

Comparison Table of  
Rome II & Rome III  
Adult Diagnostic  
Criteria

ROME III DIAGNOSTIC CRITERIA	ROME II DIAGNOSTIC CRITERIA
<b>A. Functional Esophageal Disorders</b>	<b>A. Functional Esophageal Disorders</b>
<p><b>A1. Functional Heartburn</b></p> <p><i>Diagnostic criteria*</i>  <i>Must include <b>all</b> of the following:</i></p> <ol style="list-style-type: none"> <li>1. Burning retrosternal discomfort or pain</li> <li>2. Absence of evidence that gastroesophageal acid reflux is the cause of the symptom</li> <li>3. Absence of histopathology-based esophageal motility disorders</li> </ol> <p>* Criteria fulfilled for the last 3 months with symptom onset at least 6 months prior to diagnosis</p>	<p><b>A4. Functional Heartburn</b></p> <p><i>At least 12 weeks, which need not be consecutive, in the preceding 12 months of:</i></p> <ol style="list-style-type: none"> <li>1. Burning retrosternal discomfort or pain; and</li> <li>2. Absence of pathologic gastroesophageal reflux, achalasia, or other motility disorder with a recognized pathologic basis.</li> </ol>
<p><b>A2. Functional Chest Pain of Presumed Esophageal Origin</b></p> <p><i>Diagnostic criteria*</i>  <i>Must include <b>all</b> of the following:</i></p> <ol style="list-style-type: none"> <li>1. Midline chest pain or discomfort that is not of burning quality</li> <li>2. Absence of evidence that gastroesophageal reflux is the cause of the symptom</li> <li>3. Absence of histopathology-based esophageal motility disorders</li> </ol> <p>* Criteria fulfilled for the last 3 months with symptom onset at least 6 months prior to diagnosis</p>	<p><b>A3. Functional Chest Pain of Presumed Esophageal Origin</b></p> <p><i>At least 12 weeks, which need not be consecutive, within the preceding 12 months of:</i></p> <ol style="list-style-type: none"> <li>1. Midline chest pain or discomfort that is not of burning quality; and</li> <li>2. Absence of pathologic gastroesophageal reflux, achalasia, or other motility disorder with a recognized pathologic basis.</li> </ol>

ROME III DIAGNOSTIC CRITERIA	ROME II DIAGNOSTIC CRITERIA
<p><b>A3. Functional Dysphagia</b></p> <p><i>Diagnostic criteria*</i>  <i>Must include all of the following:</i></p> <ol style="list-style-type: none"> <li>1. Sense of solid and/or liquid foods sticking, lodging, or passing abnormally through the esophagus</li> <li>2. Absence of evidence that gastroesophageal reflux is the cause of the symptom</li> <li>3. Absence of histopathology-based esophageal motility disorders</li> </ol> <p>* Criteria fulfilled for the last 3 months with symptom onset at least 6 months prior to diagnosis</p>	<p><b>A5. Functional Dysphagia</b></p> <p><i>At least 12 weeks, which need not be consecutive, in the preceding 12 months of:</i></p> <ol style="list-style-type: none"> <li>1. Sense of solid and/or liquid foods sticking, lodging, or passing abnormally through the esophagus; and</li> <li>2. Absence of pathologic gastroesophageal reflux, achalasia, or other motility disorder with a recognized pathologic basis.</li> </ol>
<p><b>A4. Globus</b></p> <p><i>Diagnostic criteria*</i>  <i>Must include all of the following:</i></p> <ol style="list-style-type: none"> <li>1. Persistent or intermittent, nonpainful sensation of a lump or foreign body in the throat</li> <li>2. Occurrence of the sensation between meals</li> <li>3. Absence of dysphagia or odynophagia</li> <li>4. Absence of evidence that gastroesophageal reflux is the cause of the symptom</li> <li>5. Absence of histopathology-based esophageal motility disorders</li> </ol> <p>* Criteria fulfilled for the last 3 months with symptom onset at least 6 months prior to diagnosis</p>	<p><b>A1. Globus</b></p> <p><i>At least 12 weeks, which need not be consecutive, in the preceding 12 months of:</i></p> <ol style="list-style-type: none"> <li>1. The persistent or intermittent sensation of a lump or foreign body in the throat;</li> <li>2. Occurrence of the sensation between meals;</li> <li>3. Absence of dysphagia and odynophagia; and</li> <li>4. Absence of pathologic gastroesophageal reflux, achalasia, or other motility disorder with a recognized pathologic basis (e.g., scleroderma of the esophagus).</li> </ol>
<p><i>Rome III criteria do not include unspecified functional esophageal disorder as in Rome II.</i></p>	<p><b>A6. Unspecified Functional Esophageal Disorder</b></p> <p><i>At least 12 weeks, which need not be consecutive, in the preceding 12 months of:</i></p> <ol style="list-style-type: none"> <li>1. Unexplained symptoms attributed to the esophagus that do not fit into the previously described categories; <i>and</i></li> <li>2. Absence of pathologic gastroesophageal reflux, achalasia, or other motility disorder with a recognized pathologic basis.</li> </ol>

