

Table 1: Rome III and Rome IV diagnostic criteria for IBS, functional constipation and functional dyspepsia.

Rome III diagnostic criteria ^{1,2}	Rome IV diagnostic criteria ^{3,4}
<p>Diagnostic criteria for IBS¹</p> <p>Recurrent abdominal pain or discomfort at least 3 days per month in the last 3 months associated with 2 or more of the following:</p> <ol style="list-style-type: none"> 1. Improvement with defecation 2. Onset associated with a change in frequency of stool 3. Onset associated with a change in form (appearance) of stool <p>¹Criteria fulfilled for the last 3 months with symptom onset at least 6 months prior to diagnosis</p> <p>Diagnostic criteria for functional constipation²</p> <ol style="list-style-type: none"> 1. Must include 2 or more of the following: <ol style="list-style-type: none"> a. Straining during at least 25% of defecations b. Lumpy or hard stools in at least 25% of defecations c. Sensation of incomplete evacuation for at least 25% of defaecations d. Sensation of anorectal obstruction/blockage for at least 25% of defecations e. Manual manoeuvres to facilitate at least 25% of defecations (such as digital evacuation, support of the pelvic floor) f. Fewer than 3 defecations per week 	<p>Diagnostic criteria for IBS¹</p> <p>Recurrent abdominal pain, occurring on average, at least 1 day per week in the last 3 months, and associated with 2 or more of the following:</p> <ol style="list-style-type: none"> 1. Related to defecation 2. Associated with a change in frequency of stool. 3. Associated with a change in form (appearance) of stool. <p>¹Criteria fulfilled for the last 3 months with symptom onset at least 6 months prior to diagnosis</p> <p>Diagnostic criteria for functional constipation²</p> <ol style="list-style-type: none"> 1. Must include 2 or more of the following: <ol style="list-style-type: none"> a. Straining during more than one-fourth (25%) of defecations b. Lumpy or hard stools (Bristol stool form scale 1 or 2) more than one-fourth (25%) of defecations c. Sensation of incomplete evacuation more than one-fourth (25%) of defecations d. Sensation of anorectal obstruction/blockage more than one-fourth (25%) of defaecations e. Manual manoeuvres to facilitate more than one-fourth (25%) of defecations (such as digital evacuation, or support of the pelvic floor) f. Fewer than 3 spontaneous bowel movements per week

