

DIGESTIVE HEALTHCARE OF GEORGIA

Patient Education: Irritable Bowel Syndrome (IBS)

What it is, how it's evaluated, treatment options, and what to do next

What is IBS?

Irritable bowel syndrome (IBS) is a long-lasting condition involving the interaction between the gut and brain. It causes recurring abdominal pain along with changes in bowel habits. These may include diarrhea, constipation, or alternating between the two. Bloating and the feeling that a bowel movement is incomplete can also occur. Symptoms often come and go. [1, 2]

IBS is sometimes called a **disorder of gut–brain interaction**. The gut may be more sensitive to normal digestion, and bowel movements may move too quickly or slowly. IBS can be painful and disruptive, but it does not cause visible damage to the digestive tract. It is different from inflammatory bowel disease (IBD), such as Crohn's disease or ulcerative colitis. [1, 2]

IBS is commonly grouped by bowel-habit pattern:

- **IBS-C:** Mainly constipation
- **IBS-D:** Mainly diarrhea
- **IBS-M:** Both constipation and diarrhea

Knowing the pattern helps your clinician choose treatment. [1]

How do clinicians find it?

There is no single test that confirms IBS. A clinician usually reviews your symptoms, medical and family history, medicines, and diet, and performs a physical examination. IBS is often diagnosed by recognizing a typical symptom pattern and checking for signs that suggest another condition. [3]

A commonly used symptom pattern includes abdominal pain, on average, at least one day per week during the past three months, associated with at least two of the following:

- Pain related to having a bowel movement
- A change in how often you have bowel movements
- A change in the appearance or form of your stool

Symptoms generally need to have started at least six months before diagnosis. Your provider will make the diagnosis using your full history—not this checklist alone. [3, 4]

Testing is chosen based on your symptoms and health history. Many people do not need extensive testing. If you have diarrhea, the American College of Gastroenterology recommends considering blood testing for celiac disease and a stool test for inflammation, such as fecal calprotectin, when appropriate. Other blood or stool tests may be used to check for alternative causes. A colonoscopy may be recommended for concerning

symptoms, relevant family history, or routine colorectal cancer screening—not automatically just because you may have IBS. [3, 4]

How is IBS treated?

Treatment is individualized and often focuses on your main symptoms. It may take time to find the combination that works best. Do not stop prescribed medicines or begin a highly restrictive diet without discussing it with your healthcare professional. [4, 5]

Food and bowel-habit strategies

- Keep a food, symptom, and bowel-movement diary to look for patterns.
- Soluble fiber, such as psyllium, may help some people, especially with constipation. Increase it gradually and discuss it with your provider.
- A **low-FODMAP diet** may help some people with IBS. It is intended as a limited trial followed by gradually reintroducing foods to identify personal triggers—not as a permanent, highly restrictive diet. A dietitian familiar with digestive conditions can help make this safer and more practical.
- Regular meals, adequate fluids, physical activity, and enough sleep may support symptom management. Individual food triggers vary; unnecessary broad food avoidance may make nutrition harder. [4, 5, 6]

Medicines Medication choices depend on whether constipation, diarrhea, pain, or another symptom is most troublesome. A clinician may discuss medicines aimed at bowel pattern or abdominal pain. Some treatments are appropriate only for certain IBS types, and some require a prescription. Ask about possible benefits, side effects, and when to follow up. [4, 5]

Gut–brain therapies Cognitive behavioral therapy, gut-directed hypnotherapy, relaxation training, and other approaches may help some people manage IBS symptoms. These treatments do not mean symptoms are “imaginary”; they address communication between the gut and brain. [4, 5]

What are the next steps?

1. **Make an appointment** if symptoms keep returning, interfere with daily life, or are not improving.
2. **Keep a brief symptom diary** before your visit. Record pain, bowel frequency and stool appearance, bloating, meals that seem related, and any medicines or supplements you take.
3. **Bring relevant history**—including prior tests, recent infections, family history of celiac disease, IBD or colorectal cancer, and any change in your weight or bowel habits.
4. **Ask about an evaluation plan:** whether your symptoms fit IBS, whether any tests are appropriate, and which symptom or IBS pattern should guide treatment.
5. **Agree on a follow-up plan.** Contact your provider if the first approach does not help or symptoms change.

When to seek medical care

Contact a healthcare professional promptly for blood in your stool or rectal bleeding, black or tarry stool, unexplained weight loss, anemia, persistent fever, or symptoms that are new, worsening, or substantially different from your usual pattern. These are not typical IBS features and may need evaluation for another cause. [3]

Seek urgent or emergency care for severe or rapidly worsening abdominal pain, repeated vomiting, fainting, or signs of significant dehydration. Call 911 for an emergency.

Set up an appointment

Call Digestive Healthcare of Georgia to arrange an appointment with a provider. Contact the office serving your area:

- **Atlanta:** (404) 355-3200
- **Cartersville or Jasper:** (706) 253-7340
- **Fayetteville:** (770) 719-3240
- **Newnan:** (678) 326-4812
- **Ellijay:** (706) 253-5514
- **Woodstock, Marietta, or Canton:** (404) 425-5570

The practice lists appointments by arrangement. Call to confirm the appropriate location and appointment availability. [7]

Sources

[1] National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). *Definition & Facts for Irritable Bowel Syndrome*.

<https://www.niddk.nih.gov/health-information/digestive-diseases/irritable-bowel-syndrome/definition-facts>

[2] NIDDK. *Symptoms & Causes of Irritable Bowel Syndrome*.

<https://www.niddk.nih.gov/health-information/digestive-diseases/irritable-bowel-syndrome/symptoms-causes>

[3] NIDDK. *Diagnosis of Irritable Bowel Syndrome*.

<https://www.niddk.nih.gov/health-information/digestive-diseases/irritable-bowel-syndrome/diagnosis>

[4] American College of Gastroenterology (ACG). *Irritable Bowel Syndrome (IBS): Patient Information and Clinical Guideline Resources*.

<https://gi.org/guidelines/irritable-bowel-syndrome/>

[5] NIDDK. *Treatment for Irritable Bowel Syndrome*.

<https://www.niddk.nih.gov/health-information/digestive-diseases/irritable-bowel-syndrome/treatment>

[6] ACG. *Low-FODMAP Diet*.

<https://gi.org/topics/low-fodmap-diet/>

[7] Digestive Healthcare of Georgia. *Contacts & Locations*.

<https://digestivehealthcare.net/contact-locations/>

This handout is for general education and does not replace medical advice, diagnosis, or treatment. Your healthcare provider can recommend care based on your symptoms and health history.