ROME III DIAGNOSTIC CRITERIA	ROME II DIAGNOSTIC CRITERIA
<p><b>B. Functional Gastroduodenal Disorders</b></p>	<p><b>B. Functional Gastroduodenal Disorders</b></p>
<p><i>Note major changes in classification for dyspepsia and nausea and vomiting disorders</i></p> <p><b>BI. Functional Dyspepsia</b></p> <p><i>Diagnostic criteria*</i> Must include:</p> <ol style="list-style-type: none"> <li>1. One or more of the following: <ol style="list-style-type: none"> <li>a. Bothersome postprandial fullness</li> <li>b. Early satiation</li> <li>c. Epigastric pain</li> <li>d. Epigastric burning</li> </ol> </li> </ol> <p>AND</p> <ol style="list-style-type: none"> <li>2. No evidence of structural disease (including at upper endoscopy) that is likely to explain the symptoms</li> </ol> <p>* Criteria fulfilled for the last 3 months with symptom onset at least 6 months prior to diagnosis</p> <p><b>B1a. Postprandial Distress Syndrome</b></p> <p><i>Diagnostic criteria*</i> Must include <b>one or both</b> of the following:</p> <ol style="list-style-type: none"> <li>1. Bothersome postprandial fullness, occurring after ordinary-sized meals, at least several times per week</li> <li>2. Early satiation that prevents finishing a regular meal, at least several times per week</li> </ol> <p>* Criteria fulfilled for the last 3 months with symptom onset at least 6 months prior to diagnosis</p> <p><i>Supportive criteria</i></p> <ol style="list-style-type: none"> <li>1. Upper abdominal bloating or postprandial nausea or excessive belching can be present</li> <li>2. Epigastric pain syndrome may coexist</li> </ol>	<p><b>BI. Functional Dyspepsia</b></p> <p><i>At least 12 weeks, which need not be consecutive, in the preceding 12 months of:</i></p> <ol style="list-style-type: none"> <li>1. Persistent or recurrent symptoms (pain or discomfort centered in the upper abdomen);</li> <li>2. No evidence of organic disease (including at upper endoscopy) that is likely to explain the symptoms; <i>and</i></li> <li>3. No evidence that dyspepsia is exclusively relieved by defecation or associated with the onset of a change in stool frequency or stool form.</li> </ol> <p><b>B1a. Ulcer-like dyspepsia</b></p> <p>Pain centered in the upper abdomen is the predominant (most bothersome) symptom.</p> <p><b>B1b. Dysmotility-like dyspepsia</b></p> <p>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.</p> <p><b>B1c. Unspecified (nonspecific) dyspepsia</b></p> <p>Symptomatic patients whose symptoms do not fulfill the criteria for ulcer-like or dysmotility-like dyspepsia.</p>

