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# Paediatric irritable bowel syndrome: How the Rome V updates affect you and your patients



Reviewed by Dr Ahmed Kadir
Consultant Paediatric Gastroenterologist
Royal London Hospital Bart's Health NHS Trust
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Disorders of gut-brain interaction (DGBI; previously called functional gastrointestinal [GI] disorders) are conditions that cause chronic or recurrent GI symptoms in patients without another disease that accounts for the symptoms.[1]

In children, Rome V replaces age-based DGBI classifications with two new categories: Upper GI disorders; and Lower GI and Biliary disorders. Within lower GI and biliary disorders, the committee characterised three distinct groups: abdominal pain disorders (such as irritable bowel syndrome [IBS]); defecation and anorectal disorders; and discomfort disorders.[2]

Worldwide about 3% of children live with IBS.[2]

Rome V recognises IBS subtypes; IBS-constipation, IBS-unclassified, IBS-diarrhoea and IBS-mixed. Abdominal pain differentiates IBS-constipation from functional constipation.[2] Defining the IBS subtype may help identify pathophysiology and tailor treatments.[2]

The table below summarises the diagnostic criteria for IBS. Rome V suggests diagnosing IBS in children aged at least 6 years who fulfilled the criteria for at least 2 months before diagnosis.[2]

## Diagnostic criteria for IBS in children[2]

| Patients at least 6 years of age must show all of the following: |
|---|
| 1) Intermittent abdominal pain (on average at least 4 days per month) and at least one of the following:<br>a. Related to defecation (worsening or amelioration of symptoms)<br>b. Change in stool frequency<br>c. Change in stool appearance (form) |
| 2) Abdominal pain is the predominant symptom in children with constipation or diarrhoea |
| 3) Pain should not be exclusively associated with menstrual periods |
| 4) After appropriate evaluation, symptoms cannot be explained by other conditions |

Healthcare professionals should tailor treatment to the presentation, psychosocial background and pathophysiology, such as dysbiosis of the GI microbiome.[2]

Rome V recognises microbiota alterations as a core IBS mechanism and supports personalised, mechanism-guided management. Randomised clinical trials support strain-specific probiotics for paediatric IBS.[2]

Rome V's updated criteria, clearer diagnostic pathways, more patient-centred management[3] and harmonisation of the paediatric and adult criteria should improve care of IBS and other paediatric DGBIs.

**References**
1. The Rome Foundation. Available at https://theromefoundation.org/what-is-a-disorder-of-gut-brain-interaction-dgbi/. Accessed November 2026.
2. Di Lorenzo C, Saps M, Chumpitazi BP et al. Lower and biliary disorders of gut-brain interaction: child and adolescent. Gastroenterology 2026;170:1367-1387.
3. The Rome Foundation. Available at https://theromefoundation.org. Accessed November 2026.

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