

IRRITABLE BOWEL SYNDROME (IBS)

What is irritable bowel syndrome?

Irritable bowel syndrome (IBS) is a functional gastrointestinal (GI) disorder. It describes a group of symptoms that affect your large intestine with no known cause. IBS is common and occurs more often in women. IBS also is known as functional bowel syndrome, irritable colon, spastic bowel, and spastic colon.

IBS is not the same as inflammatory bowel disease (IBD). Crohn's disease and ulcerative colitis are the main types of IBD. They get worse over time and can cause intestinal damage, unlike IBS.

Symptoms of irritable bowel syndrome

Common symptoms of IBS include:

- abdominal pain and cramping (usually comes and goes and relief occurs after a bowel movement)
- **bloating** and gas
- **constipation** and/or diarrhea
- a sudden need to have a bowel movement
- a constant feeling of needing to have a bowel movement, even if you've already had one
- mucus in your stool.

IBS symptoms vary for each person. You may have some or all of the symptoms listed above. Most people have mild symptoms, but some may be severe enough to affect your daily life.

What causes irritable bowel syndrome?

IBS is a type of gastrointestinal (GI) disorder. There are no exact causes of IBS. Doctors believe that a mix of problems with your GI tract can lead to IBS. Health problems that are known to cause or worsen IBS include:

- A breakdown in how your brain sends signals to your intestines.
- Trouble processing food through your GI tract (too slow can cause constipation, and too fast can cause diarrhea).
- GI muscles that spasm, contract or are sensitive.
- An infection in your GI tract.
- An increase or change in bacteria in your small intestine.
- Changes in your hormone levels or body chemicals that transmit nerve signals.
- Reactions to certain foods or drinks that are hard to digest, such as things high in acid, sugar, fat, and carbohydrates.
- Mental health issues, such as [depression](#), anxiety, or panic disorders.
- Extreme stress.

How is irritable bowel syndrome diagnosed?

There aren't any tests that detect IBS. However, your doctor can order tests to rule out other problems. They can check a sample of your urine and/or stool. They also might take a closer look at your GI tract, including your intestines and colon. This could include a colonoscopy or X-rays of your lower GI.

In order to diagnose IBS, your doctor will do an exam to check for:

- Bloating in your stomach.

- Pain or tender spots in your stomach.
- Unusual sounds in your stomach area.

Using an approach known as the Rome criteria, they will look for a pattern in your symptoms.

This includes:

- Having symptoms for six months or more.
- Stomach pain at least three times a month for three months or more.
- Stomach pain that improves after a bowel movement.
- Changes in how often you have a bowel movement.
- Changes in how your stool looks.

They will confirm IBS if you've had stomach pain or discomfort at least 3 days per month for 3 months. You also must have had at least two of the following symptoms:

- Pain or discomfort that goes away after a bowel movement.
- Pain or discomfort that began when the appearance of your stool changed. For example, you went from having normal stool to having loose or hard stool.
- Pain or discomfort that began when the frequency of your bowel movements changed. For example, you went from having 1 bowel movement every day to having 3 every day, or to only having 1 every few days.

The Rome criteria also allow doctors to classify your condition. IBS has four subtypes:

- IBS with constipation (IBS-C)
 - Hard or lumpy stools at least 25% of the time.
 - Loose or watery stools less than 25% of the time.
- IBS with diarrhea (IBS-D)

- Hard or lumpy stools less than 25% of the time.
 - Loose or watery stools at least 25% of the time.
- Mixed IBS (IBS-M)
 - Hard or lumpy stools at least 25% of the time.
 - Loose or watery stools at least 25% of the time.
- Unsubtyped IBS (IBS-U)
 - Hard or lumpy stools less than 25% of the time.
 - Loose or watery stools less than 25% of the time.

Can irritable bowel syndrome be prevented or avoided?

Since there isn't a single cause for IBS, you cannot prevent or avoid it.

Irritable bowel syndrome treatment

There is no cure for IBS. The best way to treat IBS is to make lifestyle changes. Your IBS subtype will affect your treatment. You might have to test out several to see which ones work.

Treatment options include:

- **Eating changes.** Digestion can improve when you eat smaller meals throughout the day.
- **Diet changes.** People who have constipation may benefit from an increase in fiber. This can soften stool and make it easier to have a bowel movement. Increase your fiber intake a little at a time.
- **A low-FODMAP diet.** FODMAP is an acronym that refers to a group of food compounds known to cause GI problems. With this diet, you can choose to limit or remove your intake of certain carbohydrates. This includes most fruits, vegetables, legumes, and dairy. These types of foods are hard to digest and can create bacteria. They produce extra gas, which leads to

bloating and cramping. The FODMAP diet can help your GI tract heal. It is very strict, so it is not meant to be a long-term answer.

- **Food diary.** You might notice that certain foods and drinks worsen your IBS. Keep a diary of what you consume. This can help you find a pattern, so that you can make changes going forward.
- **Medicines.** These will vary based on your type of IBS. Certain medicines, like Imodium, can reduce diarrhea. Fiber supplements and laxatives help relieve constipation. Lubiprostone and linaclotide also can help people who have IBS-C. They can relieve pain and even out your bowel movements. Antibiotics can treat bacterial infections or overgrowth.
- **Probiotics.** Probiotic supplements have good bacteria that can clear out and settle your GI tract.
- **Pain management.** Natural medicines, such as peppermint oil, can help calm symptoms. Other remedies include using a heating pad or hot bath.
- **Stress management.** Reducing your stress levels can improve IBS. Get enough sleep and take part in regular exercise. Your doctor might suggest other ways to cope with stress, such as meditation or therapy.

Living with irritable bowel syndrome

IBS is an ongoing problem. It can subside or flare up, based on your lifestyle. IBS does not require surgery, and it won't shorten your life. If you have IBS, talk to your doctor about how to manage it. It might take time to try treatments and see which ones work best for you.

Questions to ask your doctor

- What is a food diary and how does it help diagnose or manage IBS?
- What medicines are offered to treat IBS and what are their side effects?

- How can I cope with ongoing IBS?
- Is IBS linked to any other health conditions?

Resources

[National Institute of Diabetes and Digestive and Kidney Diseases, Irritable Bowel Syndrome \(IBS\)](#)

[National Institute of Diabetes and Digestive and Kidney Diseases, Eating, Diet, and Nutrition for IBS](#)