ROME III DIAGNOSTIC CRITERIA	ROME II DIAGNOSTIC CRITERIA
<p><b>B1b. Epigastric Pain Syndrome</b></p> <p><i>Diagnostic criteria*</i></p> <p>Must include <b>all</b> of the following:</p> <ol style="list-style-type: none"> <li>1. Pain or burning localized to the epigastrium of at least moderate severity, at least once per week</li> <li>2. The pain is intermittent</li> <li>3. Not generalized or localized to other abdominal or chest regions</li> <li>4. Not relieved by defecation or passage of flatus</li> <li>5. Not fulfilling criteria for gallbladder and sphincter of Oddi disorders</li> </ol> <p>* Criteria fulfilled for the last 3 months with symptom onset at least 6 months prior to diagnosis</p> <p><i>Supportive criteria</i></p> <ol style="list-style-type: none"> <li>1. The pain may be of a burning quality, but without a retrosternal component</li> <li>2. The pain is commonly induced or relieved by ingestion of a meal, but may occur while fasting</li> <li>3. Postprandial distress syndrome may coexist</li> </ol>	

ROME III DIAGNOSTIC CRITERIA	ROME II DIAGNOSTIC CRITERIA
<p><b>B2. Belching Disorders</b></p> <p><b>B2a. Aerophagia</b>  <i>Diagnostic criteria*</i>  <i>Must include all of the following:</i></p> <ol style="list-style-type: none"> <li>1. Troublesome repetitive belching at least several times a week</li> <li>2. Air swallowing that is objectively observed or measured</li> </ol> <p>* Criteria fulfilled for the last 3 months with symptom onset at least 6 months prior to diagnosis</p> <p><b>B2b. Unspecified Excessive Belching</b>  <i>Diagnostic criteria*</i>  <i>Must include all of the following:</i></p> <ol style="list-style-type: none"> <li>1. Troublesome repetitive belching at least several times a week</li> <li>2. No evidence that excessive air swallowing underlies the symptom</li> </ol> <p>* Criteria fulfilled for the last 3 months with symptom onset at least 6 months prior to diagnosis</p>	<p><b>B2. Aerophagia</b>  <i>At least 12 weeks, which need not be consecutive, or more in the preceding 12 months of:</i></p> <ol style="list-style-type: none"> <li>1. Air swallowing that is objectively observed;  <i>and</i></li> <li>2. Troublesome repetitive belching.</li> </ol>

ROME III DIAGNOSTIC CRITERIA	ROME II DIAGNOSTIC CRITERIA
<p><b>B3. Nausea and Vomiting Disorders</b></p> <p><b>B3a. Chronic Idiopathic Nausea</b></p> <p><i>Diagnostic criteria*</i>  <i>Must include all of the following:</i></p> <ol style="list-style-type: none"> <li>1. Bothersome nausea occurring at least several times per week</li> <li>2. Not usually associated with vomiting</li> <li>3. Absence of abnormalities at upper endoscopy or metabolic disease that explains the nausea</li> </ol> <p>* Criteria fulfilled for the last 3 months with symptom onset at least 6 months prior to diagnosis</p> <p><b>B3b. Functional Vomiting</b></p> <p><i>Diagnostic criteria*</i>  <i>Must include all of the following:</i></p> <ol style="list-style-type: none"> <li>1. On average one or more episodes of vomiting per week</li> <li>2. Absence of criteria for an eating disorder, rumination, or major psychiatric disease according to DSM-IV</li> <li>3. Absence of self-induced vomiting and chronic cannabinoid use and absence of abnormalities in the central nervous system or metabolic diseases to explain the recurrent vomiting</li> </ol> <p>* Criteria fulfilled for the last 3 months with symptom onset at least 6 months prior to diagnosis</p>	<p><b>B3. Functional Vomiting</b></p> <p><i>At least 12 weeks, which need not be consecutive, in the preceding 12 months of:</i></p> <ol style="list-style-type: none"> <li>1. Frequent episodes of vomiting, occurring on at least three separate days in a week over three months;</li> <li>2. Absence of criteria for an eating disorder, rumination, or major psychiatric disease according to DSM-IV;</li> <li>3. Absence of self-induced and medication-induced vomiting; <i>and</i></li> <li>4. Absence of abnormalities in the gut or central nervous system, and metabolic diseases to explain the recurrent vomiting.</li> </ol>

