

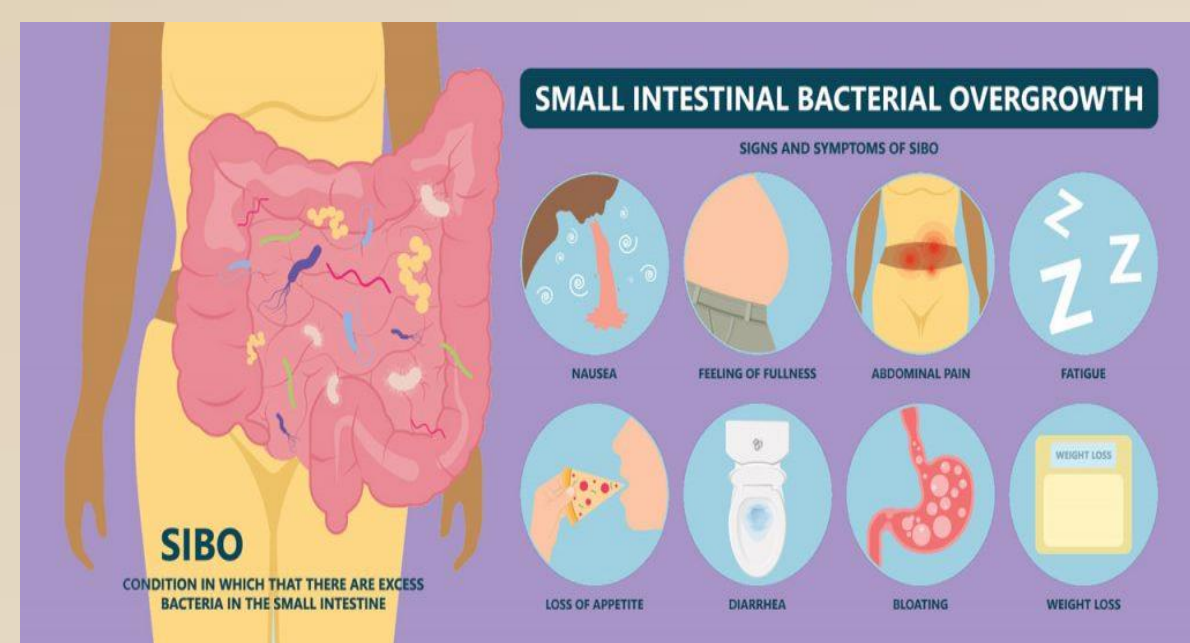
Small Intestinal Bacterial Overgrowth Testing Strategies

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Introduction to SIBO

- Gastrointestinal (GI) condition that can be difficult to detect
- Pathologic bacteria overgrowth in the small intestine that affects millions of individuals throughout the United States Symptoms are like many common GI complaints and affect millions
- Testing needs to be conducted to correctly to diagnose SIBO, symptom presentation alone is not sufficient and leads to misdiagnoses and inconsistency in detection and treatment
- Testing guidelines developed by the NAC



