Irritable Bowel Syndrome

Diagnostic testing and strategy, dietary/fiber therapy, and subtype-directed treatment of IBS.

2021 ACG Clinical Guideline
Management of Irritable Bowel Syndrome
Lacy et al. · Am J Gastroenterol 2021;116:17–44

GRADE — Strong Rec · Conditional Rec · Consensus

1 Diagnostic Testing

STATEMENT	GRADE
Serologic testing for celiac disease in patients with IBS and diarrhea symptoms	1 · Strong
Fecal calprotectin/lactoferrin + CRP to rule out IBD in suspected IBS-D without alarm features	1 · Strong
Against routine stool testing for enteric pathogens in all IBS patients	2 · Conditional
Against routine colonoscopy in IBS patients <45y without warning signs	2 · Conditional
Against routine food allergy/sensitivity testing unless reproducible symptoms suggest a food allergy	Consensus
Anorectal physiology testing for suspected pelvic floor disorder or refractory constipation	Consensus

2 Diagnostic Strategy & Subtyping

STATEMENT	GRADE
Positive diagnostic strategy over exclusion-based approach — improves time to appropriate therapy	Consensus
Positive diagnostic strategy also improves **cost-effectiveness**	1 · Strong
Accurate IBS subtyping (IBS-C/D/M) improves patient therapy	Consensus

3 Global Symptom Therapy

STATEMENT	GRADE
Limited trial of low-FODMAP diet to improve global symptoms	2 · Conditional
Soluble (not insoluble) fiber to treat global symptoms	1 · Strong
Against antispasmodics for global symptom treatment	2 · Conditional
Peppermint for relief of global symptoms	2 · Conditional
Against probiotics for global symptom treatment	2 · Conditional
Tricyclic antidepressants to treat global symptoms	1 · Strong
Gut-directed psychotherapies for global symptoms	2 · Conditional
Against fecal microbiota transplant for global symptom treatment	1 · Strong

4 IBS-C — Constipation-Predominant

STATEMENT	GRADE
Against PEG products to relieve global IBS-C symptoms	2 · Conditional
Chloride channel activators (e.g., lubiprostone) for IBS-C symptoms	1 · Strong
Guanylate cyclase activators (e.g., linaclotide, plecanatide) for IBS-C symptoms	1 · Strong
Tegaserod (5-HT4 agonist) in women <65y with ≤1 CV risk factor after secretagogue failure	1 / 2

5 IBS-D — Diarrhea-Predominant

STATEMENT	GRADE
Against bile acid sequestrants for global IBS-D symptoms	2 · Conditional
Rifaximin to treat global IBS-D symptoms	1 · Strong
Alosetron for severe symptoms in women who failed conventional therapy	2 · Conditional
Mixed opioid agonist/antagonist (e.g., eluxadoline) for global IBS-D symptoms	2 · Conditional

Lacy BE, Pimentel M, Brenner DM, et al. ACG Clinical Guideline: Management of Irritable Bowel Syndrome. *Am J Gastroenterol*. 2021;116(1):17–44.