OBJECTIVE: This article aims to review the conceptual and empirical relation of irritable bowel syndrome (IBS) and somatoform disorders (SFDs). METHOD: The method used is a narrative review that is partially based on discussions held at a symposium with the same topic in March 2007. RESULTS: The conceptual distance between IBS and SFDs has diminished due to developments of both concepts. There is widespread agreement about the existence of syndrome patterns restricted to core IBS and also characterized by multiple unexplained symptoms and additional psychobehavioral features. Current concepts for etiology, pathophysiology, and management reflect the usefulness, the common ground, and the need for differentiation between these two prototypes. An umbrella category such as "interface disorders" between general medicine and psychiatry and wider descriptive frameworks like somatization and medically unexplained symptoms might be useful. CONCLUSION: Further elaboration with an aim of abolishing counterproductive double perspectives on the same group of patients seems warranted.