Project Description & Design

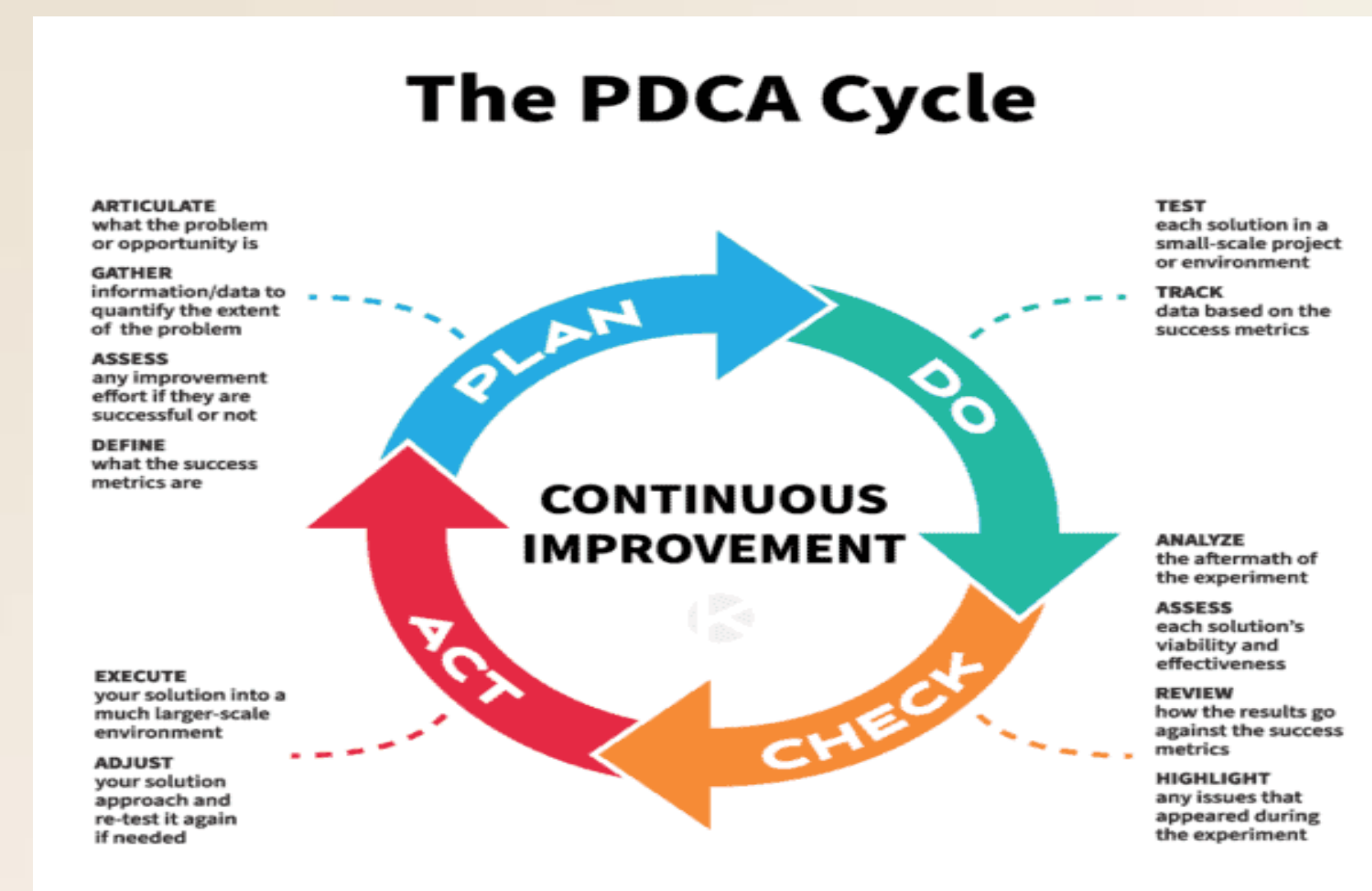
The FSP student conducted a pre-and post-education chart review at a Functional Medicine Practice to learn about current SIBO testing and diagnosing strategies that were in use.

Quality Improvement Design

- Systematic approach to the analysis of current practice and efforts to improve measurable outcomes

Quasi-experimental design

- allowed for observations to be made before and after implementation of the change



Outcomes & Evaluations

Functional Medicine Pre-Educational Chart Review

- Of the 96 active patient charts, 0 patients were diagnosed with SIBO.
- 62 charts with common GI complaints.
- 20 charts with history of IBS
- 25 charts could benefit from breath testing based on reported symptoms, prior IBS diagnosis, and continuation of symptoms following treatment plans
- 65% of the patient population had common GI complaints
- Breath testing was not used

Post -Educational Chart Review

- 45 active charts to review, 0 patients were diagnosed with SIBO
- 24 charts with common GI complaints
- 6 charts with a history of IBS
- 8 charts could benefit from breath testing based on reported symptoms, prior IBS diagnosis, and continuation of symptoms following treatment plans
- Breath testing was recommended in 3 charts

Conclusion

- Several SIBO testing strategies such as gut aspirate, scintigraphy, symptom presentation, AI Clustering, delayed gastric emptying, nutrient challenge test and metagenomics are used in practice
- 2015 guidelines developed by the NAC, recommended providers to use breath testing when SIBO is suspected
- The pre- and post-educational program chart reviews completed during the FSP implementation revealed that patients experience common GI complaints consisted of nearly 2/3 of the patient population of the Functional Medicine Practice
- The post educational chart review demonstrated increased documentation of SIBO testing, therefore, indicating the FSP has been successful in increasing consistency with current SIBO testing standards.

