

Irritable Bowel Syndrome: Implications of Current Evidence for the Primary Care Physician

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NEW DEVELOPMENTS and evidence relating to irritable bowel syndrome (IBS) recently prompted the American College of Gastroenterology (ACG) to issue a major evidence-based position statement on the management of this prevalent disorder. Like many position statements, however, it was for the most part written by specialists for specialists.

To explore implications of the new ACG position statement from a decidedly primary care perspective, the *Cleveland Clinic Journal of Medicine* convened a case-based roundtable discussion on IBS earlier this year. Our panel of primary care physicians and gastroenterologists aimed to discuss issues in the diagnosis and pharmacologic treatment of IBS that are most relevant to primary care physicians. The roundtable began with an overview of IBS by Dr. Kevin Olden, who served on the ACG task force that developed the position statement; his overview is reflected here in a short review article that sets the stage for the roundtable transcript that follows. The figures and tables within the transcript were developed by consensus of the panel.

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Disclosures

The following contributors to this supplement reported that they may have a relationship that, in the context of their contributions to this supplement, could be perceived as a potential conflict of interest:

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