



Bowel Disorders

Brian E. Lacy,¹ Fermín Mearin,² Lin Chang,³ William D. Chey,⁴ Anthony J. Lembo,⁵ Magnus Simren,⁶ and Robin Spiller⁷

¹Division of Gastroenterology and Hepatology, Dartmouth-Hitchcock Medical Center, Lebanon, New Hampshire; ²Institute of Functional and Motor Digestive Disorders, Centro Médico Teknon, Barcelona, Spain; ³David Geffen School of Medicine at UCLA, Los Angeles, California; ⁴University of Michigan Health System, Ann Arbor, Michigan; ⁵Beth Israel Deaconess Medical Center, Harvard Medical School, Boston, Massachusetts; ⁶Institute of Medicine, Department of Internal Medicine and Clinical Nutrition, Sahlgrenska Academy, University of Gothenburg, Gothenburg, Sweden; and ⁷Cantab, University of Nottingham, United Kingdom

Functional bowel disorders are highly prevalent disorders found worldwide. These disorders have the potential to affect all members of society, regardless of age, sex, race, creed, color, or socioeconomic status. Improving our understanding of functional bowel disorders (FBD) is critical, as they impose a negative economic impact to the global health care system in addition to reducing quality of life. Research in the basic and clinical sciences during the past decade has produced new information on the epidemiology, etiology, pathophysiology, diagnosis, and treatment of FBDs. These important findings created a need to revise the Rome III criteria for FBDs, last published in 2006. This article classifies the FBDs into 5 distinct categories: irritable bowel syndrome, functional constipation, functional diarrhea, functional abdominal bloating/distention, and unspecified FBD. Also included in this article is a new sixth category, opioid-induced constipation, which is distinct from the functional bowel disorders (FBDs). Each disorder will first be defined, followed by sections on epidemiology, rationale for changes from prior criteria, clinical evaluation, physiologic features, psychosocial features, and treatment. It is the hope of this committee that this new information will assist both clinicians and researchers in the decade to come.

Keywords: Abdominal Pain; Bloating; Distension; Constipation; Diarrhea; Functional Bowel Disorders; Irritable Bowel Syndrome.

Functional bowel disorders (FBD) are a spectrum of chronic gastrointestinal (GI) disorders characterized by predominant symptoms or signs of abdominal pain, bloating, distention, and/or bowel habit abnormalities (eg, constipation, diarrhea, or mixed constipation and diarrhea). The FBDs can be distinguished from other GI disorders based on chronicity (≥ 6 months of symptoms at the time of presentation), current activity (symptoms present within the last 3 months), frequency (symptoms present, on average, at least 1 day per week), and the absence of obvious anatomic or physiologic abnormalities identified by routine diagnostic examinations, as deemed clinically appropriate. The FBDs are classified into 5 distinct categories: irritable bowel syndrome (IBS), functional constipation (FC), functional diarrhea (FDr), functional

abdominal bloating/distention, and unspecified FBD (Table 1). Also included in this article is a new sixth category, opioid-induced constipation (OIC), which is distinct from the FBDs by having a specific etiology that can produce similar symptoms as FC. Clinically, OIC can overlap with FC and so is included in this article, as clinicians may need to evaluate both concurrently and may use different treatments. This classification scheme is designed to assist both researchers and clinicians; however, it is important to acknowledge that significant overlap exists between these disorders, and these disorders should be thought of as existing on a continuum, rather than discrete disorders (Figure 1). As these disorders exist on a continuum, it may not always be possible to confidently separate them. Using evidence from the scientific literature and a consensus-based approach, the 2016 working team has revised the Rome III diagnostic criteria and updated the clinical evaluation and treatment for all FBDs.

C1. Irritable Bowel Syndrome

Definition

IBS is an FBD in which recurrent abdominal pain is associated with defecation or a change in bowel habits. Disordered bowel habits are typically present (ie, constipation, diarrhea, or a mix of constipation and diarrhea), as are symptoms of abdominal bloating/distention. Symptom onset should occur at least 6 months before diagnosis and symptoms should be present during the last 3 months.

Abbreviations used in this paper: BSFS, Bristol Stool Form Scale; CBC, complete blood count; CC, chronic constipation; DD, dyssynergic defecation; FAB, functional abdominal bloating; FAD, functional abdominal distention; FBD, functional bowel disorder; FC, functional constipation; FDr, functional diarrhea; FODMAP, fermentable oligosaccharides, disaccharides, monosaccharides, and polyols; GI, gastrointestinal; IBD, inflammatory bowel disease; IBS, irritable bowel syndrome; IBS-C, irritable bowel syndrome with constipation; IBS-D, irritable bowel syndrome with diarrhea; IBS-M, irritable bowel syndrome with constipation and diarrhea; IBS-U, irritable bowel syndrome unclassified; OIC, opioid-induced constipation.

