Algorithm for the use of faecal calprotectin in General Practice in patients presenting with lower gastrointestinal symptoms
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**New patients**
Age 16-40, no alarm symptoms; consider Rome III criteria for Irritable Bowel Syndrome.

**Rome III Criteria for I.B.S.**
Recurrent abdominal pain or discomfort at least 3 days per month in the last 3 months associated with 2 or more of the following:
1. Improvement with defecation
2. Onset associated with a change in frequency of stool
3. Onset associated with a change in form (appearance) of stool

**If clinical diagnosis of IBS made then consider investigations or symptomatic treatment and review**

**Investigations to consider**
FBC, glucose, LFTs, U&Es, CRP, TFT, Ca, ferritin, folate, B12, Coeliac autoantibodies, faecal calprotectin and if diarrhoea stool MC&S.

At review if better then discharge. If still symptomatic then investigate and review.

- If investigations normal consider I.B.S. or alternative diagnoses*.
- If investigations normal and symptoms respond to symptomatic treatment or patient suitably re-assured then discharge.
- If investigations normal and patient still troubled by symptoms consider referral to secondary care

**Red Flag symptoms: not characteristic of I.B.S.**
- Blood in stools
- Weight loss
- Pain during the night that interferes with sleep
- Diarrhoea during the night that interferes with sleep
- Fever/high temperature
- Severe watery diarrhoea

*Alternative diagnosis to consider
Bile Salt Malabsorption
Pancreatic exocrine insufficiency
Marker negative Coeliac disease
Lymphocytic or collagenous colitis
Colonic neoplasia
False negative result (2%)