

UDC 616.34(450-25)

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### **PRACTICAL MANAGEMENT OF IRRITABLE BOWEL SYNDROME IN THE ROME IV ERA**

**F**unctional gastrointestinal disorders, such as irritable bowel syndrome (IBS) and functional dyspepsia, represent up to 50% of the workload of gastroenterologists worldwide. IBS, characterized by abdominal pain combined with altered stool habits, is highly prevalent, costly and has an important negative impact on quality of life. Since no biomarker is available, IBS is diagnosed according to symptom criteria, the most recent of which are the Rome IV criteria. With the new Rome IV criteria, the prevalence of IBS has decreased and the

distribution between the subtypes is now more even compared to a predominance of the mixed subtype (IBS-M) in Rome III. While the Rome criteria are mainly important for clinical research, they are also useful in guiding clinical management. Many treatment options are available and the choice mainly depends on the symptom which is most bothersome to the patient: diarrhea, constipation, pain, bloating, etc. The evidence and clinical practice points of the different pharmacological and non-pharmacological strategies will be discussed.