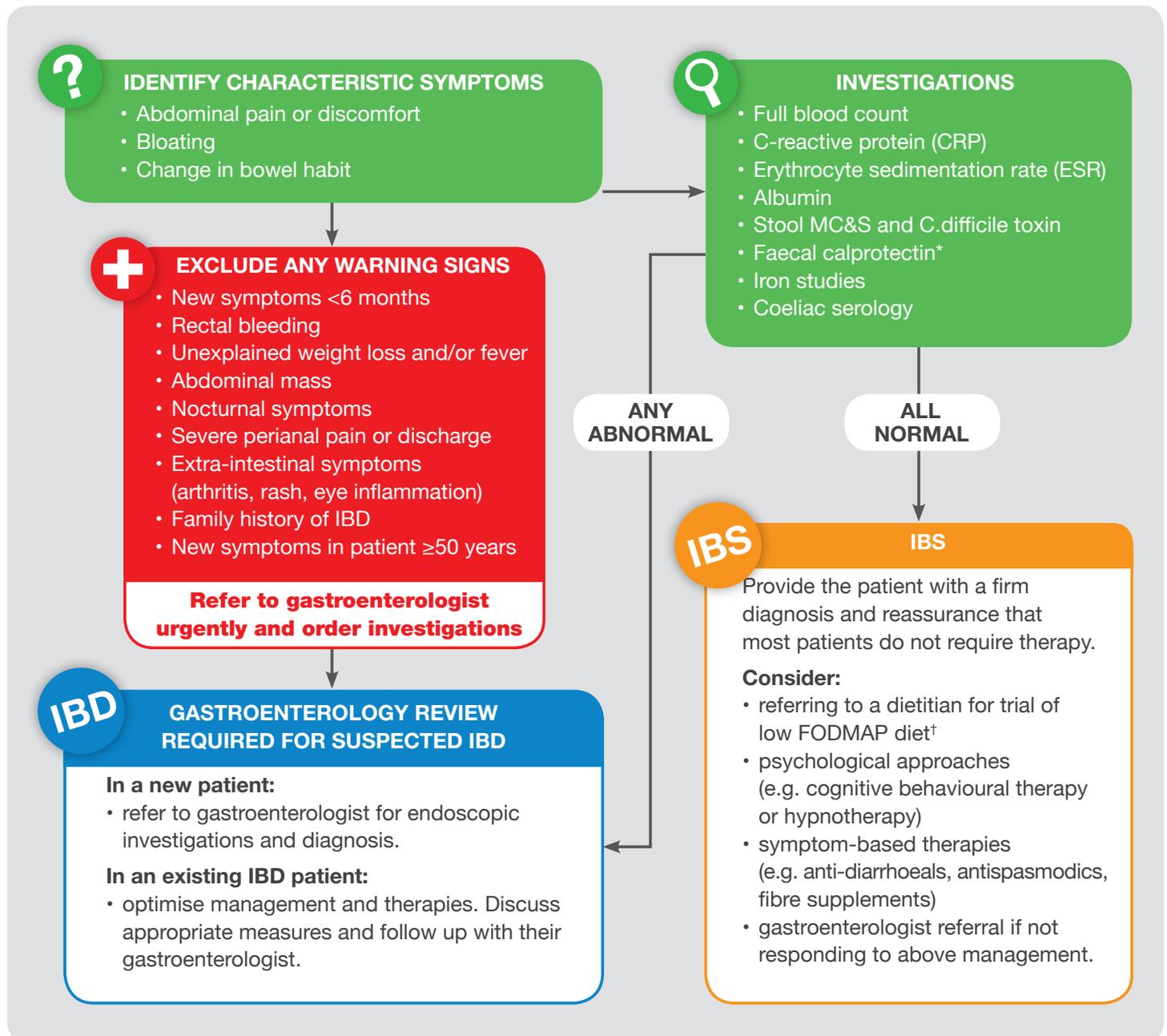


Differentiating between IBS and IBD

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.



*Not currently covered by Medicare. †For more information on the FODMAP diet, visit <https://www.monashfodmap.com/about-fodmap-and-ibs/> or <http://www.gesa.org.au/resources/patients/low-fodmap-diet/>.

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