

SCOPE

1 Guideline title

Irritable bowel syndrome in adults: diagnosis and management of irritable bowel syndrome in primary care.

1.1 Short title

Irritable bowel syndrome.

2 Background

- (a) The National Institute for Health and Clinical Excellence ('NICE' or 'the Institute') has commissioned the National Collaborating Centre for Nursing and Supportive Care (NCC-NSC) to develop a clinical guideline on the prevention, diagnosis and management of irritable bowel syndrome in primary care for use in the NHS in England and Wales. This follows referral of the topic by the Department of Health (see appendix). The guideline will provide recommendations for good practice that are based on the best available evidence of clinical and cost effectiveness.
- (b) The Institute's clinical guidelines will support the implementation of National Service Frameworks (NSFs) in those aspects of care where a Framework has been published. The statements in each NSF reflect the evidence that was used at the time the Framework was prepared. The clinical guidelines and technology appraisals published by the Institute after an NSF has been issued will have the effect of updating the Framework.
- (c) NICE clinical guidelines support the role of healthcare professionals in providing care in partnership with patients, taking account of their individual needs and preferences, and ensuring that patients (and their carers and families, where appropriate) can make informed decisions about their care and treatment.

3 Clinical need for the guideline

- a) Irritable bowel syndrome (IBS) is a chronic, relapsing and often life-long disorder. It is characterised by the presence of abdominal pain associated with defaecation, or a change in bowel habit together with disordered defaecation (constipation or diarrhoea or both), and the sensation of abdominal distension. Symptoms sometimes overlap with other gastrointestinal (GI) disorders such as non-ulcer dyspepsia, or with coeliac disease. For the purpose of this guideline scope, IBS is defined using the Rome II criteria and will not cover other GI tract conditions. This is a pan-European clinician definition that characterises IBS as: at least 12 weeks (which need not be consecutive), in the preceding 12 months, of abdominal discomfort or pain with two of the following three features:
- relief by defaecation
 - onset associated with a change in frequency of stool
 - onset associated with a change in form (appearance) of stool.
- b) Patients may present with differing symptom profiles, most commonly 'diarrhoea predominant', 'constipation predominant', and alternating symptoms. Clinical management will inevitably be directed by presenting symptoms, but different symptom types may have differing prognoses that assist in determining the type and urgency of investigations and subsequent management.
- c) IBS most commonly affects people between the ages of 20 and 30 years and is twice as common in women as in men. The prevalence of the condition in the general population is estimated to lie somewhere between 10 and 20%. Recent trends indicate that there is also a significant prevalence of IBS in older people; therefore, IBS diagnosis should be a consideration when an older person presents with unexplained abdominal symptoms. The true prevalence of IBS in the whole population may be higher than estimated, because it is thought

that many people with IBS symptoms do not seek medical advice; NHS Direct online data suggest that 75% of people using this service rely on self-care. In England and Wales, the number of people consulting for IBS is extrapolated to between 1.6 and 3.9 million. Evidence suggests that age and race have no consistent effect on the incidence of symptoms.

- d) Causes of IBS have not been adequately defined, although gut hypersensitivity, disturbed colonic motility, post-infective bowel dysfunction or a defective antinociceptive (anti-pain) system are possible causes. Stress commonly aggravates the disorder and around half of IBS outpatients attribute the onset of symptoms to a stressful event. Lactose, gluten or other food intolerance is also identified as an antecedent. Colonic flora may be abnormal in IBS patients.
- e) Morbidities include pain, distension, flatulence, constipation and/or diarrhoea, and may lead to dehydration, lack of sleep, anxiety and lethargy. This may lead to time off work, avoidance of stressful or social situations and significant reduction in quality of life. Associated non-colonic problems include functional urinary and gynaecological problems, gallbladder and stomach symptoms, back pain, migraine and depression. It has previously been shown that if a non-colonic feature of IBS is especially severe (for example, a gynaecological symptom) the patient may be referred to the wrong speciality. This may result in unnecessary and sometimes costly investigations and/or delayed treatment.
- f) Patients are likely to be referred to a secondary care specialist if symptoms are atypical (for example, patients over 40 years with change in bowel habit and/or rectal bleeding), if GI cancer is suspected on clinical examination, or if there is a family history of GI cancer.
- g) Primary care investigations may include: routine blood tests such as full blood count, urea and electrolytes, and liver function tests; tests for thyroid function, tissue transglutaminase anti-endomysial antibodies (to

exclude coeliac disease); inflammatory markers, stool microscopy; urinary screen for laxatives; and lactose tolerance testing. Other investigations such as gut transit studies (radiological tests to measure the time required for food to move through the digestive tract) and sigmoidoscopy (endoscopy of the lower part of the bowel) are routinely performed in secondary care. Determining the criteria for tests to diagnose IBS and appropriate referral into secondary care will be addressed in the guideline.

