

Irritable bowel syndrome in adults: diagnosis and management

Information for the public

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About this information

NICE guidelines provide advice on the care and support that should be offered to people who use health and care services.

This information explains the advice about irritable bowel syndrome that is set out in NICE's guideline on irritable bowel syndrome in adults: diagnosis and management.

This is an update of advice on irritable bowel syndrome that NICE produced in 2008. Some of the information in the sections on when you should be offered further advice on diet and medicines for irritable bowel syndrome was updated in 2015.

Does this information apply to me?

Yes, if you are an adult who has irritable bowel syndrome.

No, if you:

- are under 18
- have any other gastrointestinal disorder such as non-ulcer dyspepsia (indigestion with no obvious cause) or [coeliac disease](#).

Your care team

A range of professionals who specialise in different areas of treatment or support may be involved in your care. These could include doctors, specialist nurses, [dietitians](#) and psychologists. All of these professionals will be trained and experienced in providing particular treatments or support.

Working with you

Your care team should talk with you about irritable bowel syndrome. They should explain any tests, treatments or support you should be offered so that you can decide together what is best for you. Your family or carer can be involved in helping to make decisions, but only if you agree. There are questions throughout this information that you can use to help you talk with your care team.

You may also like to read [NICE's information for the public on patient experience in adult NHS services](#). This sets out what adults should be able to expect when they use the NHS. We also have more information on the NICE website about [using health and social care services](#).

Some treatments or care described here may not be suitable for you. If you think that your treatment does not match this advice, talk to your care team.

What is irritable bowel syndrome?

Irritable bowel syndrome (often called 'IBS') is a disorder that interferes with the normal functioning of the large bowel. The most common symptoms include pain or discomfort in the abdomen, bloating, an urgent need to empty the bowel, and changes in bowel habit (diarrhoea or constipation, or both).

Irritable bowel syndrome will often come and go throughout a person's life and can be a painful and upsetting condition. Its exact cause is unknown. Irritable bowel syndrome affects between 10% and 20% of the general population, but most often occurs in young people in their twenties. It is twice as common in women as in men.

Questions to ask about irritable bowel syndrome

- Please tell me more about irritable bowel syndrome.
- Are there any support organisations in my area for people with irritable bowel syndrome?
- Can you provide any information for my family or carers?

Diagnosing irritable bowel syndrome

First step: your symptoms

There are no specific tests to confirm irritable bowel syndrome. Instead, your doctor should ask you about your symptoms to help make a diagnosis. Symptoms of irritable bowel syndrome can vary widely and also change over time, so your doctor should encourage you to describe all your symptoms and how they affect your daily life before asking you any specific questions.

You should be asked if you have had any of the following symptoms that have lasted for at least 6 months:

- changes in your bowel habit (for example, diarrhoea or constipation)

- pain or discomfort in your abdomen
- a bloated feeling.

If you have had any of these, your doctor should consider assessing you for irritable bowel syndrome. He or she should explain that some specific symptoms need to be present for a positive diagnosis. These are either:

- abdominal pain or discomfort that goes away when you empty your bowel **or**
- abdominal pain or discomfort with a change in how often you empty your bowel or stools (faeces or poo) that look different from usual.

You also need to have 2 of the following symptoms:

- a change in how you pass stools – for example, needing to strain, feeling a sense of 'urgency' or feeling that you have not completely emptied your bowel
- bloating, tension or hardness in your abdomen
- a feeling that your symptoms are worse after eating
- passing of mucus from the rectum.

If you have abdominal pain or discomfort, your doctor should ask if the pain is in one area or if it moves around your abdomen. This is because in irritable bowel syndrome the pain does not usually stay in one place. As part of your changing bowel habit, you may experience faecal incontinence, which means having accidents that involve a leakage of faeces. You may also have symptoms such as tiredness, nausea, backache and bladder problems (such as passing urine frequently or experiencing a sense of urgency). Your doctor should ask if you have had any of these symptoms to help confirm your diagnosis.

Next step: ruling out other problems

If your doctor thinks you may have irritable bowel syndrome you should be offered some blood tests. These will allow the doctor to check for anaemia and general levels of inflammation in your body, and make sure that you do not have another gut disorder called coeliac disease.

Your doctor should explain how the tests will be done and where they will take place, and

also answer any questions you have.

The following types of tests are **not** necessary to help diagnose irritable bowel syndrome:

- ultrasound
- rigid or flexible sigmoidoscopy
- colonoscopy or barium enema
- thyroid function test
- faecal ova and parasite test
- faecal occult blood test
- hydrogen breath test.

Referral to a specialist

When you first describe your symptoms, your doctor should explain that it is important to rule out the possibility that they are being caused by other illnesses that need specialist treatment, such as cancer or inflammatory bowel disease (IBD). You should be asked if you have, or have had, any of the following:

- unintentional and unexplained weight loss
- bleeding from the rectum
- a family history of bowel or ovarian cancer.

If you are aged 60 or over, your doctor should also ask if you have had a change in your bowel habit that has lasted for more than 6 weeks in which you are producing looser stools or need to empty your bowel more frequently.

