

Appendix A

Diagnostic
Criteria for
Functional
Gastrointestinal
Disorders

The Functional Gastrointestinal Disorders

A. Functional Esophageal Disorders

The diagnosis of a Functional Esophageal Disorder always presumes the absence of a structural or biochemical explanation for the symptoms.

A1. Globus

At least 12 weeks, which need not be consecutive, in the preceding 12 months of:

1. The persistent or intermittent sensation of a lump or foreign body in the throat;
2. Occurrence of the sensation between meals;
3. Absence of dysphagia and odynophagia; *and*
4. Absence of pathologic gastroesophageal reflux, achalasia, or other motility disorder with a recognized pathologic basis (e.g., scleroderma of the esophagus).

A2. Rumination Syndrome

At least 12 weeks, which need not be consecutive, in the preceding 12 months of:

1. Persistent or recurrent regurgitation of recently ingested food into the mouth with subsequent remastication and swallowing or spitting it out;
2. Absence of nausea and vomiting;
3. Cessation of the process when the regurgitated material becomes acidic; *and*
4. Absence of pathologic gastroesophageal reflux, achalasia, or other motility disorder with a recognized pathologic basis as the primary disorder.

A3. Functional Chest Pain of Presumed Esophageal Origin

At least 12 weeks, which need not be consecutive, within the preceding 12 months of:

1. Midline chest pain or discomfort that is not of burning quality; *and*
2. Absence of pathologic gastroesophageal reflux, achalasia, or other motility disorder with a recognized pathologic basis.

A4. Functional Heartburn

At least 12 weeks, which need not be consecutive, in the preceding 12 months of:

1. Burning retrosternal discomfort or pain; *and*
2. Absence of pathologic gastroesophageal reflux, achalasia, or other motility disorder with a recognized pathologic basis.

A5. Functional Dysphagia

At least 12 weeks, which need not be consecutive, in the preceding 12 months of:

1. Sense of solid and/or liquid foods sticking, lodging, or passing abnormally through the esophagus; *and*

2. Absence of pathologic gastroesophageal reflux, achalasia, or other motility disorder with a recognized pathologic basis.
- A6. Unspecified Functional Esophageal Disorder**
At least 12 weeks, which need not be consecutive, in the preceding 12 months of:
1. Unexplained symptoms attributed to the esophagus that do not fit into the previously described categories; *and*
 2. Absence of pathologic gastroesophageal reflux, achalasia, or other motility disorder with a recognized pathologic basis.

B. Functional Gastrointestinal Disorders

The diagnosis of a Functional Gastrointestinal Disorder always presumes the absence of a structural or biochemical explanation for the symptoms.

B1. Functional Dyspepsia

At least 12 weeks, which need not be consecutive, in the preceding 12 months of:

1. Persistent or recurrent symptoms (pain or discomfort centered in the upper abdomen);
2. No evidence of organic disease (including at upper endoscopy) that is likely to explain the symptoms; *and*
3. No evidence that dyspepsia is exclusively relieved by defecation or associated with the onset of a change in stool frequency or stool form (i.e., not irritable bowel).

B1a. Ulcer-like Dyspepsia

Pain centered in the upper abdomen is the predominant (most bothersome) symptom.

B1b. Dysmotility-like Dyspepsia

An unpleasant or troublesome nonpainful sensation (discomfort) centered in the upper abdomen is the predominant symptom; this sensation may be characterized by or associated with upper abdominal fullness, early satiety, bloating, or nausea.

B1c. Unspecified (Nonspecific) Dyspepsia

Symptomatic patients whose symptoms do not fulfill the criteria for ulcer-like or dysmotility-like dyspepsia.

B2. Aerophagia

At least 12 weeks, which need not be consecutive, in the preceding 12 months of:

1. Air swallowing that is objectively observed; *and*
2. Troublesome repetitive belching.

The Functional Gastrointestinal Disorders

B3. Functional Vomiting

At least 12 weeks, which need not be consecutive, in the preceding 12 months of:

1. Frequent episodes of vomiting, occurring on at least three separate days in a week over three months;
2. Absence of criteria for an eating disorder, rumination, or major psychiatric disease according to DSM-IV;
3. Absence of self-induced and medication-induced vomiting; *and*
4. Absence of abnormalities in the gut or central nervous system, and metabolic diseases to explain the recurrent vomiting.

