

IBS

(Irritable Bowel Syndrome)

Brown Health Services Patient Education Series

What is IBS and its symptoms?

Irritable bowel syndrome (IBS) is a functional disorder of the gastrointestinal tract characterized by chronic abdominal pain and altered bowel habits.

Abdominal pain in IBS is usually described as a cramping sensation with variable intensity and periodic exacerbations which varies widely and a severity that can range from mild to severe. The pain is frequently related to defecation. While some patients experience relief from abdominal pain with defecation, others report worsening of pain with defecation.

Presenting Symptoms:

- diarrhea, often accompanied by a sense of urgency to have a bowel movement(BM)
- mucus in stool
- gas
- a sense of incomplete “evacuation” after a BM

ALARM symptoms such as bloody stools, fever, weight loss and nighttime symptoms, or recent onset after use of an antibiotic are NOT typical for IBS, and require that you see a provider for further evaluation as soon as possible.

What causes IBS?

There are multiple theories but the exact cause is not known. One school of thought is that the bowel muscle is contracting abnormally, leading to cramps and irregular squeezing that leads to varying stool consistency and frequency. Another idea is that

nerves in the bowel are hypersensitive, leading to increased perception of pain from normal amounts of gas. There is some suggestion that stress worsens symptoms, but it is unlikely that this is the cause of IBS alone. Another area of study is whether food intolerances may be a contributing factor. Recent studies have raised questions about bacteria in the intestine as a cause of IBS.

How is IBS diagnosed?

There is no single test for IBS. Because other intestinal disorders can cause similar symptoms, your provider will need to examine you and ask many questions as part of a medical history to distinguish IBS from other conditions. Your provider may also order lab tests to look for other causes, for example, inflammatory bowel disease (Crohn’s, ulcerative colitis) or celiac disease (gluten intolerance). You may be asked to do some trial eliminations of foods to rule out other causes of symptoms, such as stopping milk to assess lactose intolerance. Sometimes a referral to a gastroenterologist may be advised by your provider.

How is IBS treated?

IBS is not life threatening or associated with serious disease, but the symptoms for some may significantly affect quality of life. There is no one pill that will cure IBS or eliminate symptoms, but your provider will work with you to manage your symptoms. Communicate with your provider about what combination of treatments helps and what does not.

Brown Health Services Patient Education Series: IBS (Irritable Bowel Syndrome)

www.brown.edu/health 401-863-3953

(last updated 4/20)

Dietary Changes

- Your provider may ask you to monitor symptoms for a given period of time and note whether certain foods seem to TRIGGER increased symptoms. Especially if gas is a predominant symptom, eliminating or limiting gas-producing foods may be suggested at least on a trial basis.
- Examples of gas producing foods: legumes (beans/lentils) cruciferous veggies (broccoli, cauliflower, cabbage, brussel sprouts), artificial sweeteners (such as sorbitol) contained in many products and drinks, carbonated beverages, sometimes celery, carrots, onions, raisins, bananas, apricots, prunes. Gum chewing can also increase gas.
- Other food intolerances vary greatly among those with IBS but may include fatty foods, alcohol, chocolate, caffeine. If a certain food seems to trigger symptoms, do a trial elimination for a week or so.
- Since intolerance of lactose, present in milk and ice cream, is a common problem which may cause symptoms similar to IBS, your provider may ask you to eliminate milk products for about 1-2 weeks to observe the effect on your symptoms.
- Fiber: Some IBS sufferers with a constipation dominant pattern of symptoms, and even those with more diarrhea-predominant symptoms, may benefit from adding a soluble fiber supplement to their diet, to "even out" the consistency of stool. Fiber supplements such as psyllium or methylcellulose should be started slowly and gradually increased to avoid creating more intestinal gas. It can take a few weeks to see if adding fiber has a positive effect on IBS, so be sure to give a trial of fiber enough time. Insoluble fibers such as wheat/corn bran can aggravate symptoms for some.
- Foods that may be easier to digest in people with IBS, some of which also contain soluble

fiber include: Whole grain breads and cereals, pasta and rice, as well as fruits, vegetables (not in the cruciferous family).

- Large meals seem to trigger IBS symptoms for some, so smaller meals and regular eating times may help.
- Drinking adequate fluids is also suggested, aim for 6-8 glasses per day.

Stress

Stress and anxiety may worsen IBS symptoms in some people, possibly by triggering spasm in intestinal muscle. Talk to your provider about stress management, and whether talking to a counselor may be useful for you. Exercise may promote normal contractions in your intestine and also manage stress.

Medications

There is no drug that can cure IBS and studies are inconsistent in proving that medicines available are more effective than placebo (sugar pills).

Sometimes a medication to control symptoms may be suggested by your provider, especially in people who do not seem to respond to non-medicinal treatments. Ask your provider about side effects which may occur for each individual category.

- Antispasmodics- sometimes used preventatively for irregular contractions of intestine to reduce cramps and urgent/frequent stools (e.g. Bentyl, Levsin)
- Antidepressants- low doses, especially those in the tricyclic family can have a pain-relieving effect in people with IBS; may take 3-4 weeks to see effect (eg Amitriptyline, imipramine). Other antidepressants in the SSRI family may also be helpful in some people with IBS; treating any underlying depression may also help IBS symptoms.
- Antidiarrheals- can slow stool moving through GI tract in diarrhea-predominant IBS; used on an as-needed basis for

reducing stool frequency, but have not been shown to have effect on pain and bloating (e.g. imodium).

- A few other medications are also prescribed in limited cases of IBS and usually by GI specialists, (e.g. Lubiprostone, Alosetron), because specific prescribing criteria must be met. These medicines are costly and their effectiveness is not well established at this point.
- Herbal treatments- use of “natural treatments” advertised for IBS especially on the internet, such as peppermint oil, acidophilus, and chamomile have not been shown to have proven benefit in clinical studies. Wormwood and comfrey can be dangerous and should not be taken.
- Antibiotics- use of certain antibiotics which target gas-producing bacteria are currently being studied for treating IBS. While this is an emerging area of investigation, effectiveness needs further evaluation, and using antibiotics is not currently a standard practice in treating IBS.
- Probiotics-there is debate about whether probiotic supplements provide significant effect in relieving IBS symptoms. Studies have not clearly made the case for using such products, but there is some evidence of modest effect from those containing bifidobacterium.
- Exercise- do something active for 20 to 60 minutes, 3 -5 days a week. Studies show this helps improve IBS symptoms.