

What You Should Know About Irritable Bowel Syndrome

Irritable bowel syndrome (IBS) is a common problem, and as many as two out of every 10 people in the United States suffer from this disorder. Most people with IBS develop symptoms between the ages of 24 and 65, and women are two to four times more likely to be affected by the condition than men. In the past few years, medical science has discovered more about IBS, including why it occurs and how it can be treated. You may also have heard IBS referred to as spastic colon, mucous colitis, spastic colitis, nervous stomach, or irritable colon.

What Is Irritable Bowel Syndrome?

To understand IBS, first you should know that the word “bowel” in IBS refers to the lower (large) intestine—the part of your body where stool is formed, water is absorbed, and mucus and fluid are secreted before the stool is excreted. The term “syndrome” refers to a collection of symptoms associated with the condition.

To accurately diagnose IBS, your health care provider will rely on your report of symptoms. The most common symptom, experienced by well over half of the people with IBS, is abdominal pain or discomfort that is relieved by a bowel movement. Women with IBS have abdominal pain or discomfort with at least two of the following three features occurring for at least 12 weeks, either on-and-off or continuously:

- Relief of pain and discomfort after having a bowel movement
- Having a bowel movement either more often or less often than is typical for an individual
- A change in stool appearance—for example, developing very loose stools when stools were previously formed, or developing hard, dry, pellet-like stools.

Along with the above characteristics, other symptoms that could alert your health care provider that you might have IBS are:

- Having a bowel movement unusually often (more than three times a day) or very infrequently (less than three times a week)
- Abnormally formed stools, such as loose and watery or hard and dry
- Unusual difficulty passing stools, such as needing to strain, having an urgent need to move your bowels, or feeling that stool remains in your bowel after a bowel movement
- Passage of mucus during a bowel movement
- Stomach bloating.

Depending on the pattern of bowel movements, IBS can be classified as IBS with diarrhea (IBS-D), IBS with

constipation (IBS-C), and IBS with alternating diarrhea and constipation (IBS-A). However, many women experience more than one type of IBS at various times in their lives.

There are no diagnostic tests for IBS, but if your health history and physical exam suggest that you may have other problems (e.g., if you have lost 10 pounds or more without explanation, or if you are anemic or have a family history of colon or rectal cancer) your health care provider may order x-rays, a colonoscopy, or additional tests to check for other bowel problems. Irritable bowel syndrome itself is not known to be related to colon cancer.

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What Causes Irritable Bowel Syndrome?

Scientists have found at least three changes in the bowel that contribute to IBS. One problem is lack of coordination of the muscles that move stool through the bowel and abnormalities in the nerves that control this movement. In IBS, stool may move unusually slow-

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ly, resulting in constipation; or, it may move quickly, resulting in diarrhea and the urgent need for a bowel movement. A second problem seems to be overly sensitive pain-sensing nerves; for example, these nerves send pain signals in response to things that do not ordinarily hurt, causing feelings of abdominal pain or discomfort. A third problem is a change in mucus and fluid production, resulting in watery or mucus-containing stools.

In addition to the above, you may have heard of a substance called serotonin, which acts in many places in the body and produces feelings of well-being in the brain. Most of the body's serotonin is made and stored in the bowel. It influences how often and how intensely the bowel contracts and relaxes, and it stimulates the nerve endings to feel pain and the bowel wall to produce mucus and fluid. Because serotonin is linked to IBS symptoms, a logical approach to treatment is using medication to change serotonin action in the bowel.

Moreover, it is important to remember that the symptoms of IBS are not imaginary, and that the condition is not caused by stress. However, the effects IBS may have on your life can cause you to feel anxious, and in some women, high stress levels can make symptoms of IBS worse.

Treating Irritable Bowel Syndrome

You may not need or want any treatment for IBS. For some women, getting a diagnosis, understanding what is happening, and making some life-style adjustments enables them to live with this chronic condition. Women with moderate to severe symptoms that interfere with their lives may need medical treatment.

In the past, IBS treatment focused on controlling a single symptom, and many women were less than satisfied with the results of this approach. In

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treating IBS today, you and your health care provider should aim to provide relief of all your IBS symptoms and to improve your sense of well-being and ability to function. Two newer medications seem to offer the most scientific basis for treating IBS. Each of these medications works by decreasing the amount of a specific type of serotonin that influences how your bowel works.

Alosetron works by affecting the nerves in the bowel so they don't send pain signals as readily, and slowing the passage of stool, controlling abdominal pain, and relieving diarrhea. It is helpful for women with IBS-D. This drug was available briefly in the United States a few years ago, but was withdrawn because a small number of people developed a serious bowel inflammation while using it. The drug became available again in 2002 and is useful for women with severe IBS-D who have had symptoms for 6 months or more, have not improved with other treatment, and have no other bowel problems. Your health care provider is required to participate in a special program in order to prescribe this drug safely.

Another drug, tegaserod, improves the way the small and large bowel move stool along, relieving constipation, abdominal pain, bloating, and the need to strain to have a bowel movement. Most women have no side effects from this medication; a few, however, may develop temporary diarrhea which resolves on its own.

Tegaserod is useful for treating IBS-C.

In addition to, or instead of, using medications, behavioral therapy, such as relaxation techniques, biofeedback, and hypnosis, help some women, although there are not many studies to prove this. If you prefer alternative therapies to taking medications, ask your health care provider for a referral to an experienced therapist. Check out the cost of the therapy, which may not be covered by health insurance, and ask how soon you can expect improvement.

Some women find that dietary changes control their IBS symptoms. Try keeping a food/symptom diary, in which you write down everything you eat to see if specific foods affect your symptoms. Eating four or five small meals daily, rather than three larger ones, may decrease pain and bloating. Consulting a nutrition specialist experienced in IBS also can be useful.

Some women also find stress management helpful, especially if stress makes their IBS symptoms worse. Relaxation techniques, regular exercise, yoga, meditation, massage, visiting with friends, listening to music, or other stress relieving measures can prove beneficial for most women, even if they don't have IBS.

With proper diagnosis and treatment, you should be able to control your IBS symptoms and lessen the effect of this chronic disease on your life.

Resources

International Foundation for Functional Gastrointestinal Disorders, Inc.

<http://www.aboutibs.org>

National Institute of Diabetes and Digestive and Kidney Diseases

<http://www.niddk.nih.gov>