

# Think you may have Irritable Bowel Syndrome (IBS)?

## What is IBS?

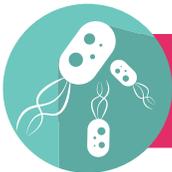
Irritable bowel syndrome (IBS) is a disorder affecting the intestine. IBS involves problems with motility (movement of digested food through the intestines) and sensitivity (how the brain interprets signals from the intestinal nerves), leading to abdominal pain, changes in bowel patterns and other symptoms.

Canada has one of the highest rates of IBS in the world, estimated 18% vs. 11% globally.



## What causes IBS?

Though the exact causes are unknown, people have been known to develop IBS after the following



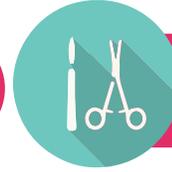
Gastrointestinal Infection



Food Poisoning



Traveller's Diarrhea



Surgery



A Change in Medications



A Change in Diet



An Imbalance of Intestinal Bacteria or a Change in Hormones



## Symptoms of IBS

IBS is not a single entity. It's a collection of abdominal and bowel-related symptoms. Symptoms common in IBS that support a diagnosis are

- Abdominal pain
- Abnormal stool frequency
- Urgency
- Cramps
- Bloating
- Abnormal stool form
- Straining at defecation
- Feeling like you haven't completely emptied your bowels
- Mucus in stool

# Rome IV Criteria

In May 2016, the Rome Foundation released the new Rome IV criteria for diagnosing IBS. All around the world, physicians follow this organization's lead when diagnosing IBS.

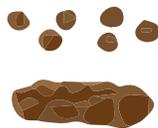
According to the Rome IV diagnostic criteria, IBS is characterised by recurrent abdominal pain for, on average, at least one day per week in the last three months, associated with two or more of the following

## Rome IV diagnostic criteria

Two or more of the following:

- Symptoms related to defecation
- Symptoms associated with a change in stool frequency
- Symptoms associated with a change in form (appearance) of stool

Everyone is different. So are your poops. It's important to note that the change in your stool could be constipation for some people, diarrhea for others, or alternate between the two. Subtypes of IBS are recognized by the Rome IV criteria based on the person's reported predominant bowel habit, when not on medications, as follows



Separate hard lumps, like nuts (hard to pass)



Sausage-shaped but lumpy



Fluffy pieces with ragged edges, a mushy stool



Water, no solid pieces. Entirely liquid.

## Subtype

### Stool type 1 & 2

### Stool type 6 & 7

IBS with predominant constipation

More than  
**25%**

Less than than  
**25%**

IBS with predominant diarrhea

Less than than  
**25%**

More than  
**25%**

IBS with mixed bowel habits

More than  
**25%**

More than  
**25%**

**Unclassified IBS:** Patients who exhibit symptoms and meet the ROME IV criteria for IBS but who's bowel patterns do not match the standardized categories of the three subtypes above.

## Sound like you?

You should see your physician. The American Gastroenterology Association (AGA) recommends to patients three steps to improve communication with their physician

**1**

**Speak up early** Detail the symptoms to your HCP, A great way you can do this is by downloading our new app to help you track symptoms daily

**2**

**Speak up completely** Inform the doctor on the evolution of your symptoms after any new treatment efforts so that alternative treatment approaches can begin.

**3**

**Speak up Often** Inform the doctor on the evolution of your symptoms after any new treatment efforts so that alternative treatment approaches can begin.



CDHF.ca