Most current article

© 2016 by the AGA Institute
0016-5085/\$36.00

<http://dx.doi.org/10.1053/j.gastro.2016.02.031>

Table 1. Functional Gastrointestinal Disorders

- C. Functional bowel disorders
 - C1. Irritable bowel syndrome
 - C2. Functional constipation
 - C3. Functional diarrhea
 - C4. Functional abdominal bloating/distension
 - C5. Unspecified functional bowel disorders
 - C6. Opioid-induced constipation

3. Associated with a change in form (appearance) of stool

^aCriteria fulfilled for the last 3 months with symptom onset at least 6 months before diagnosis.

Epidemiology

The world-wide prevalence of IBS is 11.2% (95% confidence interval: 9.8%–12.8%) based on a meta-analysis of 80 studies involving 260,960 subjects.¹ The incidence of IBS is estimated to be 1.35%–1.5%, based on 2 separate longitudinal population studies lasting 10 and 12 years.^{2,3} Prevalence rates are higher for women than for men; younger people are more likely to be affected than those older than age 50 years.¹

C1. Diagnostic Criteria^a for Irritable Bowel Syndrome

Recurrent abdominal pain, on average, at least 1 day per week in the last 3 months, associated with 2 or more of the following criteria:

1. Related to defecation
2. Associated with a change in frequency of stool

Rationale for Changes From Previous Criteria

In contrast to the Rome III criteria, the term *discomfort* has been eliminated from the current definition and diagnostic criteria because not all languages have a word for “discomfort,” it has different meanings in different languages, and the term is ambiguous to patients. One study of IBS patients found that patients exhibited wide variations in their understanding of this term.⁴ Another study demonstrated that in 4 of 5 cases, the same individual would be diagnosed with IBS regardless of which descriptor was used.⁵

The current definition involves a change in the frequency of abdominal pain, stating that patients should have symptoms of abdominal pain at least 1 day per week during the past 3 months. This is in contrast to Rome III criteria, which defined IBS as the presence of abdominal pain (and discomfort) at least 3 days per month. The requirement for an increase in the frequency of abdominal pain is based on data from the Report on Rome Normative GI symptom survey.⁶

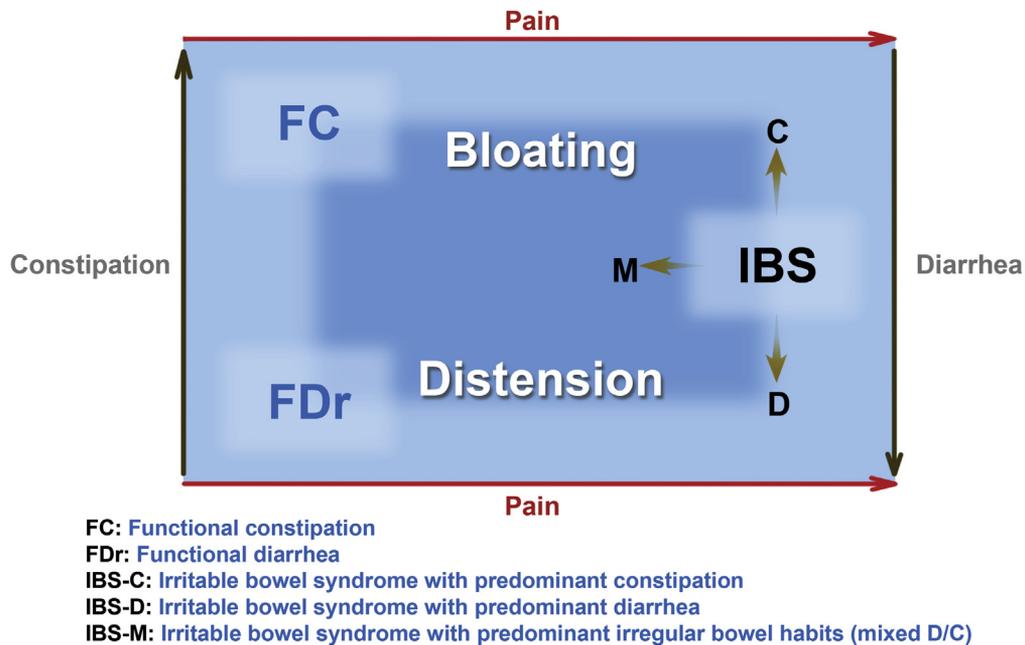


Figure 1. Conceptual framework to explain FBDs. The FBDs are classified into 5 distinct categories: IBS, FC, FDr, FAB/FAB, and unspecified FBD (U-FBD). Although often thought of as existing as completely separate and discrete disorders, it is important to acknowledge that significant overlap exists between these disorders. These disorders should be thought of as existing on a continuum, rather than as in isolation. This figure illustrates that a patient with IBS (*right*) will have symptoms of abdominal pain, in contrast to a patient with FC or FDr, who does not have abdominal pain. Bloating and distention are common symptoms frequently reported by patients with any FBD.

Download English Version:

<https://daneshyari.com/en/article/3292050>

Download Persian Version:

<https://daneshyari.com/article/3292050>

[Daneshyari.com](https://daneshyari.com)