

# Adult Irritable Bowel Syndrome (IBS): how the Rome V updates affect you and your patients



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September 2026



The Rome Foundation provides symptom-based diagnostic criteria for Disorders of Gut–Brain Interaction (DGBIs), previously known as functional gastrointestinal disorders<sup>1</sup>.



IBS is the most common bowel DGBI, affecting ~1 in 10 adults and is characterised by recurrent abdominal pain, discomfort, bloating, distension, and altered bowel habits<sup>2</sup>.



**Rome V (2026) updates and replaces Rome IV (2016)**, improving sensitivity, aligning criteria with real world symptom patterns, and supporting confident positive diagnosis in routine care<sup>1</sup>.



The differences between Rome IV and Rome V are shown in this table, illustrating that the Rome V criteria for IBS is more relaxed than its predecessor<sup>2,3</sup>.

ROME IV vs ROME V: SIDE BY SIDE COMPARISON

| Feature                      | Rome IV (2016) <sup>3</sup>                                                   | Rome V (2026) <sup>2</sup>            |
|------------------------------|-------------------------------------------------------------------------------|---------------------------------------|
| Core symptom                 | Abdominal Pain only                                                           | Abdominal pain and/or discomfort      |
| Frequency threshold          | ≥1 day/week                                                                   | ≥3 days/month                         |
| Symptom continuity           | Not specified                                                                 | Recurrent, not continuous*            |
| Menstrual only pain          | Not addressed                                                                 | Should not be only menstrual          |
| Duration threshold           | ≥6 months                                                                     | Clinical ≥8 weeks; Research ≥6 months |
| Association with bowel habit | ≥2 of: related to defecation, change in stool frequency, change in stool form | Same                                  |
| Subtyping                    | IBS constipation, IBS-diarrhoea, IBS-mixed                                    | Same                                  |

\* “Continuous” = all day, every day — consistent with centrally mediated abdominal pain syndrome, which is rare.



The prevalence of IBS has increased from 5% to 10% as the Rome V criteria is more relaxed compared to Rome IV<sup>2</sup>.



Healthcare professionals are encouraged to prioritise lifestyle, then symptom based pharmacology, then gut–brain behavioural therapies<sup>2</sup>.



Healthcare professionals should make a positive diagnosis and explain IBS as a common disorder of gut-brain interaction<sup>2</sup>.



Referral to secondary care should be considered when alarm features are present (e.g., unintentional weight loss, rectal bleeding, or a relevant family history), when there is diagnostic uncertainty or refractory symptoms, or when significant psychological comorbidity or multiple DGBIs are present<sup>2</sup>.



Initial investigations should be focused and evidence-based. Further testing should be guided by alarm features or clinical suspicion<sup>2</sup>.

References

- 1. Drossman DA, et al. Disorders of Gut–Brain Interactions and the Rome V Process. *Gastroenterology*. 2026;170:1083-1098.
- 2. Corsetti M, et al. Bowel Disorders. *Gastroenterology*. 2026;170:1261-1282.
- 3. Lacy BE, et al. Bowel Disorders. *Gastroenterology*. 2016;150:1393-1407.

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