

IBS-D Serotonin and Urgency Discussion Guide

Use this printable guide to prepare a clinician conversation when IBS-D urgency still feels out of proportion to food-trigger work.

Main Pattern

Check the symptoms that still dominate:

- ? Loose stools
- ? Sudden urgency
- ? Bathroom fear before leaving home
- ? Abdominal pain
- ? Bloating
- ? Symptoms that rise with stress or anticipation

What You Have Already Tried

Strategy	Tried?	Helped?	Notes
Low-FODMAP trial			
Caffeine/alcohol/sorbitol audit			
Meal-timing changes			
Loperamide or rescue support			
Probiotic or microbiome product			
Stress or gut-brain therapy			

Questions to Ask

- ? Does my pattern sound more like fast-transit IBS-D, pain amplification, or a mixed pattern?
- ? Would a 5-HT3 antagonist ever be appropriate for my case?
- ? Are rifaximin, eluxadoline, loperamide, or another option a better fit?
- ? Are there contraindications or safety issues I should know about?
- ? If urgency improves but pain remains, what is the next pain-focused option?

Bring This Context

- ? Current medications and supplements
- ? Gallbladder status
- ? History of pancreatitis, severe constipation, bowel obstruction, or ischemic colitis
- ? Alcohol intake if discussing eluxadoline
- ? Any red-flag symptoms such as bleeding, fever, weight loss, or severe new pain