

Introduction to IBS

Irritable bowel syndrome (IBS) affects up to 10–15% of adults. It has a significant worldwide prevalence. Although IBS is not associated with an increased risk for life-threatening illness, it is associated with a significant health care and economic burden.

Studies have shown that IBS patients have an increased number of outpatient health care visits, diagnostic tests, and surgeries. IBS can also severely compromise a person's quality of life. IBS is second only to the common cold as a cause of absenteeism from work.

Understanding IBS

IBS is best understood as a long-term or recurrent disorder of gastrointestinal (GI) functioning. It usually involves the large intestine (colon) and small intestine with disturbances of intestinal/bowel (gut) motor function (motility) and sensation.

These gut related activities are regulated by the brain. This may also be impaired, which is why IBS is often called a brain-gut disorder.

These disturbances can produce symptoms of abdominal pain or discomfort, bloating or a sense of gaseousness, and a change in bowel habits (diarrhea and/or constipation).

What are the symptoms of IBS?

Abdominal pain is the key symptom of irritable bowel syndrome (IBS) and is associated with a change in bowel habits. This change in bowel habits may be diarrhea and/or constipation.

Individuals with IBS may either have mostly diarrhea, mostly constipation, or both diarrhea and constipation (mixed pattern). The pain is often relieved by having a bowel movement and can at times be worsened after eating.

Symptoms can change over time. There can be periods when symptoms flare up as well as periods of remission when they diminish or disappear.

In addition, the main bowel habit can vary over time. For example, some people that suffer mainly from constipation (or diarrhea) may later experience a change to constipation alternating with diarrhea.

Other common symptoms of IBS include:

- bloating (a sensation of fullness in the belly),
- urgency (the need to use a restroom in a hurry),
- mucus (white or yellow liquid) in the stool, and the sensation of incompletely passing stools.
- The typical features of IBS are generally recognizable by a physician.

Usually the physician will examine the abdomen of a patient with IBS and it will be normal or have tenderness. A rectal examination is also done to evaluate the functioning of the rectal floor muscles, particularly if there is incontinence or severe constipation with straining.

The most important first step is to confidently recognize the diagnosis of IBS and remove the suspicion of other diseases.

How is IBS diagnosed?

The first step in making a positive diagnosis of irritable bowel syndrome (IBS) is for the doctor or other health care provider to identify if an individual has the symptoms of IBS.

This is best determined by the use of the Rome Criteria, which is a collection of the most common symptoms that typify the disorder.

This includes abdominal pain for several months that is associated with two of the following:

- the pain is relieved by defecation,
- the pain is associated with an increase or
- decrease in stool frequency, and/or
- the pain is associated with the stools becoming harder or softer in consistency.

The next important step is to look for signs and symptoms that are suggestive of a condition other than IBS, such as inflammatory bowel disease or celiac disease. These signs and symptoms have been referred to as “alarm signs” or “red flags.”

They include:

- anemia and other abnormal blood tests
- blood in the stool
- unexplained weight loss
- fever
- new onset of symptoms at the age of 50 or older
- family history of inflammatory bowel disease, colon cancer, or celiac disease

Treatments for IBS

A key to achieving relief for irritable bowel syndrome (IBS) is the understanding that IBS is a complex motility (motor) and sensory disorder. It may have physical and stress-related dimensions.

A strong partnership between a knowledgeable patient and an empathetic, knowledgeable health care provider can produce significant improvement and control over symptoms for individuals with IBS.

The first line of treatment for IBS includes general measures such as:

- establishing an effective patient-physician relationship,
- obtaining education about IBS, and
- implementing lifestyle changes, which may be associated with symptoms.

Lifestyle changes

The term "lifestyle" refers to things in your life you have control over. For example, evaluate any dietary or stress-related factors that may be related to symptoms and discuss these with a health care provider. If certain foods set off or worsen symptoms, reduce or avoid them. If the abdominal discomfort or pain occurs after eating, it may be helpful to eat smaller and more frequent meals.

Increased stress may result in the onset or worsening of IBS symptoms and associated non-bowel symptoms such as fatigue or low energy. Proper rest and exercise can help reduce stress levels and positively influence IBS.

Remember that having IBS is also a stress and learning more about the disorder, communicating effectively with your health care provider, and taking more of a role in your self-care can reduce that stress.

