethargy, nausea, backache and bladder symptoms are also common in people with irritable bowel syndrome, and may be used to support the diagnosis.

[Adapted from *Irritable bowel syndrome in adults: diagnosis and management* (NICE guideline CG61), recommendations 1.1.1.1 and 1.1.1.4 (key priorities for implementation)]



Tests for inflammatory markers

Tests for inflammatory markers to exclude inflammatory causes include tests for faecal calprotectin and C-reactive protein. Inflammatory causes are usually excluded to help the diagnosis of mixed symptom (alternating between diarrhoea and constipation) or diarrhoea-predominant irritable bowel syndrome.

[Adapted from Faecal calprotectin diagnostic tests for inflammatory diseases of the bowel (NICE diagnostics guidance DG11), recommendation 1.1; Irritable bowel syndrome in adults (NICE guideline CG61), recommendations 1.1.1.2 and 1.1.2.1 (key priorities for implementation); and expert opinion]

Quality statement 2: Giving a diagnosis

Adults with symptoms of irritable bowel

syndrome are given a positive diagnosis if no red flag indicators are present and investigations identify no other cause of symptoms.

Giving a positive diagnosis will help to reduce unnecessary anxiety in people with symptoms of irritable bowel syndrome.

Healthcare professionals in primary care (GPs and nurses) should give adults with symptoms of irritable bowel syndrome a positive diagnosis if no red flag indicators are present and investigations identify no other cause of their symptoms.

Definitions of terms used in this quality statement

Red flag indicators

These are symptoms that need referral to secondary care:

- rectal bleeding
- unexplained and unintentional weight loss
- family history of bowel cancer or ovarian cancer
- late onset (age over 60 years)
- anaemia
- abdominal masses
- rectal masses
- inflammatory markers for inflammatory bowel disease
- a change in bowel habit to looser stools, more frequent stools or both, persisting for more than 6 weeks in a person over 60 years.

[Adapted from Irritable bowel syndrome in adults: diagnosis and management (NICE guideline CG61), recommendations 1.1.1.2 and 1.1.1.3 (key priorities for implementation), and expert opinion]

Investigations

Investigations for adults presenting with suspected irritable bowel syndrome comprise an assessment and clinical examination for:

- anaemia
- abdominal masses

- rectal masses
- inflammatory markers for inflammatory bowel disease.

In addition, women with symptoms that suggest ovarian cancer should have their serum CA125 measured.

When the above have been excluded, the following tests should be done to exclude other diagnoses:

- full blood count
- erythrocyte sedimentation rate (ESR) or plasma viscosity
- C-reactive protein (CRP)
- antibodies for coeliac disease (endomysial antibodies [EMA] or tissue transglutaminase [TTG]).

The following tests are not necessary to confirm diagnosis in people who meet the diagnostic criteria for irritable bowel syndrome:

- ultrasound
- rigid/flexible sigmoidoscopy
- colonoscopy, barium enema
- thyroid function test
- faecal ova and parasite test
- faecal occult blood
- hydrogen breath test (for lactose intolerance and bacterial overgrowth).

[Adapted from Irritable bowel syndrome in adults: diagnosis and management (NICE guideline CG61), recommendations 1.1.1.3, 1.1.2.1 and 1.1.2.2 (key priorities for implementation)]

Quality statement 3: Dietary management

Adults with irritable bowel syndrome are offered advice on further dietary management if their symptoms persist after they have followed general lifestyle and dietary advice.

Healthcare professionals (such as GPs, nurses and community and secondary care dietitians) ensure that adults with irritable bowel syndrome are offered advice on

further dietary management, if symptoms persist after following general lifestyle and dietary advice for an agreed time. This advice can be given in primary care by healthcare professionals with relevant expertise in dietary management or a referral may be made.

Definitions of terms used in this quality statement

General lifestyle and dietary advice

This is designed to help to minimise the symptoms of irritable bowel syndrome and should include:

- creating relaxation time
- increasing activity levels
- having regular meals and taking time to eat
- avoiding missing meals or leaving long gaps between eating.

Other general lifestyle and dietary advice includes:

- drinking at least 8 cups (approximately 2,000 ml) of fluid per day, especially water or other non-caffeinated drinks (for example, herbal teas)
- restricting caffeinated tea and coffee to 3 cups (approximately 750 ml) per day
- reducing intake of alcohol and soft drinks
- limiting fresh fruit to 3 portions per day (a portion should be approximately 80 g)
- avoiding sorbitol, an artificial sweetener



found in sugar-free sweets (including chewing gum), drinks and in some diabetic and slimming products, if the person has diarrhoea

- eating 30 g per day of fibre
- adjusting the amount of fibre consumed by restricting or increasing certain foods.

[Adapted from Irritable bowel syndrome in adults: diagnosis and management (NICE guideline CG61), recommendations 1.2.1.1 (key priority for implementation), 1.2.1.2, 1.2.1.3 and 1.2.1.4, and information for the public and expert opinion]

Further dietary management

Single food avoidance is the exclusion of 1 food from the diet if it is thought to cause symptoms. After an agreed time (usually between 2 and 4 weeks), the food can be reintroduced gradually to verify whether it causes or exacerbates the symptoms.

A restricted or exclusion diet is when 1 or more foods suspected to cause symptoms are completely excluded for an agreed time before structured reintroduction. These diets may improve the symptoms of irritable bowel syndrome and can include, for example, a low FODMAP (fermentable oligosaccharides, disaccharides, monosaccharides and polyols) diet. FODMAPs are a collection of carbohydrates that are poorly absorbed in the small bowel and pass into the large

bowel where they are quickly broken down (fermented) by bacteria. This can cause bloating, wind, and discomfort or pain. FODMAPs can also draw water into the bowel, causing diarrhoea.

[Adapted from Irritable bowel syndrome in adults: diagnosis and management (NICE guideline CG61), recommendation 1.2.1.8 and information for the public and expert opinion]

Quality statement 4: Reviewing treatment and management

Adults with irritable bowel syndrome agree their follow-up with their healthcare professional.

Healthcare professionals in primary care (GPs and nurses) should discuss the frequency and format of follow-up with adults with irritable bowel syndrome and agree with them how and when this will take place. The format can be a face-to-face appointment or, if appropriate, a telephone consultation. Healthcare professionals should encourage adults with irritable bowel syndrome to make contact to arrange their follow-up appointments as part of the self-management of their symptoms.

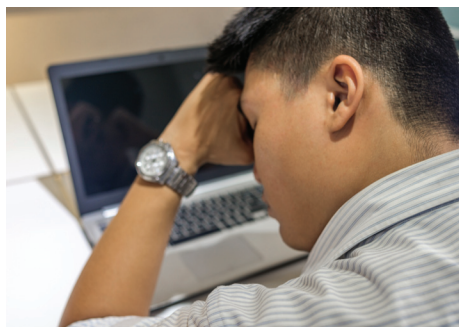
Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). Desired levels of achievement should be defined locally.

Resources

The NICE quality standard QS114 *Irritable bowel syndrome in adults* is based on CG61 and DG11.

It should be read in conjunction with QS81, QS62 and QS15.

To implement the quality standard QS114 *Irritable bowel syndrome in adults* please refer to the full standard on the NICE website <https://www.nice.org.uk/guidance/qs114>.



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