PrecisionBiotics™

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

Author: Dr Imran Aziz
September 2026

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

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[1].

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[2].

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[2,3].

ROME IV vs ROME V: SIDE BY SIDE COMPARISON

Feature	Rome IV (2016)[3]	Rome V (2026)[2]
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[2].

Healthcare professionals should make a positive diagnosis and explain IBS as a common disorder of gut-brain interaction[2].

Initial investigations should be focused and evidence-based. Further testing should be guided by alarm features or clinical suspicion[2].

Healthcare professionals are encouraged to prioritise lifestyle, then symptom based pharmacology, then gut–brain behavioural therapies[2].

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[2].

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.

Scientific Information. For Healthcare Professionals only. Note disclaimer on last page. Copyright © Novonesis Group.

Science in every strain

We believe gut health is the cornerstone of whole body health, and are driven to unlocking its true potential through precise and proven science. That's why we've spent the last 25 years at the frontier of microbiome research; isolating, testing and cultivating unique bacterial strains with the power to make huge impacts.

Each bacterial strain in our formulations is tested in randomised, controlled clinical studies, in order to confirm their benefits, for the gut and overall health.

When you need results, look for the **science in every strain.**

WWW.PRECISIONBIOTICS.SCIENCE

Learn how *Bifidobacterium longum* **35624**™ may help in the management of IBS symptoms in adults and children by visiting our CPD Learning Hub:

www.precisionbiotics.science

This document is intended exclusively for Healthcare Professionals and is not intended to target consumers nor is it intended to be medical advice or to replace professional consultation or clinical guidance. Products shown are not intended to diagnose, treat, cure or prevent any disease. No statements made shall be construed as approved claims, nor have they been evaluated by the U.S. Food and Drug Administration or similar authorities worldwide.