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Rome Foundation Introduces New Clinical Tool for Diagnosis of Functional Gastrointestinal Disorders in *The American Journal of Gastroenterology*

Functional GI Disorders Are Common, Comprise about 40 percent of GI Diagnoses

Bethesda, MD (April 6, 2010) – New clinical algorithms will give physicians a practical, efficient and cost-effective aid to diagnose the frequent gastrointestinal symptoms that patients commonly bring to their primary care doctors and gastroenterologists--symptoms of functional GI disorders that are often difficult to diagnose.

Developed by the Rome Foundation and published in the April issue of *The American Journal of Gastroenterology*, the new tool, **Diagnostic Algorithms for Common Gastrointestinal Symptoms**, provides an evidence-based approach to the diagnosis of functional gastrointestinal disorders, including irritable bowel syndrome (IBS) and functional dyspepsia, by providing diagnostic pathways for common symptoms such as abdominal pain, nausea and vomiting, diarrhea and constipation. These diagnostic algorithms are based on the consensus of international experts, use standard methods and yes-no decision trees, and all end in specific diagnoses, providing clinicians with the best diagnostic strategies currently available.

“Functional gastrointestinal disorders are among the most commonly seen chronic disorders in clinical practice, affecting all regions of the digestive tract and comprising about 40 percent of gastroenterologists’ diagnoses,” explained Douglas A. Drossman, MD, FACP who is president of the Rome Foundation and Co-Director, UNC Center for Functional GI and Motility Disorders, at the University of North Carolina at Chapel Hill.

“Patients don’t go to their doctors complaining of IBS, or Sphincter of Oddi dysfunction,” said Drossman. “They present with symptoms of abdominal pain, nausea, vomiting and constipation among others.”

Accordingly, the Rome Foundation’s objective for the new algorithms is a symptom-based diagnostic assessment of 15 of the most common GI symptoms that patients bring to primary care physicians as well as gastroenterologists.

“Efficient diagnoses can be challenging especially since the symptoms for these disorders often mimic one another, and arise from several areas of the GI tract,” said guest editor John E. Kellow, MD, Associate Professor of Medicine, University of Sydney and Director, Gastrointestinal Investigation Unit, Royal North Shore Hospital, Sydney, Australia.

“Not only do many of these conditions lack reliable clinical signs, but also they do not exhibit structural change or biochemical abnormalities,” said Kellow. “As a result, many clinicians avoid making a formal diagnosis of a specific functional GI disorder, either categorizing the disorder as ‘functional’, or diagnosing a wide range of disorders and symptoms as ‘irritable bowel.’”

“The diagnosis of functional GI disorders should not be considered merely one of exclusion,” said Kellow. “Diagnosis involves a guided algorithmic approach in order to move from symptoms to diagnosis, be it disease or symptom.”

The Rome Foundation has for years recognized the limitations of the diagnostic criteria for functional GI disorders they developed known widely as “the Rome Criteria” –a standardized classification system for the functional GI disorders, which, until now, did not include a clinical application component. The new diagnostic tool is the result of a two-year collaborative process that incorporates symptom-based criteria and other diagnostic information into clinical algorithms that can be easily understood and applied in the clinical setting.

“These new algorithms offer the chance to advance the diagnostic capabilities of gastroenterologists and other healthcare practitioners by providing a clear and evidence-based roadmap to make a specific diagnosis when it comes to complex functional GI disorders,” said Philip O. Katz, MD, FACP, President, American College of Gastroenterology. “Ultimately these tools will have the potential to improve the patient’s experience and provide opportunities to reduce excessive testing and office visits in a quest for a definitive diagnosis and relief from their symptoms.”

To Access Full-Text of Rome Foundation Algorithms A special section of the April 2010 issue of *The American Journal of Gastroenterology* is devoted to the content and process of diagnostic decision making for GI symptoms. The Rome Foundation special section of the journal is organized into six separate chapters that cover the primary GI regions (esophagus, gastroduodenal, biliary, bowel, anorectal and functional abdominal pain.) Journalists can access full text of the Rome Foundation Diagnostic Algorithms for Common Gastrointestinal Symptoms by emailing press@nature.com and referencing DOI numbers which are available from the Journal Web site <http://www.nature.com/ajg/journal/v105/n4/index.html>

About the American College of Gastroenterology Founded in 1932, the [American College of Gastroenterology](#) (ACG) is an organization with an international membership of over 11,000 individuals from 80 countries. The College is committed to serving the clinically-oriented digestive disease specialist through its emphasis on scholarly practice, teaching and research. The mission of the College is to serve the evolving needs of physicians in the delivery of high quality, scientifically sound, humanistic, ethical and cost-effective health care to gastroenterology patients.

About the Rome Foundation The [Rome Foundation](#) is an independent not for profit 501(c) 3 organization that provides support for activities designed to create scientific data and educational information to assist in the diagnosis and treatment of functional gastrointestinal disorders (FGIDs). The mission of the Rome Foundation is to improve the lives of people with functional GI disorders.

About The American Journal of Gastroenterology [The American Journal of Gastroenterology](#) is published on behalf of the American College of Gastroenterology by Nature Publishing Group. As the leading clinical journal covering gastroenterology and hepatology, *The American Journal of Gastroenterology (AJG)* provides practical and professional support for clinicians dealing with the gastroenterological disorders seen most often in patients.

Published with practicing clinicians in mind, *AJG* devotes itself to publishing timely medical research in gastroenterology and hepatology. The Co-Editors-in-Chief are William D. Chey, MD, AGAF, FACG, FACP of the University of Michigan and Paul Moayyedi, BSc, MB ChB, PhD, MPH, FRCP, FRCPC, FACG of McMaster University.

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