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Irritable Bowel Syndrome (IBS)

IBS is a chronic abdominal pain disorder that is associated with a change in the pattern of bowel movements. IBS is no longer thought to be just a disorder of the intestines, but is now considered to be gut–brain interaction disorder. The brain-gut axis describes the communication between the brain and the digestive tract and its normal function is to regulate digestion and links emotional and cognitive (intellectual) centers of the brain with the function of the intestinal tract. Patients with IBS have a disruption in this interaction of the brain-gut axis. This results in abnormal gut motility and hypersensitivity of the intestine, resulting in pain with constipation, diarrhea or both.

Symptoms

Chronic or recurring pain or discomfort in the abdomen is the cardinal symptom of IBS. The pain is associated with abnormal bowel movements (either constipation or diarrhea or more or less frequent stools). The pain can be either relieved or worsened by having a bowel movement. The abdominal pain is often described as crampy, sharp, dull, gas-like. There are usually more symptoms after a meal or with stress. IBS is more common in women and many times it can co-exist with other chronic pain conditions such as bladder pain, vulvodynia, fibromyalgia, chronic fatigue, chronic headache, low back pain, or endometriosis. In some patients, IBS pain can be debilitating resulting in disability, anxiety, depression, sleep disturbance, pain with intercourse, and sexual dysfunction.

Main causes of IBS

The exact cause of irritable bowel syndrome is currently unknown but is related to problems with digestion and increased sensitivity of the gut. Problems digesting certain foods, stress and anxiety, hormonal changes, changes in the bacteria in the gut, and problems with the way signals are sent between the brain and the digestive tract have all reported as potential causes of IBS.

Treatment

Because IBS can have multiple causes, an integrative approach to pain management is recommended. Avoiding foods that trigger IBS and eating smaller meals can help manage the symptoms. Also, adding fiber to the diet if constipation is associated with IBS symptoms can help, but some people have more symptoms with increase in dietary fiber. Both can be tried. Some persons do well on a low-FODMAP diet which avoids certain types of food sugars and can be discussed with your doctor. Stress management and very important as stress is known to exacerbate the pain of IBS. Cognitive behavioral therapy, yoga and mindfulness-based meditation can reduce abdominal discomfort and the psychological distress associated with IBS symptoms, improve coping skills, and help patients adapt to their symptoms. In persons with generalized pelvic pain, sexual pain and chronic constipation, physical therapy may be effective in reducing symptoms and improving bowel function. Several medications are approved by the FDA to treat IBS related constipation (Linaclotide and Lubiprostone) or diarrhea (Rifaximin, Eluxadilone and Alosetron Hydrochloride). Some patients also benefit from antidepressants and antispasmodics when the abdominal pain is more severe. Probiotics can also be used to help balance out the digestive system although their benefit in IBS patients is still being researched. For more information on Irritable Bowel Syndrome visit: www.gastro.org or www.aboutibs.org