C. Functional Bowel Disorders

The diagnosis of a Functional Bowel Disorder always presumes the absence of a structural or biochemical explanation for the symptoms.

C1. Irritable Bowel Syndrome

At least 12 weeks, which need not be consecutive, in the preceding 12 months of abdominal discomfort or pain that has two out of three features:

1. Relieved with defecation; *and/or*
2. Onset associated with a change in frequency of stool; *and/or*
3. Onset associated with a change in form (appearance) of stool.

Symptoms that Cumulatively Support the Diagnosis of Irritable Bowel Syndrome

- *Abnormal stool frequency (for research purposes “abnormal” may be defined as greater than 3 bowel movements per day and less than 3 bowel movements per week);*
- *Abnormal stool form (lumpy/hard or loose/watery stool);*
- *Abnormal stool passage (straining, urgency, or feeling of incomplete evacuation);*
- *Passage of mucus;*
- *Bloating or feeling of abdominal distension.*

C2. Functional Abdominal Bloating

At least 12 weeks, which need not be consecutive, in the preceding 12 months of:

1. Feeling of abdominal fullness, bloating, or visible distension; *and*
2. Insufficient criteria for a diagnosis of functional dyspepsia, irritable bowel syndrome, or other functional disorder.

C3. Functional Constipation

At least 12 weeks, which need not be consecutive, in the preceding 12 months of two or more of:

1. Straining $> \frac{1}{4}$ of defecations;
2. Lumpy or hard stools $> \frac{1}{4}$ of defecations;

Appendix A: Diagnostic Criteria

3. Sensation of incomplete evacuation $> \frac{1}{4}$ of defecations;
4. Sensation of anorectal obstruction/blockage $> \frac{1}{4}$ of defecations;
5. Manual maneuvers to facilitate $> \frac{1}{4}$ of defecations (e.g., digital evacuation, support of the pelvic floor); *and/or*
6. < 3 defecations per week.

Loose stools are not present, and there are insufficient criteria for IBS.

C4. Functional Diarrhea

At least 12 weeks, which need not be consecutive, in the preceding 12 months of:

1. Loose (mushy) or watery stools
2. Present $> \frac{3}{4}$ of the time; *and*
3. No abdominal pain.

C5. Unspecified Functional Bowel Disorder

Bowel symptoms in the absence of organic disease that do not fit into the previously defined categories of functional bowel disorders.

D. Functional Abdominal Pain

The diagnosis of Functional Abdominal Pain always presumes the absence of a structural or biochemical explanation for the symptoms.

D1. Functional Abdominal Pain Syndrome

At least 6 months of:

1. Continuous or nearly continuous abdominal pain; *and*
2. No or only occasional relationship of pain with physiological events (e.g., eating, defecation, or menses); *and*
3. Some loss of daily functioning; *and*
4. The pain is not feigned (e.g., malingering), *and*
5. Insufficient criteria for other functional gastrointestinal disorders that would explain the abdominal pain.

D2. Unspecified Functional Abdominal Pain

This is functional abdominal pain that fails to reach criteria for functional abdominal pain syndrome.

E. Functional Disorders of the Biliary Tract and the Pancreas

The diagnosis of a Functional Disorder of the Biliary Tract and Pancreas always presumes the absence of a structural or biochemical explanation for the symptoms.

E1. Gallbladder Dysfunction

Episodes of severe steady pain located in the epigastrium and right upper quadrant, and all of the following:

The Functional Gastrointestinal Disorders

1. Symptom episodes last 30 minutes or more, with pain-free intervals;
2. Symptoms have occurred on one or more occasions in the previous 12 months;
3. The pain is steady and interrupts daily activities or requires consultation with a physician;
4. There is no evidence of structural abnormalities to explain the symptoms;
and
5. There is abnormal gallbladder functioning with regard to emptying.

E2. Sphincter of Oddi Dysfunction

Episodes of severe steady pain located in the epigastrium and right upper quadrant, and all of the following:

1. Symptom episodes last 30 minutes or more, with pain-free intervals;
2. Symptoms have occurred on one or more occasions in the previous 12 months;
3. The pain is steady and interrupts daily activities or requires consultation with a physician; *and*
4. There is no evidence of structural abnormalities to explain the symptoms.