ROME III DIAGNOSTIC CRITERIA	ROME II DIAGNOSTIC CRITERIA
<p><b>B3c. Cyclic Vomiting Syndrome</b></p> <p><i>Diagnostic criteria</i>  <i>Must include <b>all</b> of the following:</i></p> <ol style="list-style-type: none"> <li>1. Stereotypical episodes of vomiting regarding onset (acute) and duration (less than one week)</li> <li>2. Three or more discrete episodes in the prior year</li> <li>3. Absence of nausea and vomiting between episodes</li> </ol> <p><i>Supportive criteria</i>  History or family history of migraine headaches</p>	
<p><b>B4. Rumination Syndrome in Adults</b></p> <p><i>Diagnostic criteria*</i>  <i>Must include <b>both</b> of the following:</i></p> <ol style="list-style-type: none"> <li>1. Persistent or recurrent regurgitation of recently ingested food into the mouth with subsequent spitting or remastication and swallowing</li> <li>2. Regurgitation is not preceded by retching</li> </ol> <p><i>Supportive criteria</i></p> <ol style="list-style-type: none"> <li>1. Regurgitation events are usually not preceded by nausea</li> <li>2. Cessation of the process when the regurgitated material becomes acidic</li> <li>3. Regurgitant contains recognizable food with a pleasant taste</li> </ol> <p><i>The Rome III criteria classify rumination as a functional gastroduodenal disorder. In the Rome II classification, rumination was considered a functional esophageal disorder.</i></p>	<p><b>A2. Rumination Syndrome</b></p> <p><i>At least 12 weeks, which need not be consecutive, in the preceding 12 months of:</i></p> <ol style="list-style-type: none"> <li>1. Persistent or recurrent regurgitation of recently ingested food into the mouth with subsequent remastication and swallowing;</li> <li>2. Absence of nausea and vomiting;</li> <li>3. Cessation of the process when the regurgitated material becomes acidic; <i>and</i></li> <li>4. Absence of pathologic gastroesophageal reflux, achalasia, or other motility disorder with a recognized pathologic basis as the primary disorder.</li> </ol>

ROME III DIAGNOSTIC CRITERIA	ROME II DIAGNOSTIC CRITERIA
<i>C. Functional Bowel Disorders</i>	<i>C. Functional Bowel Disorders</i>
<p><b>CI. Irritable Bowel Syndrome</b></p> <p><i>Diagnostic criterion*</i></p> <p>Recurrent abdominal pain or discomfort** at least 3 days/month in last 3 months associated with <i>two or more</i> of the following:</p> <ol style="list-style-type: none"> <li>1. Improvement with defecation</li> <li>2. Onset associated with a change in frequency of stool</li> <li>3. Onset associated with a change in form (appearance) of stool</li> </ol> <p>* Criterion fulfilled for the last 3 months with symptom onset at least 6 months prior to diagnosis</p> <p>**“Discomfort” means an uncomfortable sensation not described as pain.</p> <p>In pathophysiology research and clinical trials, a pain/discomfort frequency of at least 2 days a week during the screening evaluation is recommended for subject eligibility.</p>	<p><b>CI. Irritable Bowel Syndrome</b></p> <p><i>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:</i></p> <ol style="list-style-type: none"> <li>1. Relieved with defecation; <i>and/or</i></li> <li>2. Onset associated with a change in frequency of stool; <i>and/or</i></li> <li>3. Onset associated with a change in form (appearance) of stool.</li> </ol> <p><i>Symptoms that Cumulatively Support the Diagnosis of Irritable Bowel Syndrome</i></p> <ul style="list-style-type: none"> <li>– 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);</li> <li>– Abnormal stool form (lumpy/hard or loose/watery stool);</li> <li>– Abnormal stool passage (straining, urgency, or feeling of incomplete evacuation);</li> <li>– Passage of mucus;</li> <li>– Bloating or feeling of abdominal distension.</li> </ul>
<p><b>C2. Functional Bloating</b></p> <p><i>Diagnostic criteria*</i></p> <p><i>Must include both of the following:</i></p> <ol style="list-style-type: none"> <li>1. Recurrent feeling of bloating or visible distension at least 3 days/month in the last 3 months</li> <li>2. Insufficient criteria for a diagnosis of functional dyspepsia, irritable bowel syndrome, or other functional GI disorder</li> </ol> <p>* Criteria fulfilled for the last 3 months with symptom onset at least 6 months prior to diagnosis</p>	<p><b>C2. Functional Abdominal Bloating</b></p> <p><i>At least 12 weeks, which need not be consecutive, in the preceding 12 months of:</i></p> <ol style="list-style-type: none"> <li>1. Feeling of abdominal fullness, bloating, or visible distension; <i>and</i></li> <li>2. Insufficient criteria for a diagnosis of functional dyspepsia, irritable bowel syndrome, or other functional disorder.</li> </ol>

