



IBS: your diagnosis and treatment plan

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Understand the diagnosis

IBS is a clinical diagnosis based on the symptom pattern, examination and exclusion of the important alternative diagnoses relevant to you. You do not need every possible investigation before starting treatment; often a limited, targeted set of tests is enough. If symptoms are unusual, change or raise concern, I may recommend further investigation. IBS can be diagnosed at any age, but new symptoms later in life need careful assessment for other causes.

Which tests might I need?

I ask about your symptoms, examine you and arrange tests if needed. Keep eating gluten until coeliac testing is complete. Calprotectin can help check for inflammation in some people with diarrhoea. FIT does not diagnose IBS or replace another test that has been recommended.

Start with practical changes

Simple steps to try: regular meals and manageable portions; soluble fibre such as psyllium husk, oats or kiwifruit, started gradually; review excess caffeine, alcohol and sugar-free products if diarrhoea is prominent. Make one change at a time. A dietitian can guide a short low-FODMAP trial if simpler changes have not helped.

Choose fibre carefully

Psyllium can help. Start low, increase gradually and follow fluid instructions. Ask first about swallowing problems, narrowing or fluid restriction. Large amounts of wheat bran may worsen pain and bloating. Do not automatically remove all fibre-rich foods.

Adding foods back after a low-FODMAP trial

A dietitian can help you try a low-FODMAP diet for a short time, then add foods back to see which you tolerate. The aim is to eat as varied a diet as possible. Tell me if you are losing weight, worried about eating or already avoiding many foods.

Target symptoms and review

Treatment targets your main symptom. Options include macrogol for constipation, selected use of loperamide for diarrhoea, mebeverine or peppermint for cramping, and gut-pain medicines or gut-directed therapy when appropriate. Peppermint can worsen reflux. Agree how to judge benefit and when to review. New bleeding, iron deficiency, weight loss or worsening symptoms need reassessment.

Call 111 if you collapse or are too unwell to travel safely. Do not wait for a routine appointment or an email reply.





IBS: practical food and fibre changes

Try one change at a time and review how you feel. A dietitian can help if symptoms persist or your diet is becoming restrictive.

Try	Examples	Practical point
Regular meals	Breakfast, lunch and dinner; smaller portions if large meals trigger symptoms.	Take time to eat. Avoid long gaps between meals.
Choose gentler fibre	Porridge oats, psyllium husk and kiwifruit are options.	Start small and increase gradually. Large amounts of wheat bran can worsen bloating.
Drink regularly	Water or non-caffeinated drinks throughout the day.	Follow any fluid restriction. Take psyllium with the fluid stated on the product.
If stools are loose	Try reducing excess coffee, energy drinks, alcohol and sugar-free sweets or gum.	Sorbitol, mannitol and xylitol can worsen diarrhoea. Check labels.
If meals cause bloating	Try smaller portions of foods that repeatedly trigger symptoms; reduce fizzy drinks.	Keep a short food and symptom record rather than excluding many foods at once.
If simpler changes do not help	Discuss a short low-FODMAP trial with a dietitian.	Reintroduce foods afterwards. Complete coeliac testing before removing gluten.

Keep a short record of the change, your bowel movements and symptoms. Low-FODMAP restriction should be followed by planned food reintroduction, rather than becoming a permanently restrictive diet.



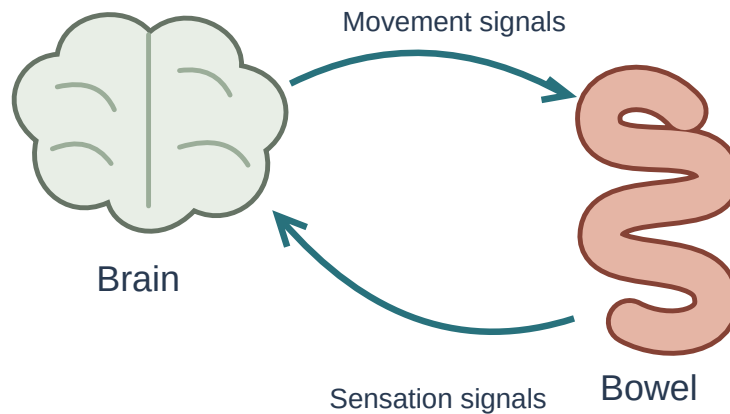


IBS symptoms, tests and treatment

Bowel and brain

The bowel and brain communicate in both directions

Signals can change sensation, movement and the experience of pain.



IBS symptoms are real. A normal camera examination does not measure every aspect of bowel function.

IBS changes bowel function and sensitivity. Signals travel in both directions between the bowel and brain. Symptoms are real, even when the bowel lining looks normal.

Read this illustration alongside the advice in this guide.

