Background & Aims
Patterns of health care consumption has not been studied in individuals meeting the Rome IV criteria for irritable bowel syndrome (IBS). We aimed to characterize this in a large multinational population sample.

Methods
An Internet survey was completed in 2015 by 6300 individuals in the United States, United Kingdom and Canada (2100 individuals each). Equal distributions across the countries for sex, age and education was ensured by use of quota-based sampling. Questions included demographics, the Rome IV diagnostic questionnaire, the Patient Health Questionnaire (PHQ-12), the 8-item Short Form (SF-8) quality of life (QOL) questionnaire, health care utilization and past GI disease diagnosed by doctors. Respondents with an organic GI disease were excluded from the IBS population. IBS consulters were defined as individuals meeting IBS criteria and who had visited a doctor for GI symptoms.

Results
305 subjects (5.1%) (66% female; mean-age 44.7 ± 14.5 years) fulfilled criteria for IBS and 195 (64%) of these were defined as consulters. When compared with non-consulters, consulters
- were older (table 1)
- reported more frequent bloating (table 1)
- reported greater impact on social activities (fig. 2)
- reported more concern of bowel function (fig.3)
- had more frequently undergone hysterectomy and abdominal surgeries, with trends in the same direction for appendectomy and cholecystectomy (fig. 5)
- had a higher consumption of GI related, prescribed pain and anti-depressive medications (fig. 6)

There were no differences between the groups regarding
- sex distribution (table 1)
- frequency of abdominal pain (table 1)
- somatization scores (table 1)
- most bothersome GI symptom (fig. 1)
- frequency of doctor visits for non-GI problems (fig 4)

Conclusions
Among individuals meeting the Rome IV criteria for IBS in the general population, those who are older, more frequently bloated, have greater concern of their bowel function, and are more socially affected by their bowel symptoms are more likely to consult a doctor. In contrast, IBS consulters and non-consulters do not differ regarding abdominal pain severity or extra-intestinal symptom burden.

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