ROME III DIAGNOSTIC CRITERIA	ROME II DIAGNOSTIC CRITERIA
<p><b>C3. Functional Constipation</b> <i>Diagnostic criteria*</i></p> <ol style="list-style-type: none"> <li>1. Must include <i>two or more</i> of the following: <ol style="list-style-type: none"> <li>a. Straining during at least 25% of defecations</li> <li>b. Lumpy or hard stools in at least 25% of defecations</li> <li>c. Sensation of incomplete evacuation for at least 25% of defecations</li> <li>d. Sensation of anorectal obstruction/blockage for at least 25% of defecations</li> <li>e. Manual maneuvers to facilitate at least 25% of defecations (e.g., digital evacuation, support of the pelvic floor)</li> <li>f. Fewer than three defecations per week</li> </ol> </li> <li>2. Loose stools are rarely present without the use of laxatives</li> <li>3. Insufficient criteria for irritable bowel syndrome</li> </ol> <p>* Criteria fulfilled for the last 3 months with symptom onset at least 6 months prior to diagnosis</p>	<p><b>C3. Functional Constipation</b> <i>At least 12 weeks, which need not be consecutive, in the preceding 12 months of two or more of:</i></p> <ol style="list-style-type: none"> <li>1. Straining &gt; 1/4 of defecations;</li> <li>2. Lumpy or hard stools &gt; 1/4 of defecations;</li> <li>3. Sensation of incomplete evacuation &gt; 1/4 of defecations;</li> <li>4. Sensation of anorectal obstruction/blockage &gt; 1/4 of defecations;</li> <li>5. Manual maneuvers to facilitate &gt; 1/4 of defecations (e.g., digital evacuation, support of the pelvic floor); <i>and/or</i></li> <li>6. &lt; 3 defecations per week.</li> </ol> <p>Loose stools are not present, and there are insufficient criteria for IBS.</p>
<p><b>C4. Functional Diarrhea</b> <i>Diagnostic criterion*</i></p> <p>Loose (mushy) or watery stools without pain occurring in at least 75% of stools</p> <p>* Criterion fulfilled for the last 3 months with symptom onset at least 6 months prior to diagnosis</p>	<p><b>C4. Functional Diarrhea</b> <i>At least 12 weeks, which need not be consecutive, in the preceding 12 months of:</i></p> <ol style="list-style-type: none"> <li>1. Loose (mushy) or watery stools</li> <li>2. Present &gt; 3/4 of the time; <i>and</i></li> <li>3. No abdominal pain.</li> </ol>
<p><b>C.5. Unspecified Functional Bowel Disorder</b> <i>Diagnostic criterion*</i></p> <p>Bowel symptoms not attributable to an organic etiology that do not meet criteria for the previously defined categories</p> <p>* Criterion fulfilled for the last 3 months with symptom onset at least 6 months prior to diagnosis</p>	<p><b>C5. Unspecified Functional Bowel Disorder</b></p> <p>Bowel symptoms in the absence of organic disease that do not fit into the previously defined categories of functional bowel disorders.</p>

