Improving Diagnosis & Management of Irritable Bowel Syndrome

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Guidelines for the diagnosis and management of IBS are in existence*, however there are no formally adopted guidelines for this within NHSGG&C at present. A Community Dietetic Clinical Effectiveness Group for IBS has been formed. As part of this an issue that has come to light is an awareness that some patients who have not necessarily been 'positively diagnosed' with IBS are being referred to dietetics for advice on the condition. Diagnosing IBS is challenging due to the non-specificity of symptoms and a lack of biological markers for the condition, however existing guidelines suggest that a positive diagnosis can be made in primary care by obtaining a full symptom history and excluding other diseases (e.g. coeliac disese, inflammatory bowel disease, cancers) through physical examination and laboratory investigations. Where red flags are present, patients should be referred to acute services for further investigation.

The aim of this project was to investigate the clinical processes and reasoning applied by GPs in relation to the diagnosis and management of IBS in order to:

- Establish if patients referred to the Community Nutrition & Dietetic Service are being positively diagnosed prior to dietetic referral
- Try to identify ways in which rates of positive diagnosis might be improved if necessary
- Learn more about how GPs are managing IBS and identify any potential for improving this
- Another aim was to establish if the investigation method (online survey) was an effective means of education for GPs, resulting in an improvement to positive rates of IBS diagnosis

In line with several key policy documents including the Scottish Government's 'Healthcare Quality Strategy for NHS Scotland (2010) and NHSGG&Cs Corporate Plan (2013-2016), the ultimate aim of the project is to improve the quality of services provided to IBS patients

Method

The project was completed in the Renfrewshire area of NHSGG&C

GP referrals to the Renfrewshire Community Dietetic Service for IBS advice, made between July and December 2014, were audited for key diagnostic markers as per existing guidelines* (16 referrals)

An online survey exploring GP knowledge, practice and opinion on the diagnosis and management of IBS was distributed to GPs in Renfrewshire in January 2015 (29 responses were received giving a response rate of 25%)

A second 'post survey' audit of GP referrals, made between January and May 2015 was completed to establish if they survey itself had impacted on GP practice (11 referrals)

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NICE Clinical Guideline 61 Irritable bowel syndrome in adults: diagnosis and management of irritable bowel syndrome in primary care (2015)

ROME III Criteria (2006)

Primary Care Society for Gastroenterology: IBS Guidelines for General Practice (<2003)

British Dietetic Association evidence based guidelines for the dietary management of IBS (2012)

Key results

Diagnosis of IBS

- All survey respondents recognised that the focal symptom of abdominal pain / discomfort should be present in IBS. However, knowledge of the several associated symptoms that support diagnosis was variable, for example 24% recognised altered stool passage as a symptom supporting diagnosis, 98% recognised bloating
- Existing guidelines* recommend that the following blood tests should be completed prior to diagnosing IBS to exclude other diagnoses like Inflammatory Bowel Disease, cancer and coeliac disease: Full Blood count (FBC) , Erythrocyte Sedimentation Rate (ESR), c-reactive protein (CRP) and antibody testing for coeliac disease (EMA/TTG). Faecal Calprotectin testing is recommended if available but is not essential. In relation to testing, findings were as follows:
- 45% of survey respondents indicated that they would carry out all 4 tests to exclude other diagnoses before diagnosing IBS
- The audit also showed the following:

Test	% and no. of patients who had test carried out		
	In total (n=27)	**pre-survey** (n=16)	**post-survey** (n=11)
Full Blood Count	93% (25)	94% (15)	91% (10)
Erythrocyte Sedimentation Rate	56% (15)	44% (7)	73% (8)
c-reactive protein	44% (12)	31% (5)	64% (7)
Antibody testing for coeliac disease	63% (17)	50% (8)	82% (9)
Faecal calprotectin (not essential)	33% (9)	44% (7)	18% (2)

- The results from the audit support that that tests are not always being completed and also shows that there was an improvement in the rates of testing for ESR, CRP and antibody testing for coeliac disease for patients referred to dietetics 'post survey'; the survey may have played a part in this improvement
- Some tests deemed unnecessary by existing guidelines for diagnosing IBS are being carried out. Most notably 79% of respondents request Thyroid Function Tests (TFTs)
- 62% of survey respondents indicated that they would diagnose IBS sooner than existing guidelines recommend (i.e. that symptoms should be present for at least 6 months)

Management of IBS

Of GPs responding to the survey:

- 93% provide dietary advice immediately to IBS patients, with 59% also providing advice on physical activity and 31% prescribing medication at this stage
- 41% prescribe medication as second line treatment
- 17% provide counselling / psychological interventions immediately to IBS patients, 62% provide this depending on the individual situation or need and 17% never provide this. In addition, only 10% and 3% refer IBS patients to counselling and psychology services respectively
- Most commonly, the dietary advice provided by respondents was to change the amount of fibre eaten and ensure sufficient fluid intake. Some key aspects of first line dietary advice received a low response e.g. taking time to eat and chew food well 7%, avoiding / reducing fizzy drinks 48% suggesting that there are some gaps in knowledge regarding this. GPs are providing some Diet and IBS literature to patients, which is most cases appears to be appropriate however there were a few examples of some questionable information being used
- 28% provide advice on the Low FODMAP (short chain fermentable carbohydrates) diet to IBS patients, however due to the complexity of this approach existing guidelines recommend that this advice should only be provided by healthcare professionals with expertise in dietary management. Dietitians are ideally placed to provide this
- Only 24% refer IBS patients to dietetic services at present. The audit showed that the vast majority of IBS patients are being referred to dietetics far down the line of their treatment pathway, almost as a last resort for those patients who don't respond to other treatments. 63% of patients referred to dietetics had been referred to acute services in relation to gastrointestinal problems prior to dietetic referral
- 45% refer IBS patients to gastroenterology services. In the presence of red flags or where there is clinical concern this is clearly appropriate, however there was an indication that perhaps some patients are being referred for confirmation of diagnosis unnecessarily
- 90% are interested in education on Diet and IBS, with a short update at a protected learning event being the most preferred method of learning (66%), followed by a brief publication on the subject (41%)

Conclusion & The Way Forward

This project has gleaned a lot of useful information regarding local practice in relation to the diagnosis and management of IBS patients. The results suggest that not all patients referred to community dietetics for IBS advice have been positively diagnosed (as per existing guidelines) which raises some concerns. The audit results suggest that completion of the survey may have improved rates of the laboratory testing aspect of diagnosing IBS. Small numbers of patients are being referred to dietetics and this tends to be far down the line of their treatment pathway, often after other interventions have failed. There is also an indication that some IBS patients may be being referred to gastroenterology services unnecessarily. In terms of managing IBS, GPs are providing dietary advice to the vast majority of patients, however there are some gaps in knowledge around this and education is desired by GPs.

The results of the project will be disseminated to key stakeholders and other interested parties. A formal action plan based on the above findings is currently being agreed; the following are under consideration:

- Distribution of the online survey to GPs in other areas of NHSGG&C
- Means of education for GPs on the diagnosis and management of IBS, including key aspects of dietary management
- In the wider context, the Nutrition & Dietetic Service plans to link with Gastroenterology services in relation to the diagnosis and management of IBS in NHSGG&C and the results of this project will provide some information as a starting point for this
- The Community Dietetic IBS Clinical Effectiveness Group will consider making recommendations on appropriate resources for use by GPs when providing first line advice to IBS patients
- A method of monitoring positive diagnosis rates for patients referred to dietetics for IBS advice to establish any improvement to this over time e.g. re-audit in 1 year / real time tracking of referrals

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