- h) IBS is associated with a disproportionately high prevalence of abdominal and pelvic surgery, although the cause of this has not been established.
- i) The main aims of this guideline will be to identify:
 - diagnostic criteria for patients presenting with symptoms suggestive of IBS
 - optimal clinical and cost-effective management of IBS in primary care
 - clinical and cost-effective indications for referral to therapeutic services and secondary care for IBS .

4 The guideline

- a) The guideline development process is described in detail in two publications which are available from the NICE website (see 'Further information'). 'The guideline development process: an overview for stakeholders, the public and the NHS' (2006 edition) describes how organisations can become involved in the development of a guideline. 'The guidelines manual' provides advice on the technical aspects of guideline development.
- b) This document is the scope. It defines exactly what this guideline will (and will not) examine, and what the guideline developers will consider.

The scope is based on the referral from the Department of Health (see Appendix).

- c) The areas that will be addressed by the guideline are described in the following sections.

4.1 Population

4.1.1 Groups that will be covered

- a) Adults (18 years and older) who present to primary care with symptoms suggestive of IBS.

4.1.2 Groups that will not be covered

- a) Patients with other gastrointestinal disorders such as non-ulcer dyspepsia or coeliac disease will not be covered.
- b) Children and young people under 18 years of age.

4.2 Healthcare setting

The guideline will cover the care that is provided by primary healthcare professionals indicating where secondary care referral is appropriate.

4.3 Clinical management

4.3.1 Areas that will be covered

- a) Diagnosis of IBS in primary care. This will include:
- patient history
 - clinical examination
 - diagnostic criteria (for example, Rome II criteria)
 - classification of IBS to inform management options
 - investigations and tests to rule out alternative diagnoses such as coeliac disease or food allergy.

b) Management in primary care which will include:

- exercise
- diet including fibre, pre- and probiotics
- pharmacological treatments, including bulking agents, anti-motility agents, antispasmodics and antidepressants
- therapeutic treatments such as cognitive behavioural therapy and other psychotherapeutic interventions
- acupuncture, Chinese herbal medicine, hypnotherapy and reflexology.

Note that guideline recommendations will normally fall within licensed indications; exceptionally, and only where clearly supported by evidence, use outside of a licensed indication may be recommended. The guideline will assume that prescribers will use the Summary of Product Characteristics to inform their decisions for individual patients.

c) Follow-up in primary care .

d) Indications for referral into secondary care and therapeutic services.

e) Information for patients.

4.3.2 Areas that will not be covered

a) If during the process of diagnosis for IBS another disease is suspected further diagnosis and treatment of this disease will not be covered.

b) Management and diagnosis of comorbidity

c) New drugs in development, unless they become licensed during the period of guideline development.

4.4 Status

4.4.1 Scope

This is the final scope.

Related NICE guidance:

- Dyspepsia: Management of dyspepsia in adults in primary care. *NICE clinical guideline no. 17.*
- Referral for suspected cancer. *NICE clinical guideline no. 27.*
- The management of faecal incontinence in adults (*NICE clinical guideline, expected publication July 2007*).
- Four commonly used methods to increase physical activity: brief interventions in primary care, exercise referral schemes, pedometers and community-based exercise programmes for walking and cycling *NICE public health intervention guidance no. 2.*

4.4.2 Guideline

The development of the guideline recommendations will begin in May 2006.

5 Further information

Information on the guideline development process is provided in:

- The guideline development process: an overview for stakeholders, the public and the NHS (2006 edition)
- The guidelines manual (2006 edition).

These booklets are available as PDF files from the NICE website (www.nice.org.uk/guidelinesmanual). Information on the progress of the guideline will also be available from the website.

Appendix – Referral from the Department of Health

The Department of Health asked the Institute to develop a guideline: on the diagnosis and management within primary care of adults with irritable bowel syndrome - including the criteria for referral to secondary care.