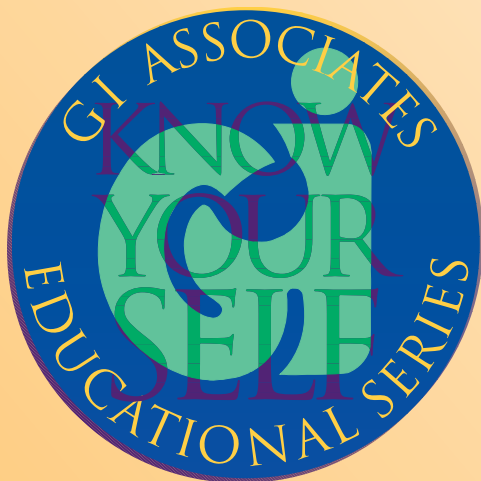


# Irritable Bowel Syndrome



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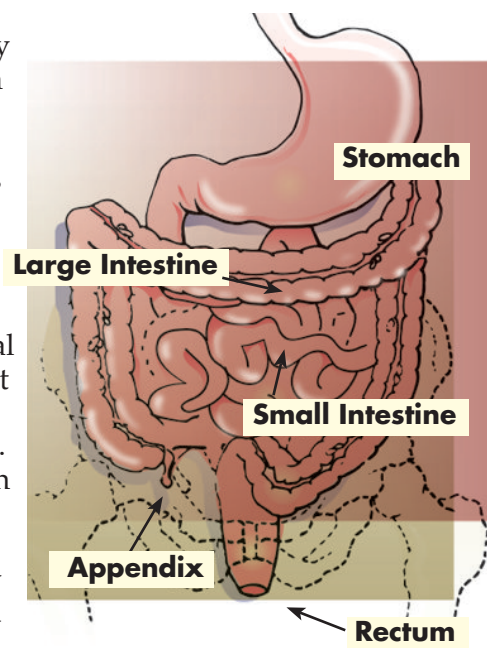
# Irritable Bowel Syndrome (IBS)

*Irritable bowel syndrome (IBS)* is just what the name implies — a bowel that is irritable! What does the bowel do when irritated? It behaves in a *disorderly* manner and may cause you considerable distress!

IBS is one of the most common gastrointestinal problems seen by gastroenterologists, affecting about 20% of the adult population. It affects more women than men, is usually first noticed in young adulthood, and seldom begins after age 50.

IBS is a *syndrome*, a pattern of gastrointestinal symptoms that affects the digestive tract. When a person has IBS, the intestinal system simply does not work in a normal, orderly fashion. Other names for IBS that you may have heard are *nervous stomach*, *irritable bowel*, *unstable colon*, *spastic colon*, *spastic bowel*, *colonic spasm*, *nervous gut*, *mucous colitis*, *spastic colitis* or *simply colitis*.

IBS is not related to the more serious *inflammatory bowel disease (IBD)*, even though the names seem similar. And IBS does not lead to *inflammatory bowel disease* or *ulcerative colitis*, as far as we know.



## What causes it?

No one fully understands what causes irritable bowel syndrome. In the past, since no true cause of IBS had been found, IBS was thought to be caused by stress of “nerves”, and at times, just not taken very seriously. But, extensive study of the problem has found that those persons with IBS have colon tissue that is normally more sensitive, that responds more strongly to stimuli.

### The Role Of **STRESS**

Often IBS symptoms are not related to stress at all. But, we know that the symptoms of IBS may be worsened by stress in some individuals. Everyone has a different tolerance level for stress.

## What is normal or orderly bowel function?

Normally, the amount of time needed for food to pass through the entire GI tract is about three days. That period of time is known as *transit time*, which varies a lot from person to person.

**The digestive process itself is a combination of mechanical and chemical processing that occurs all along the digestive tract.**

The digestive process itself is a combination of mechanical and chemical processing that occurs all along the digestive tract. The actual movement of food through the GI tract is helped by continuous waves of muscular contractions known as *peristalsis*.

Food enters the digestive system through the mouth, where it is chewed and mixed with saliva. It then enters the *esophagus*, which is the tube

leading from the mouth to the stomach. While in the stomach, the food is further processed, both mechanically (by a churning motion) and chemically (by digestive juices that are present in the stomach).

The contents of the stomach then empty into the *small intestines* where nutrients are absorbed through the intestinal wall into the blood stream. The remaining material passes into the *colon*, where liquids are absorbed from the waste matter, making it drier and more solid.

As the waste continues on through the colon, liquids continue to be absorbed until waste is passed from the body through the *rectum* and *anus*.

## Is IBS a problem of motility?

*Motility* is a term used to describe the natural rate at which food moves through the digestive system (as described in the preceding section). Motility is very complex — we are just now beginning to understand all the factors that affect motility rate. We know that hormones, nerves, and electrical impulses control colon muscle. The electrical activity in the colon is similar to the electrical impulses in the heart. In addition, motility can be affected by the type of food you eat, how much food you eat, how fast you eat and stress.

If food moves through the system too fast, liquid does not have time to be absorbed in the colon, so stool is loose and more liquid. If food moves too slowly through the colon, too much liquid is absorbed and constipation is the result. The rate at which food moves can also cause gas, cramping and pain.

