



DO YOU HAVE AN IRRITABLE BOWEL?

The name says it all. The Term “irritable bowel” conjures up visions of burping, bloating, upper and lower bowel wind, maybe acid reflux from your stomach as well as constipation or diarrhoea – any combination of these. You could be doubled up on the couch or rolling around on the floor. Or just mildly bloated and uncomfortable by the end of the day. If you have any these symptoms, then you would be right in thinking that your bowel is “irritable”.

Definition of IBS

One definition of Irritable Bowel Syndrome (IBS) is “abdominal discomfort associated with altered bowel function for 3 months or more; structural and biochemical abnormalities are absent” Yes, the sufferer can have symptoms that can be extremely severe, but nothing is found wrong with them.

Statistics

IBS can occur in up to 20% of people and is more common in women. Estimated ratios of women to men are around 2:1 or more. It is more common in women under the age of 50, with the most common age of first symptoms being 30-50 years of age.

IBS is the disorder most frequently encountered by Gastroenterology specialists and is seen in around 12% of family doctor consultations.

A very important fact is that up to 90% of people don't seek help for their condition and 50% of people could have it but not know it! IBS is often associated along with other conditions that include anxiety, depression, chronic fatigue or pain, any sort of abuse and other body symptoms and health concerns.

It is also important to note that IBS patients have been found to have significant reduction in their quality of life and tend to lose more time from work.

Effect on performance and economics

These patients have a higher economic burden because of their condition because of the need to see the doctor, pay for prescriptions and time off work.

The average number of days off work for an IBS sufferer is between 8.5-21.6 days per year. Surveys have found that IBS sufferers have 20% impairment in work productivity.

These patients use more health services than the average person and end up having more surgery as well – including gall bladder removal, appendectomy, hysterectomy and back surgery.

Cause

No one really knows the exact cause of IBS but it's thought to be due to multiple factors. These include genetic, chronic stress, the person's view of the world and personality, bowel infection, and unbalanced regulation and perception of pain in the gut by the brain.

Typical sufferer

The typical IBS sufferer is a young female (age 19-29) who has just had a bowel infection and has a history of chronic stressful life events. Diagnosis of IBS

Abdominal pain typically occurs after food, can be associated with altered bowel movements and can be improved by moving the bowel. Up to 70% of patients consider their symptoms are related to food reactions.

Interestingly, conditions like premenstrual syndrome is more severe in women with IBS, and painful periods are twice as common in women with IBS. IBS symptoms are worse before a period too, especially the bloating.

Important not to miss a serious condition

What is important is not to miss a serious condition like bowel cancer. If there are no 'Alarm symptoms', then the doctor can usually make the diagnosis of IBS with confidence.

Alarm symptoms include:

- New onset of symptoms in someone over age 50
- Unintentional weight loss
- Diarrhoea in the night
- Iron deficiency anaemia
- Bloody stools
- A family history of colon cancer, celiac disease or Inflammatory bowel disease

Diagnostic testing

If the doctor is satisfied that a person's symptoms are typical of IBS and there are no alarm symptoms then the diagnosis of IBS can be made without any diagnostic tests necessary.

There is a huge list of other possible conditions that can mimic IBS below which is why a referral to a gastroenterologist can sometimes be necessary, so she may decide it's wise to check the bowel with a gastroscopy (looking inside the stomach) +/- a colonoscopy (looking inside the large bowel or colon).

Sometimes tests for Coeliac disease or lactose intolerance may need to be done.

Generally, however, Colonoscopy is not usually warranted unless the person is over 50 or there are any alarm symptoms.

Lactose intolerance occurs in 35% of IBS patients.

Treatment of IBS

Treatment of IBS needs to take many factors into account. The most important thing for the patient is to have a good working relationship with their doctor that is supportive. Mild symptoms only usually need education, reassurance and dietary adjustments – these include looking at gluten, dairy and any other dietary influences.

Moderate symptoms need a look at anything that flares up the symptoms from the point of view of stress and lifestyle factors. Medications to help can be prescribed.

Severe symptoms will need a look at everything possible that can help and this may end up including a referral to the local pain clinic.

Diet

Up to 70% of [patients feel that diet has a role in their symptoms. The things that have helped patients have included:

- Small meals
- Avoidance of fatty foods
- Increasing fibre – but not gluten containing fibre
- Avoiding milk products
- Avoiding carbohydrates
- Avoiding caffeine
- Avoiding alcohol
- Avoiding high protein foods e.g. meats

Its worth avoiding dairy products as lactose intolerance can mimic IBS. A food diary can be helpful in identifying offending foods.

Fructose intolerance can also cause IBS. Fructose is found in three forms:

1. free fructose in fruits
2. as a component of the disaccharide sucrose (sugar)
3. As fructans, a polymer of fructose eg in vegetables

When fructose is not completely absorbed in the small intestine and reaches the colon, it is fermented by bacteria and this causes diarrhoea increased gas.

Treatments for constipation

Fibre and bulking agents like psyllium are used first of all for constipation. Laxatives that draw water into the bowel like lactulose.

Treatments for Diarrhoea

Loperamide causes a slowing of transit of colon contents, thus increasing the solidification of the stool.

Other medications

Antispasmodic drugs can be used to counter the spasm of smooth muscle in the bowel. Tricyclic antidepressants influence pain perception in the central nervous system from the gut. They also slow transit of bowel contents as well as having an antihistamine effect. Tricyclic antidepressants may help associated conditions like anxiety and depression.

There is not enough evidence to support SSRI's like fluoxetine for IBS but they can be used for general support.

Psychological and behavioural therapy

Cognitive Behavioural therapy, dynamic psychotherapy and stress management all reduce the symptoms of IBS..

A specific form of hypnotherapy directed at the gut is called Gut directed hypnotherapy and has been found to work for abdominal pain and distension, general well-being and bowel habit.

Probiotics as a treatment for IBS

Probiotics have been defined by the World Health Organization as "Live microorganisms which when administered in adequate amounts confer a health benefit on the host."

There have been many scientific trials on various probiotics for their benefits. The general consensus is that they are very helpful.

Probiotics for overall IBS symptoms – look for these or combinations of these.

- Bifidobacterium infantis 35624
- Bifidobacterium bifidum MIMbb75 – a significant improvement in quality of life scores
- Lactobacillus plantarum 299V – 95% improvement in one trial
- Streptococcus faecium – 81 %
- VSL#3 – 90% improvement

A number of theories exist about how scientists think probiotics help in the case of IBS. One is that they restore the disturbed bowel flora. Another is that they influence the immune system in some way – some have influenced inflammation and the function of the autonomic nervous system. Some may work to improve the large bowel wall lining's resistance to being broken down (barrier function). In reality, the way probiotics work is likely to be multifunctional.

Acupuncture

Studies are currently inconclusive.

Herbal therapies

More high quality studies are needed to confirm the suspicion that some therapies are useful. Brahmi, an ayurvedic herb may be useful in helping the diarrhoea predominant IBS. Peppermint oil can be useful for muscle spasm, abdominal pain and bloating and stool frequency. Aloe Vera may be useful for Diarrhoea predominant IBS. Other useful herbs may include Globe artichoke and Valerian.

In summary, people with IBS should look at their diet and stress levels. There are many avenues of help from your family doctor in terms of medications. If you would like to try something natural, then consider probiotics as well.