

“Live Healthy and Be Well”

Dealing with IBS: Irritable Bowel Syndrome

--Stephen Jarrard, MD, FACS

The month of April is National IBS Awareness Month. Irritable Bowel Syndrome (IBS) is a very common diagnosis which is not fatal or life threatening, but limits the joy and quality of life of many adults. It is a cause of chronic discomfort, pain, fatigue, and bloating. It contributes to work absenteeism, and thus has a high “social cost.” It may also pre-dispose to depression. It is estimated that 1 in every 8 to 10 adults suffers from some symptoms of IBS, which has also been called “spastic colon” in the past. IBS may be classified as “diarrhea prevalent,” “constipation prevalent,” or a condition in which the two conditions alternate. As it is a functional bowel disorder, versus an organic one, there is no known cause for the condition. It should be distinguished from IBD, *inflammatory bowel disease*, which is much more serious and often requires surgery or chemotherapy treatments. But, this is not to downplay the seriousness of IBS – just talk to someone who puts up with it on a daily basis and they will tell you how much it affects their lifestyle!

The primary symptoms of IBS are abdominal pain or discomfort in association with frequent diarrhea or constipation, and a non-regularity of bowel habits. There may also be urgency for bowel movements, a feeling of incomplete evacuation, and bloating with abdominal distention. In some cases, the symptoms are relieved by bowel movements. Those with IBS may feel the need to have a bowel movement very quickly after eating, which is a result of food transiting your body faster than it can be properly absorbed for good nutrition. People with IBS, more commonly than others, have acid reflux, symptoms relating to chronic fatigue syndrome, fibromyalgia, headaches, backaches, and may tend to experience depression and anxiety. There is no doubt that stress plays a role in IBS, it may contribute to the cause, but most certainly can make existing symptoms worse, or lead to a flare up of the condition if you already have it.

As stated above, the cause of IBS is unknown, but several hypotheses have been proposed. The risk of developing IBS seems to increase greatly after acute gastrointestinal infection. Other risk factors are young age, prolonged fever, anxiety, and depression. Publications suggesting a problem between the brain’s connections to the gut and the role of stress and anxiety in IBS appeared in the 1990s. Thus, it is thought that several psychological factors, such as amount of stress and anxiety in your life, and the way you deal with those stressors, may have a significant impact on IBS.

There is no specific laboratory or imaging test that can be performed to diagnose irritable bowel syndrome. An accurate diagnosis of IBS involves excluding conditions that produce IBS-like symptoms, and then following a procedure to categorize the symptoms. Ruling out such things as

infections by parasites, lactose intolerance, small intestinal bacterial overgrowth (such as after a course of antibiotics given for some other condition), and allergy/sensitivity to gluten is recommended for all patients before a diagnosis of irritable bowel syndrome is finalized. In patients over 50 years old it is recommended that they undergo a screening colonoscopy, as well. It is important to rule out some of these other conditions, such as H. pylori infection, which can cause very similar symptoms as IBS, because it is easily treated with a short course of medicines. For that reason, IBS is often considered a “*diagnosis of exclusion*,” meaning it is the condition left after other things are ruled out. Only then do most doctors feel comfortable labeling it IBS, so as not to miss something else that might be more serious but also more treatable.

While IBS is not as easily treatable as some conditions, it is manageable and there are several ways to get the symptoms under control and try to regain your quality of life! Many people find that modifying their diet helps a great deal. If there are foods you know you don’t do well with, then avoid or limit those. Supplemental fiber has also been found to help people with IBS. This would be “Metamucil” (or generic) type products. If you tend to have diarrhea type IBS, this tends to help produce formed stool. If you tend to be constipated, it can act to soften your stool and make it more regular. Either way, fiber supplementation may help you. There are some medicines that seem to help, mainly anti-spasmodic, but you really need to see your provider before you start any of these to make sure you get the right fit.

If you have IBS, you may notice that it flares in times of high stress, so limiting tension in your life can help to keep your IBS under control. Probiotics, which help to keep your gut in a healthy balance, have been found to help a lot of people who suffer from IBS. Ideally, you would need a minimum of 10 billion beneficial bacteria a day. Some brands of yogurt are made with active colonies of these beneficial bacteria and may help you alleviate symptoms. Finally, there is some evidence that enteric coated peppermint oil may help ease the symptoms of IBS for many people. If you try this, do not chew or break the coating on the capsules, as they are not designed to be taken that way, and may worsen your reflux or cause stomach upset if that happens. More research is being done all the time to try and find out more about the causes and find better treatments.

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