ROME III DIAGNOSTIC CRITERIA	ROME II DIAGNOSTIC CRITERIA
<p><b><i>D. Functional Abdominal Pain Syndrome</i></b></p>	<p><b><i>D. Functional Abdominal Pain</i></b></p>
<p><b>D. Functional Abdominal Pain Syndrome</b></p> <p><i>Diagnostic criteria*</i>  <i>Must include <b>all</b> of the following:</i></p> <ol style="list-style-type: none"> <li>1. Continuous or nearly continuous abdominal pain</li> <li>2. No or only occasional relationship of pain with physiological events (e.g., eating, defecation, or menses)</li> <li>3. Some loss of daily functioning</li> <li>4. The pain is not feigned (e.g., malingering)</li> <li>5. Insufficient symptoms to meet criteria for another functional gastrointestinal disorder that would explain the pain</li> </ol> <p>* Criteria fulfilled for the last 3 months with symptom onset at least 6 months prior to diagnosis</p>	<p><b>D1. Functional Abdominal Pain Syndrome</b></p> <p><i>At least 6 months of:</i></p> <ol style="list-style-type: none"> <li>1. Continuous or nearly continuous abdominal pain; <i>and</i></li> <li>2. No or only occasional relationship of pain with physiological events (e.g., eating, defecation, or menses); <i>and</i></li> <li>3. Some loss of daily functioning; <i>and</i></li> <li>4. The pain is not feigned (e.g., malingering), <i>and</i></li> <li>5. Insufficient criteria for other functional gastrointestinal disorders that would explain the abdominal pain.</li> </ol>
<p><b><i>The Rome III Criteria do not include Unspecified Functional Abdominal Pain</i></b></p>	<p><b>D2. Unspecified Functional Abdominal Pain</b></p> <p>This is functional abdominal pain that fails to reach criteria for functional abdominal pain syndrome.</p>

ROME III DIAGNOSTIC CRITERIA	ROME II DIAGNOSTIC CRITERIA
<p><b><i>E. Functional Gallbladder and Sphincter of Oddi Disorders</i></b></p>	<p><b><i>E. Functional Disorders of the Biliary Tract and the Pancreas</i></b></p>
<p><b>E. Functional Gallbladder and Sphincter of Oddi Disorders</b></p> <p><i>Diagnostic criteria</i>  <i>Must include episodes of pain located in the epigastrium and/or right upper quadrant and <b>all</b> of the following:</i></p> <ol style="list-style-type: none"> <li>1. Episodes lasting 30 minutes or longer</li> <li>2. Recurrent symptoms occurring at different intervals (not daily)</li> <li>3. The pain builds up to a steady level</li> <li>4. The pain is moderate to severe enough to interrupt the patient’s daily activities or lead to an emergency department visit</li> <li>5. The pain is not relieved by bowel movements</li> <li>6. The pain is not relieved by postural change</li> <li>7. The pain is not relieved by antacids</li> <li>8. Exclusion of other structural disease that would explain the symptoms</li> </ol> <p><i>Supportive criteria</i>  The pain may present with one or more of the following:</p> <ol style="list-style-type: none"> <li>1. Associated with nausea and vomiting</li> <li>2. Radiates to the back and/or right infra subscapular region</li> <li>3. Awakens from sleep in the middle of the night</li> </ol> <p><b>E1. Functional Gallbladder Disorder</b></p> <p><i>Diagnostic criteria</i>  <i>Must include <b>all</b> of the following:</i></p> <ol style="list-style-type: none"> <li>1. Criteria for functional gallbladder and sphincter of Oddi disorder and</li> <li>2. Gallbladder is present</li> <li>3. Normal liver enzymes, conjugated bilirubin, and amylase/lipase</li> </ol>	<p><b>E1. Gallbladder Dysfunction</b></p> <p><i>Episodes of severe steady pain located in the epigastrium and right upper quadrant, and all of the following:</i></p> <ol style="list-style-type: none"> <li>1. Symptom episodes last 30 minutes or more, with pain-free intervals;</li> <li>2. Symptoms have occurred on one or more occasions in the previous 12 months;</li> <li>3. The pain is steady and interrupts daily activities or requires consultation with a physician;</li> <li>4. There is no evidence of structural abnormalities to explain the symptoms;</li> <li>5. There is abnormal gallbladder functioning with regard to emptying.</li> </ol> <p><b>E2. Sphincter of Oddi Dysfunction</b></p> <p><i>Episodes of severe steady pain located in the epigastrium and right upper quadrant, and all of the following:</i></p> <ol style="list-style-type: none"> <li>1. Symptom episodes last 30 minutes or more, with pain-free intervals; <i>and</i></li> <li>2. Symptoms have occurred on one or more occasions in the previous 12 months; <i>and</i></li> <li>3. The pain is steady and interrupts daily activities or requires consultation with a physician; <i>and</i></li> <li>6. There is no evidence of structural abnormalities to explain the symptoms.</li> </ol>