***Motility***  
is a term used to describe the natural rate at which food moves through the digestive system.

# What are the symptoms of IBS?

A person with IBS may have one or many of the symptoms listed below. Often they occur in a pattern and may have been present for a long time.

Symptoms may be mildly uncomfortable to extremely painful. Sometimes symptoms do not interfere with daily activities or the symptoms may disrupt life in a major way.

## **Abdominal pain**

- That may get better after having a bowel movement or expelling gas
- That is usually experienced low and on the left side of the abdomen, but may be located in other areas.
- May be dull or sharp, steady or cramp-like.

## **Diarrhea**

- Looser and/or more frequent bowel movements
- With or without pain

## **Constipation**

- With or without pain
- May alternate with diarrhea

## **Bloating or a swollen-feeling abdomen**

- Belching when trying to relieve feelings of excess gas.

- A sensation of fullness, even after a bowel movement.

## **Mucus in bowel movements**

- With an appearance that is clear and slimy
- May be present in small amounts or coat all of the stool

## **Heartburn**

- Regurgitation of stomach contents into the esophagus caused by abdominal tension and discomfort.

## **Emotional distress**

- Symptoms can be disruptive to life
- The same stresses that cause IBS may also cause emotional distress

## How is IBS diagnosed?

Because the symptoms of IBS are very much like symptoms of more serious diseases, diagnosis involves many different tests to rule out life-threatening problems. Also, it is very important to describe your symptoms carefully to your gastroenterologist, so that he or she will have an accurate description.

Diagnosis will be based on your history, a physical examination, blood tests, and stool samples to check for the presence of blood (*fecal occult blood*). Based on those results, additional tests may be ordered. Additionally, a *colonoscopy* may be ordered so that your gastroenterologist can actually view the inside of your colon.

## What is the treatment for IBS

It will be reassuring for you to know you have IBS and not a more serious illness. After a diagnosis has been made, treatment is based on relieving your symptoms so that you can enjoy life to the fullest. Treatment may include medication, changes in diet and modifying lifestyle to reduce stress (if that seems to be a factor). Working with you as a team, your gastroenterologist will develop a treatment plan that works for you and may include one or more of the options listed below.

### Medication

Your gastroenterologist may recommend medication to help minimize your symptoms. It may be recommended only as needed for flare-ups or for regular use until you get better. Although medication can not cure IBS,



many times it will help control symptoms. Some of the medications often helpful for IBS include:

- *Anticholinergics*: Such as *atropine* and *belladonna* act by blocking the nerves that cause the contractions within the intestines.
- *Antispasmodics*: Such as *Bentyl* and *Levsin* also block nerve activity that causes GI muscle contractions/spasms.
- *Prokinetics*: Such as *Reglan* help regulate muscle activity in parts of the GI tract.
- *Bulk agents*: Such as *Citrucil*, *Metamucil*, and *Benefiber* may be helpful to relieve constipation.
- *Antidiarrheals*: Such as *Lomotil* and *Imodium*, may be prescribed to control diarrhea.
- *Antidepressants* and *Mood-elevators*: Such as *Elavil* and *Prozac* may be helpful in a limited number of patients who don't improve with the treatments described above. Recent studies suggest that the medications *Paxil* and *Zoloft* help even in IBS patients who are not depressed.

## Diet

- Provide regular mealtimes for yourself that allow you to enjoy eating slowly and to avoid gulping food and swallowing air. It is helpful to avoid eating in the car, when you are distracted, hurried and trying to avoid traffic.



- Usually it is not necessary to eliminate foods from your diet, unless you know that they cause symptoms. For instance, many people have an intolerance for lactose found in milk and other dairy products. If you know that you are sensitive to a particular food or food group, avoid it.
- Avoid chewing gum and carbonated beverages, since they are likely to increase gas.
- Avoid caffeine, and nicotine (in any form of tobacco), which act as stimulants to bowel muscle.
- Some people may find it helpful to avoid beer, wine, liquor and other alcoholic beverages. Such beverages may act as irritants and may worsen symptoms.



### *Lifestyle Change*

- Exercise, relaxation techniques, and additional sleep / rest are a few lifestyle changes that may help those with IBS. Some people benefit by simplifying their lives and reducing stress. Rethinking priorities and making needed changes will help control symptoms. Often friends and family can help, and in extreme cases, psychotherapy may also be useful to deal with more difficult issues. Your gastroenterologist can refer you to a qualified mental health professional.



## **Will I always have IBS?**

Flare-ups of IBS are quite common and may be related to many different things, as mentioned earlier. Although it is thought that as many as 75% of those with IBS do not seek medical advice, sound medical care is important to those whose lives are disrupted by symptoms!

And, because the symptoms of IBS can be the same as symptoms of more serious illnesses, symptoms that persist should be carefully diagnosed to rule out life-threatening problems.

Working with your gastroenterologist, a plan uniquely designed for you can be developed so that you can live without much disruption from IBS.

*The information contained in this brochure is intended as an educational tool, not as a substitute for medical care when needed.*