Your doctor may suggest a physical examination of your abdomen or rectum to check for lumps. Before you agree to these examinations, the doctor should explain exactly what will happen, and why.

Some symptoms of irritable bowel syndrome are similar to those that could be experienced by women with ovarian cancer (for example, bloating or pain in the abdomen).

NICE has produced advice about [recognition and initial management of ovarian cancer](#) that explains when women should be offered tests to check for ovarian cancer.

Depending on your symptoms and the results of your blood tests and examinations, your doctor may refer you to a specialist for further tests. Your doctor should explain that being referred does not necessarily mean you have cancer or IBD, but that it should be ruled out. NICE has produced [advice about being referred for suspected cancer](#).

Questions to ask about tests

- Please give me more details about the tests I have been offered.
- How long will it take to get the results?
- Can you tell me more about tests to check for ovarian cancer?
- Please give me more information about why I have been referred to a specialist.
- If I am not being offered any further tests, could you explain why?

Managing irritable bowel syndrome

If you are diagnosed with irritable bowel syndrome, your doctor should give you information and advice to help you live with your condition. This should include advice about physical activity, lifestyle, diet and the medicines you can take to help your symptoms.

Physical activity and lifestyle

Your doctor should assess how physically active you are, which may involve using a questionnaire. If you do not take much exercise, you should be advised to try to increase your daily activity. Your doctor should also explain the importance of finding time to relax or devote to leisure activities that you enjoy.

Diet

Your diet should be assessed and you should be given advice on what you can do to help your symptoms, including the following:

- Eat regular meals and take time to eat without rushing.
- Do not skip meals or leave long gaps between eating.
- Drink at least 8 cups of fluid a day, particularly water or other non-caffeinated drinks, for example herbal teas.
- Avoid drinking more than 3 cups of tea or coffee a day.
- Cut down on alcohol and fizzy drinks.
- Avoid eating more than 3 portions of fresh fruit a day (a portion is about 80 g)
- If you have diarrhoea, avoid the artificial sweetener sorbitol, which is found in sugar-free sweets (including chewing gum) and drinks, and in some diabetic or slimming products.
- If you have wind or bloating, it may help to eat oats (for example, oat-based breakfast cereal or porridge) and linseeds (up to 1 tablespoon a day).

If you want to try a [probiotic](#) product to see if it helps, you should be advised to keep taking it for at least 4 weeks and take the dose recommended by the manufacturer. You should also record whether it makes a difference to your symptoms. Your doctor should not recommend using a herbal medicine called aloe vera for irritable bowel syndrome because it is unlikely to help and could have side effects.

Managing your fibre intake

Eating the right amount of [fibre](#) is important for people with irritable bowel syndrome. You should be given advice on how to adjust how much fibre you eat, including what foods to avoid and what foods or supplements may be helpful.

When you should be offered further advice on diet

If you are following your doctor's advice about diet and lifestyle but it has not helped, you

should be offered further advice on your diet. It is important that you get this advice from a healthcare professional who is an expert on diets for people with irritable bowel syndrome (such as a [dietitian](#)). The advice should cover diets that involve avoiding or cutting out certain foods that could be making your symptoms worse (for example, a [low FODMAP diet](#)).

Medicines for irritable bowel syndrome

Whether any medicine is suitable for you will depend on your symptoms. However, it is still important that you follow your doctor's advice on diet and lifestyle while taking any medicine.

You may be offered a medicine called an antispasmodic, which reduces [bowel spasm](#). If you have diarrhoea, you may be offered a medicine called loperamide, which slows down the activity of your bowel. For constipation you may be offered a [laxative](#) but your doctor should not offer you [lactulose](#). If you've had constipation for at least a year and have tried different types of laxative that have not helped, your doctor may offer you a laxative called linaclotide. They should ask to see you after you've been taking it for 3 months to check if it's helping.

If you are taking a laxative or loperamide, your doctor should show you how to adjust the amount you take until you are producing soft, well-formed stools.

If laxatives, loperamide or antispasmodics do not help, you may be offered a type of drug called a [tricyclic antidepressant \(TCA\)](#) or (if that is not effective) a [selective serotonin reuptake inhibitor \(SSRI\)](#). Low doses of these drugs are sometimes offered to people with irritable bowel syndrome because they can help to ease pain. Although this is an [off-label use](#) for TCAs and SSRIs, they have been shown to be effective.

When offering you a TCA or SSRI, your doctor should discuss the benefits and possible side effects with you. If it's the first time you've taken either of these drugs for irritable bowel syndrome, they should ask to see you after 4 weeks to check your progress, and then every 6 to 12 months.

What other treatments are there?

If following your doctor's advice and taking medicines have not helped your symptoms

after a year of treatment, you may be offered a referral for a kind of treatment called a psychological intervention. This could include treatments called hypnotherapy, psychological therapy or cognitive behavioural therapy.

Your doctor should not recommend that you use acupuncture or reflexology as treatments for irritable bowel syndrome because they are unlikely to help.