ROME III DIAGNOSTIC CRITERIA	ROME II DIAGNOSTIC CRITERIA
<p><b>E2. Functional Biliary Sphincter of Oddi Disorder</b></p> <p><i>Diagnostic criteria</i>  <i>Must include both of the following:</i></p> <ol style="list-style-type: none"> <li>1. Criteria for functional sphincter of Oddi disorder</li> <li>2. Normal amylase/lipase</li> </ol> <p><i>Supportive criterion</i></p> <p>Elevated serum transaminases, alkaline phosphatase, or conjugated bilirubin temporarily related to at least two pain episodes</p> <p><b>E3. Functional Pancreatic Sphincter of Oddi Disorder</b></p> <p><i>Diagnostic criteria</i>  <i>Must include both of the following:</i></p> <ol style="list-style-type: none"> <li>1. Criteria for functional gallbladder and sphincter of Oddi Disorder and</li> <li>2. Elevated amylase/lipase</li> </ol>	

ROME III DIAGNOSTIC CRITERIA	ROME II DIAGNOSTIC CRITERIA
<p><b><i>F. Functional Anorectal Disorders</i></b></p>	<p><b><i>F. Functional Disorders of the Anus and Rectum</i></b></p>
<p><b>FI. Functional Fecal Incontinence</b>  <i>Diagnostic criteria*</i></p> <ol style="list-style-type: none"> <li>1. Recurrent uncontrolled passage of fecal material in an individual with a developmental age of at least 4 years and <i>one or more</i> of the following: <ol style="list-style-type: none"> <li>a. Abnormal functioning of normally innervated and structurally intact muscles</li> <li>b. Minor abnormalities of sphincter structure and/or innervation</li> <li>c. Normal or disordered bowel habits, (i.e., fecal retention or diarrhea)</li> <li>d. Psychological causes</li> </ol> </li> </ol> <p>AND</p> <ol style="list-style-type: none"> <li>2. Exclusion of <i>all</i> of the following: <ol style="list-style-type: none"> <li>a. Abnormal innervation caused by lesion(s) within the brain (e.g., dementia), spinal cord, or sacral nerve roots, or mixed lesions (e.g., multiple sclerosis), or as part of a generalized peripheral or autonomic neuropathy (e.g., due to diabetes)</li> <li>b. Anal sphincter abnormalities associated with a multisystem disease (e.g. scleroderma)</li> <li>c. Structural or neurogenic abnormalities believed to be the major or primary cause of fecal incontinence.</li> </ol> </li> </ol> <p>* Criteria fulfilled for the last 3 months</p>	<p><b>FI. Functional Fecal Incontinence</b>  <i>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:</i></p> <ol style="list-style-type: none"> <li>1. Fecal impaction; <i>or</i></li> <li>2. Diarrhea; <i>or</i></li> <li>3. Nonstructural anal sphincter dysfunction.</li> </ol>

ROME III DIAGNOSTIC CRITERIA	ROME II DIAGNOSTIC CRITERIA
<p><b>F2. Functional Anorectal Pain</b></p> <p><b>F2a. Chronic Proctalgia</b></p> <p><i>Diagnostic criteria*</i>  <i>Must include all of the following:</i></p> <ol style="list-style-type: none"> <li>1. Chronic or recurrent rectal pain or aching</li> <li>2. Episodes last 20 minutes or longer</li> <li>3. Exclusion of other causes of rectal pain such as ischemia, inflammatory bowel disease, cryptitis, intramuscular abscess, anal fissure, hemorrhoids, prostatitis, and coccygodynia</li> </ol> <p>* Criteria fulfilled for the last 3 months with symptom onset at least 6 months prior to diagnosis</p> <p>Chronic proctalgia may be further characterized into levator ani syndrome or unspecified anorectal pain based on digital rectal examination.</p> <p><b>F2a.1. Levator Ani Syndrome</b></p> <p><i>Diagnostic criterion</i>  Symptom criteria for chronic proctalgia and tenderness during posterior traction on the puborectalis</p> <p><b>F2a.2. Unspecified Functional Anorectal Pain</b></p> <p><i>Diagnostic criterion</i>  Symptom criteria for chronic proctalgia but no tenderness during posterior traction on the puborectalis</p>	<p><b>F2. Functional Anorectal Pain</b></p> <p><b>F2a. Levator Ani Syndrome</b></p> <p><i>At least 12 weeks, which need not be consecutive, in the preceding 12 months of:</i></p> <ol style="list-style-type: none"> <li>1. Chronic or recurrent rectal pain or aching;</li> <li>2. Episodes last 20 minutes or longer; <i>and</i></li> <li>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.</li> </ol>