F. Functional Disorders of the Anus and Rectum

The diagnosis of a Functional Disorder of the Anus and Rectum always presumes the absence of a structural or biochemical explanation for the symptoms.

F1. Functional Fecal Incontinence

Recurrent uncontrolled passage of fecal material for at least one month, in an individual with a developmental age of at least 4 years, associated with:

1. Fecal impaction; *or*
2. Diarrhea; *or*
3. Nonstructural anal sphincter dysfunction.

F2. Functional Anorectal Pain

F2a. Levator Ani Syndrome

At least 12 weeks, which need not be consecutive, in the preceding 12 months of:

1. Chronic or recurrent rectal pain or aching;
2. Episodes last 20 minutes or longer; *and*
3. Other causes of rectal pain such as ischemia, inflammatory bowel disease, cryptitis, intramuscular abscess, fissure, hemorrhoids, prostatitis, and solitary rectal ulcer have been excluded.

F2b. Proctalgia Fugax

1. Recurrent episodes of pain localized to the anus or lower rectum;
2. Episodes last from seconds to minutes; *and*
3. There is no anorectal pain between episodes.

F3. Pelvic Floor Dyssynergia

1. The patient must satisfy diagnostic criteria for functional constipation in Diagnostic Criteria C3;
2. There must be manometric, EMG, or radiologic evidence for inappropriate contraction or failure to relax the pelvic floor muscles during repeated attempts to defecate;
3. There must be evidence of adequate propulsive forces during attempts to defecate, *and*
4. There must be evidence of incomplete evacuation.

G. Childhood Functional Gastrointestinal Disorders

The diagnosis of a Childhood Functional Gastrointestinal Disorder always presumes the absence of a structural or biochemical explanation for the symptoms.

GI.Vomiting

G1a. Infant Regurgitation

1. Regurgitation 2 or more times per day for 3 or more weeks;
2. There is no retching, hematemesis, aspiration, apnea, failure-to-thrive, or abnormal posturing;
3. The infant must be 1 to 12 months of age and otherwise healthy; *and*
4. There is no evidence of metabolic, gastrointestinal, or central nervous system disease to explain the symptom.

G1b. Infant Rumination Syndrome

1. At least 3 months of stereotypical behavior beginning with repetitive contractions of the abdominal muscles, diaphragm, and tongue, and culminating in regurgitation of gastric contents into the mouth, which is either expectorated or rechewed and reswallowed, and 3 or more of the following:
 - a. Onset between 3 and 8 months of age;
 - b. Does not respond to management for gastroesophageal reflux disease, anticholinergic drugs, hand restraints, formula changes, and gavage or gastrostomy feedings;
 - c. Unaccompanied by signs of nausea or distress; *and/or*
 - d. Does not occur during sleep and when the infant is interacting with individuals in the environment.

The Functional Gastrointestinal Disorders

G1c. Cyclic Vomiting Syndrome

1. A history of 3 or more periods of intense, acute nausea, and unremitting vomiting lasting hours to days, with intervening symptom-free intervals lasting weeks to months.
2. There is no metabolic, gastrointestinal, or central nervous system structural or biochemical disease.

G2. Abdominal Pain

G2a. Functional Dyspepsia

In children mature enough to provide an accurate pain history, at least 12 weeks, which need not be consecutive, in the preceding 12 months of:

1. Persistent or recurrent pain or discomfort centered in the upper abdomen (above the umbilicus);
2. No evidence of organic disease (including at upper endoscopy) that is likely to explain the symptoms; *and*
3. No evidence that dyspepsia is exclusively relieved by defecation or associated with onset of a change in stool frequency or stool form (i.e., not irritable bowel).

G2a1. Ulcer-like Dyspepsia

Pain centered in the upper abdomen is the predominant (most bothersome) symptom.

G2a2. Dysmotility-like Dyspepsia

An unpleasant or troublesome nonpainful sensation (discomfort) centered in the upper abdomen is the predominant symptom; this sensation may be characterized by early satiety, upper abdominal fullness, bloating, or nausea.

G2a3. Unspecified (Nonspecific) Dyspepsia

Symptomatic patients whose symptoms do not fulfill the criteria for either ulcer-like or dysmotility-like dyspepsia.

