IRRITABLE BOWEL SYNDROME (IBS) and INFLAMMATORY BOWEL DISEASE (IBD) often present with similar symptoms, making the distinction challenging. IBS symptoms in patients with IBD are around four times more common than in the general population, with slightly higher rates in Crohn’s disease (46%) than ulcerative colitis (36%). In IBD patients, symptoms can only be attributed to IBS if their IBD is known to be in remission. There are good therapies (including dietary and psychological) available for IBS. Incorrectly treating IBS symptoms as active IBD will not only be ineffective but also exposes patients to side effects from escalation of IBD medications.

IBS has a complex pathophysiology with contributions from gut inflammation, dietary intolerances and psychological factors. There are simple tests that can be employed to differentiate between IBS and IBD.

**IDENTIFY CHARACTERISTIC SYMPTOMS**
- Abdominal pain or discomfort
- Bloating
- Change in bowel habit

**EXCLUDE ANY WARNING SIGNS**
- New symptoms <6 months
- Rectal bleeding
- Unexplained weight loss and/or fever
- Abdominal mass
- Nocturnal symptoms
- Severe perianal pain or discharge
- Extra-intestinal symptoms (arthritis, rash, eye inflammation)
- Family history of IBD
- New symptoms in patient ≥50 years

Refer to gastroenterologist urgently and order investigations

**INVESTIGATIONS**
- Full blood count
- C-reactive protein (CRP)
- Erythrocyte sedimentation rate (ESR)
- Albumin
- Stool MC&S and C.difficile toxin
- Faecal calprotectin*
- Iron studies
- Coeliac serology

**GASTROENTEROLOGY REVIEW REQUIRED FOR SUSPECTED IBD**

In a new patient:
- refer to gastroenterologist for endoscopic investigations and diagnosis.

In an existing IBD patient:
- optimise management and therapies. Discuss appropriate measures and follow up with their gastroenterologist.

Provide the patient with a firm diagnosis and reassurance that most patients do not require therapy.

**Consider:**
- referring to a dietitian for trial of low FODMAP diet†
- psychological approaches (e.g. cognitive behavioural therapy or hypnotherapy)
- symptom-based therapies (e.g. anti-diarrhoeals, antispasmodics, fibre supplements)
- gastroenterologist referral if not responding to above management.

*Not currently covered by Medicare. †For more information on the FODMAP diet, visit http://www.med.monash.edu/cecs/gastro/fodmap/ or http://www.gesa.org.au/consumer.asp?id=190.