

Table 2. Rome III Diagnostic Criteria: Functional Constipation and IBS-C

- Symptoms ≥ 3 mo; onset ≥ 6 mo prior to diagnosis

Functional Constipation	IBS-C
<ul style="list-style-type: none"> • Must include ≥ 2 of the following: <ul style="list-style-type: none"> – Straining* – Lumpy or hard stools* – Sensation of incomplete evacuation* – Sensation of anorectal obstruction/blockage* – Manual maneuvers to facilitate defecation (eg, digital evacuation, support of the pelvic floor)* – < 3 defecations/wk • Loose stool rarely present w/o use of laxatives • Insufficient criteria for IBS-C 	<ul style="list-style-type: none"> • IBS: Recurrent abdominal pain/discomfort ≥ 3 d/mo for the past 3 mo, associated with ≥ 2 of the following: <ul style="list-style-type: none"> – Improvement with defecation – Onset associated with change in stool frequency – Onset associated with change in stool form • IBS is subtyped by predominant stool pattern <ul style="list-style-type: none"> – IBS-C: hard or lumpy stools[†] $\geq 25\%$ of defecations; loose or watery stools[‡] $< 25\%$ of defecations[§]

* $\geq 25\%$ of defecations. [†]Bristol Stool Form Scale 1–2: separate, hard lumps like nuts (difficult to pass); or lumpy, sausage-shaped stool. [‡]Bristol Stool Form Scale 6–7: fluffy pieces of stool with ragged edges; mushy stool; or watery w/out solid pieces (entirely liquid). [§]In the absence of use of antidiarrheals or laxatives.