BACKGROUND

Irritable bowel syndrome (IBS) is typically diagnosed using symptom-based diagnostic criteria such as the Rome III criteria for IBS. Using the Rome III criteria, IBS is classified into one of three categories based on the predominant symptoms: IBS with constipation (IBS-C), IBS with diarrhea (IBS-D), or irritable bowel syndrome with diarrhea and constipation (IBS-M). IBS with constipation (IBS-C) is defined by increased frequency of bowel movements, increased straining during a bowel movement, and hard stools. IBS with diarrhea (IBS-D) is characterized by increased frequency of bowel movements, loose stools, and abdominal bloating. IBS with mixed symptomatology (IBS-M) includes both constipation and diarrhea symptoms. The classification of IBS is based on the predominant symptom, which is usually determined by the patient's self-report of their bowel habit over the past 4 weeks. The diagnosis is further refined by the presence or absence of associated symptoms such as abdominal pain or discomfort, bloating, and altered stool consistency. The Rome III criteria also include subtypes of IBS, such as IBS with constipation-predominant (IBS-C), IBS with diarrhea-predominant (IBS-D), and IBS with mixed symptomatology (IBS-M), which are defined based on the relative frequency of constipation and diarrhea symptoms. The Rome III criteria also include a classification for chronic idiopathic functional constipation (IBS-C), which is characterized by symptoms of constipation that persist for at least 6 months and are not attributable to a structural or functional abnormality.