

Irritable bowel syndrome diagnosis needed early

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An early, definitive diagnosis of irritable bowel syndrome (IBS) would do much to instil confidence in patients and allow them to move from searching for answers to effectively managing their condition.

That's according to a paper published in today's *Medical Journal of Australia*, authored by Professor Jane Andrews, Head of the Inflammatory Bowel Disease Service at the Royal Adelaide Hospital and Clinical Professor with the University of Adelaide, and Dr Ecushla Linedale, from the University of Adelaide's Adelaide Medical School.

Despite the high prevalence of IBS—10 percent of the population at any given time and about 40 percent over a lifetime—"delayed [diagnosis](#), lengthy wait times for specialist review, over investigation and lack of clear diagnostic communication are common", Professor Andrews and Dr Linedale wrote.

"The condition does not appear to be generally well handled within the health care system, which leads to frustration and dissatisfaction in patients and [doctors](#) alike.

"This frustration appears to begin with the diagnostic process and flows through to either insufficient or excess investigations, repeat consultations and re-investigation, and low and late uptake of therapies that are proven to be effective but infrequently used outside of specialty care centres with an IBS focus."

Many people with an existing IBS diagnosis "do not own it and often continue to seek further diagnoses, investigations, explanations and treatments".

Poor communication between specialists and referring doctors may be one reason for a lack of confidence in an IBS diagnosis, they wrote.

"It was striking that in letters sent back to referring doctors, even gastroenterology specialists were using uncertain diagnostic language much more often in patients with... IBS, than in patients with other organic gastrointestinal conditions.

"It is concerning that the use of uncertain language continued in follow-up visits, even though further time had elapsed and investigations had returned negative results. These communication problems represent an opportunity for doctors to more clearly and confidently deliver an IBS diagnosis, and likely prevent ongoing fear of missed pathology in patients and referring doctors alike."

Their review paper has also recommended treatments, both pharmacological and non-pharmacological (eg, cognitive behavioural therapy, hypnotherapy, and a diet low in FODMAPs (short chain carbohydrates and sugar alcohols found in foods naturally or as food additives)).

"A diagnosis can be safely made by following basic principles with few tests and is reliable over time," the authors wrote.

"Failing to make and deliver a confident diagnosis creates ongoing avoidable morbidity, and it costs our society significant amounts in direct and indirect costs.

"After making a diagnosis and explaining the symptoms, we have readily

available access to effective therapies. To achieve these gains, doctors need to be better advocates for these proven therapies; otherwise, they will leave [patients](#) at the mercy of people with better marketing skills."

More information: Ecushla C Linedale et al. Diagnosis and management of irritable bowel syndrome: a guide for the generalist, *The Medical Journal of Australia* (2017). [DOI: 10.5694/mja17.00457](https://doi.org/10.5694/mja17.00457)

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