Whatever type of treatment your doctor recommends, he or she should discuss with you when to come back and talk about how you are progressing. When you come back you should be asked if you have experienced any new symptoms since your last visit.

Questions to ask about managing irritable bowel syndrome

- Please tell me more about managing irritable bowel syndrome.
- Do I need to avoid eating processed foods and some reheated foods (like potatoes and pasta)?
- Can you give me some more information about how much fibre I should eat?
- Can you tell me why I need to avoid eating more than 3 portions of fresh fruit a day? Would it be helpful to eat portions of fruit at different times of the day rather than all in one go?
- Where can I get more information and advice on probiotics?
- If I need to take medication, how will the treatment help me?
- How long will it take to have an effect?
- Are there any risks associated with this treatment?
- If I decide to have a psychological intervention, what will this involve?
- Can you give me any further information (like a leaflet or website address) about how to manage irritable bowel syndrome?

Terms explained

Abdomen

The lower part of the trunk of the body that contains the stomach, bowel and other abdominal organs.

Anaemia

A condition in which a person does not have enough red cells in their blood to carry oxygen around the body.

Bowel

The lower part of the digestive system, below the stomach. The bowel (or intestines) is split into the small bowel and the large bowel.

Bowel spasm

Powerful contractions by muscles in the bowel, causing cramp-like pain and discomfort.

Coeliac disease

A life-long condition of the small bowel caused by a reaction to gluten, which is found in wheat, barley and rye.

Cognitive behavioural therapy (CBT)

A type of talking treatment that can help people to change the way they think and behave. People with irritable bowel syndrome can use CBT to learn how to react differently to their symptoms (for example, by using relaxation techniques and staying positive, which can help to ease pain).

Dietitian

An expert in diet and nutrition who is registered with the Health and Care Professions Council. Dietitians give practical, safe advice on nutrition based on current scientific evidence.

Faeces

Also known as stools or poo, this is the solid, semi-solid or liquid waste material from digestion that is passed out of the body.

Fibre

Fibre (also known as roughage) is only found in foods that come from plants. It is pushed through the digestive system, absorbing water along the way and easing bowel movements. Good sources of fibre include vegetables, fruit, pulses and wholemeal bread.

Hypnotherapy

A type of therapy used to create subconscious change in a person's attitude, approach or behaviour. It may help to ease pain in people with irritable bowel syndrome.

Inflammatory bowel disease (IBD)

A disease in which parts of the bowel become inflamed (red and swollen). It is not related to irritable bowel syndrome.

Lactulose

A type of laxative that increases the amount of water in the stools, reducing constipation.

Large bowel

The lower section of bowel (also known as the colon) where water is absorbed from digested food as it moves towards the rectum.

Laxative

A medicine used to treat constipation by helping the bowel to move.

Low FODMAP diet

FODMAP stands for fermentable oligosaccharides, disaccharides, monosaccharides and polyols. These are complex names for molecules known as short-chain carbohydrates that are found in a variety of foods (for example, wheat, some fruit and vegetables, pulses, artificial sweeteners and some processed foods). FODMAPs are poorly absorbed in the small bowel and pass into the large bowel, where bacteria ferment them. This produces gas that can cause bloating, wind and discomfort or pain. FODMAPs can also draw water into the bowel, causing diarrhoea. Following a diet that is low in FODMAPs could help with these symptoms in people with irritable bowel syndrome. People can gradually re-introduce foods again to find out which specific FODMAPs cause problems for them.

Off-label use

In the UK, medicines are licensed to show that they work well enough and are safe enough to be used for specific conditions and groups of people. Some medicines can also be helpful for conditions or people they are not specifically for. This is called 'off-label' use. Off-label use might also mean the medicine is taken at a different dose or in a different way to the licence, such as using a cream or taking a tablet. There is more information about licensing medicines on the [NHS website](https://www.nhs.uk).

Probiotic

A food supplement containing bacteria or yeasts that may provide a health benefit.

Psychological therapy

A general term used to describe meeting with a therapist to talk about feelings and thoughts and how these affect a person's life and wellbeing.

Rectum

The lower part of the bowel through which faeces pass to leave the body.

Selective serotonin reuptake inhibitor (SSRI)

A type of drug that can be used to ease pain and discomfort in irritable bowel syndrome – this use is different from its action in treating depression. Examples include fluoxetine and sertraline. At the time of publication SSRIs may be recommended for 'off-label' use in this guideline. Your doctor should tell you this and explain what it means for you.

Stools

See [faeces](#).

Tricyclic antidepressant (TCA)

A type of drug that can be used to ease pain and discomfort in irritable bowel syndrome – this use is different from its action in treating depression. Examples include amitriptyline and imipramine. At the time of publication TCAs may be recommended for 'off-label' use in this guideline. Your doctor should tell you this and explain what it means for you.

Sources of advice and support

- [Bladder and Bowel Foundation](#), 0800 031 5406
- [Guts UK](#), 0207 4860341

You can also go to the [NHS website](#) for more information.

NICE is not responsible for the quality or accuracy of any information or advice provided by these organisations.

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