<p>2. Loose stools are rarely present without the use of laxatives 3. There are insufficient criteria for IBS</p> <p>²Criteria fulfilled for the last 3 months with symptom onset at least 6 months prior to diagnosis</p> <p>Diagnostic criteria for functional dyspepsia³</p> <p>1. One or more of the following:</p> <ul style="list-style-type: none"> a. Bothersome postprandial fullness b. Early satiation c. Epigastric pain d. Epigastric burning <p>AND</p> <p>2. No evidence of structural disease that explains the symptoms</p> <p>³Criteria fulfilled for the last 3 months with symptom onset at least 6 months before diagnosis</p> <p>Postprandial distress syndrome diagnostic criteria⁴</p> <p>Must include one or both of the following:</p> <ul style="list-style-type: none"> 1. Bothersome postprandial fullness, occurring after ordinary sized meals, at least several times per week 	<p>2. Loose stools are rarely present without the use of laxatives 3. Insufficient criteria for IBS</p> <p>²Criteria fulfilled for the last 3 months with symptom onset at least 6 months prior to diagnosis</p> <p>Diagnostic criteria for functional dyspepsia³</p> <p>1. One or more of the following:</p> <ul style="list-style-type: none"> a. Bothersome postprandial fullness b. Bothersome early satiation c. Bothersome epigastric pain d. Bothersome epigastric burning <p>AND</p> <p>2. No evidence of structural disease that explains the symptoms</p> <p>³Criteria fulfilled for the last 3 months with symptom onset at least 6 months before diagnosis</p> <p>Postprandial distress syndrome diagnostic criteria⁴</p> <p>Must include one or both of the following at least 3 days per week:</p> <ul style="list-style-type: none"> 1. Bothersome postprandial fullness 2. Bothersome early satiation
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<p>2. Early satiation that prevents finishing a regular meal, at least several times per week</p> <p>⁴Criteria fulfilled for the last 3 months with symptom onset at least 6 months before diagnosis</p> <p><i>Supportive remarks</i></p> <ul style="list-style-type: none"> • Upper abdominal bloating or postprandial nausea or excessive belching can be present • Epigastric pain syndrome may coexist <p>Epigastric pain syndrome diagnostic criteria⁵</p> <p>Must include all of the following:</p> <ol style="list-style-type: none"> 1. Pain or burning localised to the epigastrium of at least moderate severity at least once per week 2. The pain is intermittent 3. Not generalised or localised to other abdominal or chest regions 4. Not relieved by defaecation or passage of flatus 5. Not fulfilling criteria for gallbladder and sphincter of Oddi disorders 	<p>No evidence of organic, systemic, or metabolic disease that explains the symptoms (including at upper endoscopy)</p> <p>⁴Criteria fulfilled for the last 3 months with symptom onset at least 6 months before diagnosis</p> <p><i>Supportive remarks</i></p> <ul style="list-style-type: none"> • Postprandial epigastric pain or burning, epigastric bloating, excessive belching, and nausea can be present but vomiting warrants consideration of another disorder • Heartburn is not a dyspeptic symptom but may often coexist • Symptoms that are relieved by evacuation of faeces or gas should generally not be considered as part of dyspepsia • Other individual digestive symptoms or groups of symptoms, for example, from gastroesophageal reflux disease and the irritable bowel syndrome may coexist with PDS <p>Epigastric pain syndrome diagnostic criteria⁵</p> <p>Must include at least 1 of the following symptoms at least 1 day a week:</p> <ol style="list-style-type: none"> 1. Bothersome epigastric pain <p>AND/OR</p> <ol style="list-style-type: none"> 2. Bothersome epigastric burning <p>⁵No evidence of organic, systemic, or metabolic disease that is likely to</p>
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<p>⁵Criteria fulfilled for the last 3 months with symptom onset at least 6 months before diagnosis</p> <p><i>Supportive remarks</i></p> <ul style="list-style-type: none"> • The pain may be of a burning quality but without a retrosternal component • The pain is commonly induced or relieved by ingestion of a meal but may occur while fasting • Postprandial distress syndrome may coexist 	<p>explain the symptoms (including at upper endoscopy). Criteria fulfilled for the last 3 months with symptom onset at least 6 months before diagnosis.</p> <p><i>Supportive remarks</i></p> <ul style="list-style-type: none"> • Pain may be induced by ingestion of a meal, relieved by ingestion of a meal, or may occur while fasting • Postprandial epigastric bloating, belching, and nausea can also be present • Persistent vomiting likely suggests another disorder • Heartburn is not a dyspeptic symptom but may often coexist • The pain does not fulfil biliary pain criteria • Symptoms that are relieved by evacuation of faeces or gas generally should not be considered as part of dyspepsia <p>Other digestive symptoms (such as from gastroesophageal reflux disease and the irritable bowel syndrome) may coexist with epigastric pain syndrome</p>
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REFERENCES

S1. Longstreth. G.F. *et al.* Functional bowel disorders. *Gastroenterology* **130**, 1480-1491 (2006).
 S2. Tack, J. *et al.* Functional gastroduodenal disorders. *Gastroenterology* **130**, 1466-1479 (2006).

SUPPLEMENTARY INFORMATION

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- S3. Mearin, F. et al. Bowel disorders. *Gastroenterology* **150**, 1393-1407 (2016).
- S4. Stanghellini, V. *et al.* Gastroduodenal disorders. *Gastroenterology* **150**, 1380-1392 (2016).