

Clinical manifestation	IBS (Irritable Bowel Syndrome)	IBD (Inflammatory Bowel Disease)	References
Abdominal Pain	Frequent, with scores from mild to severe, often relieved by defecation. The visceral hypersensitivity and altered gut-brain signalling is thought to be the main driver of pain.	Frequent, with scores from moderate to severe during flares. The primary drivers of pain are inflammation or complications, including gastrointestinal stenoses/strictures, abscesses and fistulae.	ROME IV; Simren et al., 2001; Piche et al., 2010; Yoshiyuki M. et al., 2020; Coates MD et al., 2023
Inflammation	No visible macroscopic inflammation nor damage to the tissue. Low grade inflammation and lymphocytes/mast cells infiltration around nerve fibres in the intestinal mucosa might be present.	Visible inflammation, observable via endoscopy or imaging which can lead to tissue damage such as ulcerations and fistulas.	Spiller et al., 2000; Barbara et al., 2007; Ford et al., 2009; Ohman et al., 2015; Ghelani et al., 2023
Antibodies and calprotectin	No positive antibodies. Calprotectin within normal or low levels less than 40-100 µg/g.	May show positive antibodies (pANCA, ASCA, OmpC) and shows elevated faecal calprotectin over 200 µg/g.	Mahler et al., 2010; Waugh et al., 2013; Mitsuyama K. et al., 2016; Gwee et al., 2019
Diarrhoea	Present in up to 35% of patients; it seems to be related to functional changes.	Seen in up to 80% of active cases. It is caused by intestinal inflammation and tissue damage.	Lacy B.E. et al., 2016; Camilleri M. et al., 2015; Anbazhagan AN et al., 2018
Bloating	Second most common symptom reported in up to 85% of patients. Referred to as the most distressing symptom.	Common symptom reported in up to 60% of patients during flares (slightly less common and less intense).	Simren et al., 2003; Farmer et al., 2013; Ford et al., 2014
Urgency to Defecate	Most common in diarrhoea-predominant cases in up to 40% of patients, associated with food intake and stress. However, urgency might be less severe than IBD.	Common, particularly during active disease in up to 80% of UC and 40% of CD cases if there is rectal involvement. It is associated with inflammation rather than food intake.	Rao et al., 2000; Higgins et al., 2005; Whitehead et al., 2012; Lembo et al., 2015
Blood in Stool	Typically does not cause bloody stool.	Blood often present in stools during a disease flare.	Rao et al., 2000; Higgins et al., 2005; Whitehead et al., 2012; Lembo et al., 2015