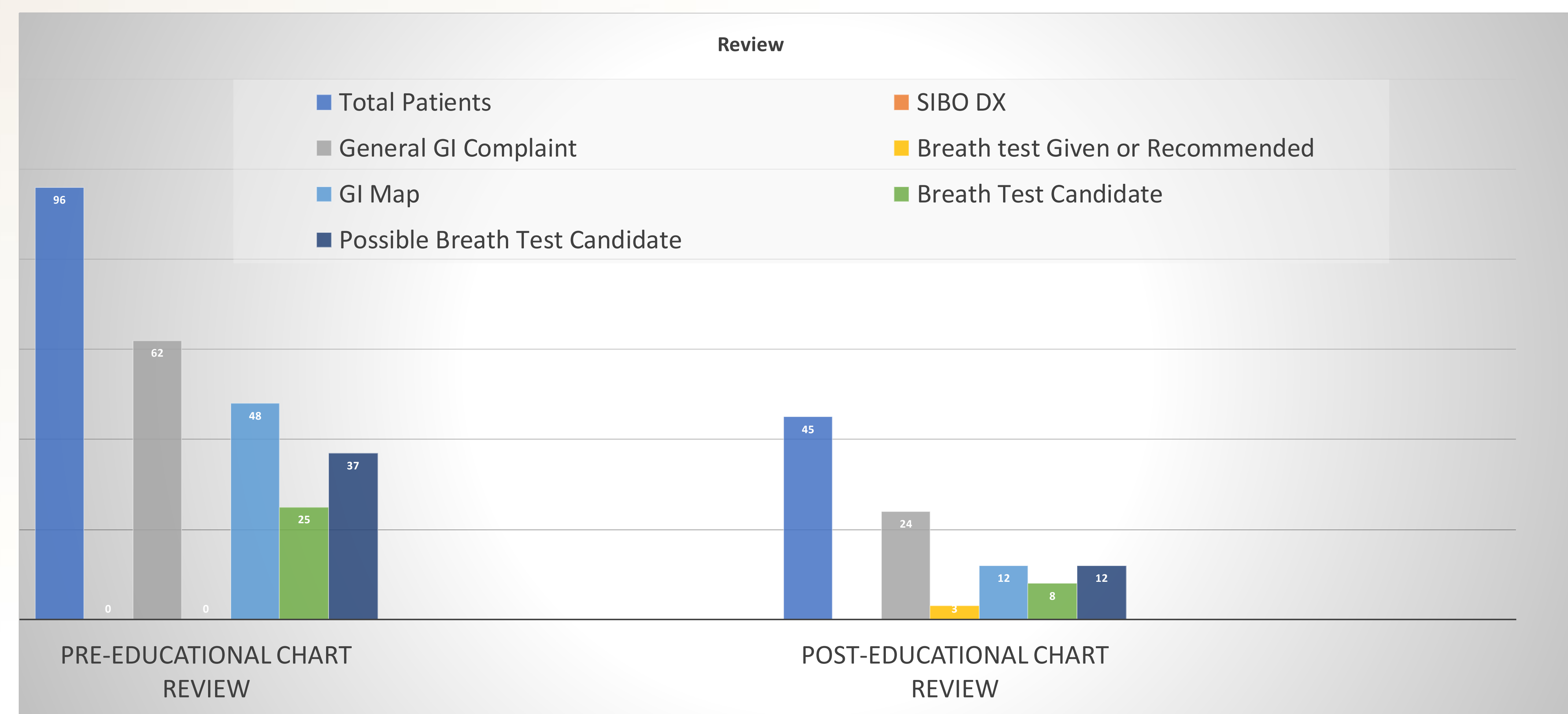
Problem Statement & Significance

- SIBO can be the result of long-term IBS, food poisoning, structural malformation, medication or illness
- Gut aspirate is the gold standard of testing, however, is costly, invasive, and difficult to obtain Breath testing can detect elevated levels of gas and is useful in clinical settings Guidelines were established to provide a consistent approach to identifying, testing, and diagnosing SIBO, with adoption in clinical practice less than universal

PICOT Question:

- For experienced certified APRN's (P) will an educational program of current SIBO testing and diagnosing guidelines (I) compared to no educational program of current SIBO testing and diagnosing guidelines (C) increase SIBO testing compliance in accordance with current guidelines (O) over a 4-week time frame (T)?

Pre- and Post- Chart Review Results



Recommendations

- Monitor for sustainability of SIBO testing documentation within the Functional Medicine Practice
- Continue to disseminate SIBO awareness through:
 - Personal Practice
 - Poster Presentations at Professional Conferences
 - Guest lecturer for educational forums and professional meetings
 - Guest lecture on SIBO for FNP programs to increase student awareness
 - Publication of article outlining FSP

Abstract & References

Abstract



References

