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More than just IBS: the expanded world of bowel DGBIs



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Abstract

When people think of chronic gut issues, **irritable bowel syndrome (IBS)** is usually the first name mentioned. But under the updated **Rome V criteria**, **IBS** is just one member of a larger family known as **Bowel Disorders / bowel DGBIs** - conditions in which intestinal motility, sensitivity and communication with the central nervous system are disturbed [1, 2].

The big update: the return of "discomfort"

One of the most significant shifts in Rome V was the formal reintroduction of the word "**discomfort**" alongside "pain" for diagnosing IBS [1]. If you experience chronic bloating, pressure or a vague sense of gut unease paired with altered bowel habits, you no longer fly under the diagnostic radar [1].

The six subtypes of bowel DGBIs

Rome V splits bowel disorders into six distinct clinical buckets [1, 2]:

1. **Irritable bowel syndrome (IBS)** - chronic abdominal pain or discomfort linked to changes in stool form or frequency. Divided into **IBS-C** (constipation), **IBS-D** (diarrhoea), **IBS-M** (mixed) and **IBS-U** (unclassified).
 2. **Chronic constipation** - persistent hard, infrequent or difficult-to-pass stools without dominant abdominal pain.
 3. **Functional diarrhoea** - recurring loose stools without identifiable organic disease or pain.
 4. **Functional bloating and distension** - chronic feelings of internal fullness or measurable abdominal swelling that overshadow other symptoms.
 5. **Unclassified bowel disorder** - for patients who clearly have a gut-brain bowel malfunction but don't neatly fit the criteria above.
 6. **Opioid-induced constipation (OIC)** - caused by a drug, but classified here because it mimics functional constipation mechanisms.
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A shift toward "positive diagnosis"

The era of treating bowel DGBIs as a "diagnosis of exclusion" - running dozens of invasive tests before naming the condition - is officially over [1]. Rome V encourages clinicians to make a confident, positive diagnosis based on symptom patterns and only extend work-up (e.g. colonoscopy, faecal calprotectin) when clear **alarm features** are present: rectal bleeding, weight loss, anaemia, onset over 50, or family history of bowel cancer [1].

Treatment

Treatment is multimodal and tailored to subtype: [low-FODMAP diet](#), antispasmodics, neuromodulators, [probiotics](#) and psychological interventions (CBT, gut-directed hypnotherapy) [1, 2].

Work-up at Kirurgen.dk

We offer [colonoscopy](#), [sigmoidoscopy](#), coeliac screening, faecal calprotectin and structured IBS work-up. Continue the series: [Oesophageal DGBIs](#), [Gastroduodenal DGBIs](#), [Centrally mediated pain](#), [Anorectal DGBIs](#).

References

1. **Rome Foundation. Rome V Diagnostic Criteria for Disorders of Gut-Brain Interaction.** Drossman DA, Tack J, Chang L et al. (eds.), 2026 update.
2. **Mearin F, Lacy BE, Chang L et al. *Bowel Disorders*.** Rome IV/V chapter on IBS subtypes, functional constipation, functional diarrhoea and functional bloating. *Gastroenterology* - consensus article.