NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

SCOPE

1 Guideline title

Irritable bowel syndrome in adults: prevention, 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 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. 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) 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%. The true prevalence may be higher than this, 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 incidence of symptoms.

c) Causes of IBS have not been adequately defined, although visceral hypersensitivity, disturbed colonic motility, post-infective bowel dysfunction or a defective antinociceptive 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.

d) IBS is the commonest cause of functional abdominal pain in children and young people. It is not known if children with poorly managed functional abdominal pain/constipation go on to be adult IBS sufferers.

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, back pain, migraine and depression.

f) Patients are likely to be referred to a secondary care specialist if symptoms are atypical, if gastrointestinal (GI) carcinoma is suspected on clinical examination, or if there is a strong family history of GI carcinoma.

g) Primary care investigations are likely to include: sigmoidoscopy (endoscopy of the lower part of the bowel); tests for thyroid function, antiendomysial antibodies; stool microscopy; urinary screen for laxatives; and lactose tolerance testing. Transit studies, Barium enema or colonoscopy are frequently performed in patients with a family history of colon cancer or who are older than 45 years at onset of symptoms. The majority of these investigations would not be performed for the majority of presenting patients.

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:

- Epidemiological trends in IBS

- 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 into secondary care.
- Effective self management strategies, initiated in primary care.

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* describes how organisations can become involved in the development of a guideline. *Guideline development methods: information for National Collaborating Centres and guideline developers* 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 and young people (12 years and older) who present to primary care with symptoms suggestive of IBS.

b) No patient subgroups needing special consideration have been identified.

4.1.2 Groups that will not be covered

a) Patients with other gastrointestinal disorders such as non-ulcer dyspepsia or coeliac disease will be covered where this relates to the treatment of IBS, but not beyond this.

b) Children under the age of 12 years.

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 and diagnostic tests using the ROME II criteria.

b) Patient self-management, including exercise and dietary changes, and self-medication.

c) Drug treatments, including bulking agents, anti-motility agents, antispasmodics and anti-depressants. 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.

d) Non-pharmacological treatments, including a range of therapeutic treatments such as cognitive behavioural therapy, acupuncture, Chinese herbal medicine, hypnotherapy, meditation, reflexology and aromatherapy.

4.3.2 Areas that will not be covered

a) New drugs in development, for example, new 5HT4 receptor agonists, 5HT3 receptor antagonists and cholecystokinin receptor antagonists.

4.4 Status

4.4.1 Scope

This is the draft 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).

4.4.2 Guideline

The development of the guideline recommendations will begin in May 2005.

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*
- *Guideline development methods: information for National Collaborating Centres and guideline developers*

These booklets are available as PDF files from the NICE website (www.nice.org.uk/guidelinesprocess). 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 prevention, diagnosis and management within primary care of adults with irritable bowel syndrome - including the criteria for referral to secondary care.