IBS Workup Is Controversial, Despite Guidelines

By Betsy Bates

Los Angeles — An educational tool kit designed to improve patient-physician interactions during visits for irritable bowel syndrome (IBS) systematically scored lower than usual care in 241 Veterans Affairs patients, the study’s principal investigator said.

“I think we all realize that the diagnosis of IBS is probably imperfect and fraught with error,” Dr. Spiegel responded.

Interim results of an unrelated study presented at the meeting suggest that if one test is going to be ordered for patients meeting Rome II criteria for diarrhea-predominant or mixed IBS, a celiac disease panel is probably a good choice.

A study from the National Naval Medical Center in Bethesda, Md., Walter Reed Army Medical Center in Washington, and the University of Maryland, Baltimore, attempted to identify organ- ic gastrointestinal findings among 323 patients with IBS who received an extensive array of tests: complete blood count, comprehensive metabolic panel, thyroid function test, erythrocyte sedimentation rate, C-reactive protein panel, inflammatory bowel disease panel, hypolactasia (lactase deficiency) genetic assay, celiac disease panel, and colonoscopy with rectosigmoid biopsies.

A total of 9 of 323 patients, or 2.8%, were diagnosed with gastrointestinal disease based on the exhaustive testing. These included four, or 1.2%, with celiac disease; three with inflammatory bowel disease; one with malignancy; and one with sigmoid volvulus.

The only test that identified significantly more disease in IBS patients than in controls was the celiac sprue test, reported Dr. Brooks D. Cash, director of clinical research and a gastroenterologist at the National Naval Medical Center.

Tool Facilitates Dialogue About IBS, Improves Symptoms

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