ROME III DIAGNOSTIC CRITERIA	ROME II DIAGNOSTIC CRITERIA
<p><b>F2b. Proctalgia Fugax</b>  <i>Diagnostic criteria</i>  <i>Must include all of the following:</i></p> <ol style="list-style-type: none"> <li>1. Recurrent episodes of pain localized to the anus or lower rectum</li> <li>2. Episodes last from seconds to minutes</li> <li>3. There is no anorectal pain between episodes</li> </ol> <p>For research purposes criteria must be fulfilled for 3 months; however, clinical diagnosis and evaluation may be made prior to 3 months.</p>	<p><b>F2b. Proctalgia Fugax</b></p> <ol style="list-style-type: none"> <li>1. Recurrent episodes of pain localized to the anus or lower rectum;</li> <li>2. Episodes last from seconds to minutes; <i>and</i></li> <li>3. There is no anorectal pain between episode</li> </ol>
<p><b>F3. Functional Defecation Disorders</b>  <i>Diagnostic criteria*</i></p> <ol style="list-style-type: none"> <li>1. The patient must satisfy diagnostic criteria for functional constipation**</li> <li>2. During repeated attempts to defecate must have <i>at least two</i> of the following: <ol style="list-style-type: none"> <li>a. Evidence of impaired evacuation, based on balloon expulsion test or imaging</li> <li>b. Inappropriate contraction of the pelvic floor muscles (i.e., anal sphincter or puborectalis) or less than 20% relaxation of basal resting sphincter pressure by manometry, imaging, or EMG</li> <li>c. Inadequate propulsive forces assessed by manometry or imaging</li> </ol> </li> </ol> <p>* Criteria fulfilled for the last 3 months with symptom onset at least 6 months prior to diagnosis</p> <p>** <b>Diagnostic criteria for functional constipation:</b></p> <ol style="list-style-type: none"> <li>(1) <b>Must include two or more of the following:</b> <ol style="list-style-type: none"> <li>(a) Straining during at least 25% of defecations,</li> <li>(b) Lumpy or hard stools in at least 25% of defecations,</li> <li>(c) Sensation of incomplete evacuation for at least 25% of defecations,</li> <li>(d) Sensation of anorectal obstruction/blockage for at least 25% of defecations,</li> <li>(e) Manual maneuvers to facilitate at least 25% of defecations (e.g., digital evacuation, support of the pelvic floor),</li> <li>(f) Fewer than three defecations per week.</li> </ol> </li> <li>(2) <b>Loose stools are rarely present without the use of laxatives.</b></li> <li>(3) <b>There are insufficient criteria for irritable bowel syndrome.</b></li> </ol>	<p><b>F3. Pelvic Floor Dyssynergia</b></p> <ol style="list-style-type: none"> <li>1. The patient must satisfy diagnostic criteria for functional constipation in Diagnostic criteria C3;</li> <li>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;</li> <li>3. There must be evidence of adequate propulsive forces during attempts to defecate, <i>and</i></li> <li>4. There must be evidence of incomplete evacuation.</li> </ol>

ROME III DIAGNOSTIC CRITERIA	ROME II DIAGNOSTIC CRITERIA
<p><b>F3a. Dyssynergic Defecation</b>  <i>Diagnostic criterion</i>            Inappropriate contraction of the pelvic floor or less than 20% relaxation of basal resting sphincter pressure with adequate propulsive forces during attempted defecation</p> <p><b>F3b. Inadequate Defecatory Propulsion</b>  <i>Diagnostic criterion</i>            Inadequate propulsive forces with or without inappropriate contraction or less than 20% relaxation of the anal sphincter during attempted defecation</p>	

