

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?**