

# IBS VS SIBO: TELL THE DIFFERENCE

**Patient Guide:** Practical checklist to help you and your doctor use symptom timing, simple observations, and targeted testing to distinguish IBS (gut "software") from SIBO (too many bacteria on the small-intestine "highway").

- Have my symptoms been present for more than 6 months and followed a consistent pattern (constipation-dominant, diarrhea-dominant, or mixed)?**
- Can we try a 1–2 week symptom timing diary?**
  - Record what time you eat each meal and snack.
  - Note when gas, bloating, burping, or pain start in minutes after eating.
  - Log bowel movement times and stool form (e.g., hard, normal, loose).
  - Write down specific foods (especially onions, garlic, beans, wheat) and stress/sleep changes.
- Does my history look more like an IBS baseline (chronic motility/sensitivity) or a new layer of early post-meal bloating that suggests misplaced bacteria?**
- What clinical clues make SIBO more likely?**
  - Bloating, burping, or pain that reliably begins 30–90 minutes after eating.
  - Severe, rapid-onset bloating after small meals or after high-carb foods.
  - Notable short-term improvement after prior antibiotic courses (if that happened).
- What tests do you recommend and what are their strengths/limits?**
  - Breath tests (hydrogen/methane): noninvasive but can give false positives or negatives and are one piece of the puzzle.
  - Small-bowel aspiration and culture: more accurate but invasive and rarely needed.
  - Basic labs to exclude other causes: celiac testing, thyroid, and inflammation markers if not already done.

**If a breath test or other test is positive, what are the realistic benefits, risks, and expected duration of symptom relief from treatment?**

**If testing is negative but symptoms persist, what next?**

- Prioritize IBS-focused approaches: bowel regularity, portion control, and a structured low-FODMAP or similar eating plan under guidance.
- Consider repeat or alternative testing only if clinical signs still point strongly to SIBO.
- Discuss treatment targeting the underlying motility/sensitivity (not just bacteria).

**Are antibiotics (for presumed SIBO) or probiotics appropriate for me right now, and what side effects or recurrence risks should I know?**

**How will we address the IBS 'software' problems (motility and sensitivity)?**

- Options may include fiber or laxative adjustments, anti-diarrheal medicines, or prokinetics — ask about risks and when to use each.
- Non-drug measures: sleep, stress reduction, regular meals, and gut-directed behavioral therapy can change symptoms.
- Ask whether a low-dose gut neuromodulator or pelvic-floor therapy could help your specific pattern.

**What follow-up plan and clear goals should we set to know whether treatment is working or if we should change approach?**