G2b. Irritable Bowel Syndrome

In children old enough to provide an accurate pain history, at least 12 weeks, which need not be consecutive, of continuous or recurrent symptoms during the preceding 12 months of:

1. Abdominal discomfort or pain that has two out of three features:
 - a. Relieved with defecation; *and/or*
 - b. Onset associated with a change in frequency of stool; *and/or*
 - c. Onset associated with a change in form (appearance) of stool.

Appendix A: Diagnostic Criteria

2. There are no structural or metabolic abnormalities to explain the symptoms.

Symptoms that Cumulatively Support the Diagnosis of Irritable Bowel Syndrome

- *Abnormal stool frequency (for research purposes “abnormal” may be defined as greater than 3 bowel movements per day and less than 3 bowel movements per week);*
- *Abnormal stool form (lumpy/hard or loose/watery stool);*
- *Abnormal stool passage (straining, urgency, or feeling of incomplete evacuation);*
- *Passage of mucus;*
- *Bloating or feeling of abdominal distension.*

G2c. Functional Abdominal Pain

At least 12 weeks of:

1. Continuous or nearly continuous abdominal pain in a school-aged child or adolescent; *and*
2. No or only occasional relationship of pain with physiological events (e.g., eating, menses, defecation); *and*
3. Some loss of daily functioning; *and*
4. The pain is not feigned (e.g., malingering); *and*
5. Insufficient criteria for other functional gastrointestinal disorders that would explain the abdominal pain.

G2d. Abdominal Migraine

1. In the preceding 12 months, 3 or more paroxysmal episodes of intense, acute midline abdominal pain lasting 2 hours to several days, with intervening symptom-free intervals of weeks to months; *and*
2. Evidence of metabolic, gastrointestinal, and central nervous system structural or biochemical diseases is absent; *and*
3. Two of the following features:
 - a. Headache during episodes;
 - b. Photophobia during episodes;
 - c. Family history of migraine;
 - d. Headache confined to one side only; *and*
 - e. An aura or warning period consisting of either visual symptoms (e.g., blurred or restricted vision) or sensory symptoms (e.g., numbness or tingling), or motor symptoms (e.g., slurred speech, inability to speak, paralysis).

The Functional Gastrointestinal Disorders

G2e. *Aerophagia*

At least 12 weeks, which need not be consecutive, in the preceding 12 months of two or more of the following signs and symptoms:

1. Air swallowing;
2. Abdominal distension due to intraluminal air; *and*
3. Repetitive belching and/or increased flatus.

G3. Functional Diarrhea (also called Toddler's Diarrhea, chronic nonspecific diarrhea, irritable colon of childhood)

For more than 4 weeks, daily painless, recurrent passage of 3 or more large, unformed stools, in addition to all these characteristics:

1. Onset of symptoms begins between 6 and 36 months of age;
2. Passage of stools occurs during waking hours; *and*
3. There is no failure-to-thrive if caloric intake is adequate.

G4. Disorders of Defecation

G4a. *Infant dyschezia*

At least 10 minutes of straining and crying before successful passage of soft stools in an otherwise healthy infant less than 6 months of age.

G4b. *Functional Constipation*

In infants and children, at least 2 weeks of:

1. Scybalous, pebble-like, hard stools for a majority of stools; *or*
2. Firm stools 2 or less times/week; *and*
3. There is no evidence of structural, endocrine, or metabolic disease.

G4c. Functional Fecal Retention

From infancy to 16 years old, a history of at least 12 weeks of:

1. Passage of large diameter stools at intervals < 2 times per week; *and*
2. Retentive posturing, avoiding defecation by purposefully contracting the pelvic floor. As pelvic floor muscles fatigue, the child uses gluteal muscles, squeezing the buttocks together.

Accompanying symptoms may include fecal soiling, irritability, abdominal cramps, decreased appetite and/or early satiety. The accompanying symptoms disappear immediately following passage of a large stool.

G4d. Functional Non-retentive Fecal Soiling

Once a week or more for the preceding 12 weeks, in a child older than 4 years, a history of:

1. Defecation into places and at times inappropriate to the social context;
2. In the absence of structural or inflammatory disease; *and*
3. In the absence of signs of fecal retention (listed in G4c above).