Box 1

Red flags warranting urgent referral

Abdominal distension
Distension that does not exhibit a diurnal rhythm.

Rectal bleeding
This should always be treated with suspicion despite the fact that many patients with IBS experience rectal bleeding caused by haemorrhoids, anal fissure or anal soreness secondary to diarrhoea. Once a sinister cause has been excluded it can subsequently be ignored.

Short history
Typically a patient with IBS will have had symptoms for some years. Consequently, a history of gastrointestinal symptoms for less than a year should be treated with some circumspection.

Nocturnal symptoms
Although IBS hardly ever causes nocturnal symptoms these may occur in the more severe cases.

Unexplained weight loss
It is unusual for patients with IBS to be underweight, even when they are suffering from the diarrhoea predominant form of the condition.

Family history of malignancy
The threshold for investigation should always be lower in patients with a family history of malignancy, especially involving the colon, ovary or breast.

Abnormal investigations
IBS can still be present in patients with abnormal investigations such as anaemia and raised inflammatory markers but it is mandatory that any cause for these is investigated.