

# Systematic review: the perceptions, diagnosis and management of irritable bowel syndrome in primary care – A Rome Foundation Working Team Report

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## Abstract

**Objective:** To review studies on the perceptions, diagnosis and management of irritable bowel syndrome (IBS) in primary care.

**Methods:** Systematic searches of PubMed and Embase.

**Results:** Of 746 initial search hits, 29 studies were included. Relatively few primary care physicians were aware of (2–36%; nine studies) or used (0–21%; six studies) formal diagnostic criteria for IBS.

Nevertheless, most could recognise the key IBS symptoms of abdominal pain, bloating and disturbed defaecation. A minority of primary care physicians [7–32%; one study (six European countries)] preferred to refer patients to a specialist before making an IBS diagnosis, and few patients [4–23%; three studies (two European, one US)] were referred to a gastroenterologist by their primary care physician. Most PCPs were unsure about IBS causes and treatment effectiveness, leading to varied therapeutic approaches and broad but frequent use of diagnostic tests. Diagnostic tests, including colon investigations, were more common in older patients (>45 years) than in younger patients [<45 years; five studies (four European, one US)].

**Conclusions:** There has been much emphasis about the desirability of an initial positive diagnosis of IBS. While it appears most primary care physicians do make a tentative IBS diagnosis from the start, they still tend to use additional testing to confirm it. Although an early, positive diagnosis has advantages in avoiding unnecessary investigations and costs, until formal diagnostic criteria are conclusively shown to sufficiently exclude organic disease, bowel investigations, such as colonoscopy, will continue to be important to primary care physicians.

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