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



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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.

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