Medicines

If lifestyle changes do not completely relieve IBS symptoms, a number of medications may be helpful:

- [Antispasmodics](#) [e.g., dicyclomine (Bentyl), hyoscyamine (Levsin)] have limited benefit for treating IBS but may relieve abdominal pain or discomfort in some persons, particularly if the symptoms occur soon after eating.
- [Anti-diarrheal agents](#) [e.g., loperamide (Imodium), diphenoxylate (Lomotil)] can be effective in preventing and relieving symptoms of diarrhea but may not be as helpful for the pain.
- [Laxatives](#) can help treat symptoms of constipation but not necessarily the pain and should be used under the supervision of a physician.
- Anti-anxiety medications can be helpful for some people with IBS, particularly those with psychological distress.

Some individuals with more mild-moderate symptoms will only require medications now and then. For example, an anti-diarrheal or antispasmodic may be taken by a person with diarrhea-predominant IBS before leaving home or eating a meal. Individuals with constipation may benefit from bulking agents (provided they relieve and don't worsen symptoms) or laxatives on occasion.

There are also effective medications available that relieve the pain and improve the changes in bowel habit. These may need to be taken on a more long-term basis, such as low-dose [antidepressant agents](#) or the relatively [newer medications](#).

A thorough evaluation by a physician is an important step toward selecting the treatment that is most appropriate for your individual circumstances. Regardless of the treatment therapy, always discuss it thoroughly with your doctor so you are familiar with the therapy or method, are aware of alternatives, understand the risks as well as benefits, and know what to do if side effects occur or symptoms return.

Individuals who have not responded to lifestyle changes and careful use of medications should consider being evaluated by a physician who specializes in functional GI and motility or stress-related GI disorders. More complex medication regimens and specialized screening can reveal specific conditions which may respond to treatment.

Probiotics and Antibiotics

The digestive tract contains trillions of bacteria. Research is currently showing that the composition of these bacteria may affect various aspects of health and disease. There is some evidence that certain probiotics may help improve IBS symptoms. [Learn more about probiotics for IBS - https://aboutibs.org/medications/probiotics-and-antibiotics.html](https://aboutibs.org/medications/probiotics-and-antibiotics.html).

There is also a potential role for some “bad” bacteria residing in the gut to be associated with IBS symptoms in some people. Recent clinical trials have shown that antibiotics, which reduce or alter the bacteria in the gut, may relieve the symptoms of IBS.

Facts About IBS

Irritable bowel syndrome (IBS) is a disorder characterized by abdominal pain or discomfort, and altered bowel habit (chronic or recurrent diarrhea, constipation, or both – either mixed or in alternation).

- IBS affects between 25 and 45 million people in the United States. About 2 in 3 IBS sufferers are female. About 1 in 3 IBS sufferers are male. IBS affects people of all ages, even children.
- Worldwide it's estimated that 10-15% of the population has IBS.
- Most persons with IBS are under the age of 50. But many older adults suffer as well.
- The exact cause of IBS is not known. Symptoms may result from a disturbance in the way the gut, brain, and nervous system interact. This can cause changes in normal bowel movement and sensation.
- Stress does not cause IBS. However, because of the connection between the brain and the gut, stress can worsen or trigger symptoms.
- The impact of IBS can range from mild inconvenience to severe debilitation. It can control many aspects of a person's emotional, social and professional life. Persons with moderate to severe IBS must struggle with symptoms that often impair their physical, emotional, economic, educational and social well-being.
- IBS is unpredictable. Symptoms vary and are sometimes contradictory. Diarrhea can alternate with constipation. Long-term symptoms can disrupt personal and professional activities, and limit individual potential.
- Treatments are available for IBS to help manage symptoms. Not all treatments work for all people. Through research, better treatments may be found. Although IBS is common in the general population, few seek medical care for their symptoms.
- Nearly 2,000 patients with IBS reported in a survey by IFFGD that diagnosis of their IBS was typically made 6.6 years after the symptoms began.
- Approximately 20 to 40% of all visits to gastroenterologists are due to IBS symptoms. For those with IBS an additional burden comes from living in a society where the word "bowel" may scarcely be spoken. Individuals must cope with multiple symptoms that affect every aspect of their lives. Those around them may be unaware of the impact, or even the existence, of the disorder.