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Gut Reactions – Topics in Functional Gastrointestinal Disease

Irritable Bowel Syndrome: Does It Cause Other Disease?

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Irritable Bowel Syndrome: Does It Cause Other Disease?

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There are many discussions of the plausible causes of irritable bowel syndrome (IBS), but the question of whether IBS causes other diseases receives less attention. It is a further paradox that we know little about the cause of IBS, yet can be confident that it causes no serious intestinal disease. The syndrome can be very troublesome and disruptive, but it is incorrect to blame it for structural gut diseases. (Table 1).

Table 1
GUT DISEASES THAT HAVE BEEN ERRONEOUSLY BLAMED ON IBS

Colon Cancer
Diverticular Disease
Inflammatory Bowel Disease
Celiac Disease
Other Functional Gastrointestinal Disorders

Common Causes of Concern

Several observations might cause you to be concerned that IBS could expose you to the risk of other diseases.

1. If you have IBS and develop another more serious disorder, it is natural for you to think that one may have caused the other. Such coincidences occur from time to time, but anecdotes count for little in medical science. IBS occurs in the lifetimes of at least a quarter of humanity, and those experiencing the syndrome are not immune to other afflictions.

2. IBS symptoms draw attention to the intestines and it is natural to be concerned that other diseases might ensue. While abdominal pain, diarrhea, or constipation do occur in many serious diseases, their pattern of interaction with each other and the absence of more alarming symptoms are characteristic of IBS.

3. The medical literature and popular press sometimes report associations of IBS with other conditions. However, association does not imply causation. Several

diseases may occur in people with IBS, because like IBS they are common in a particular society or population. Were the associations to be constant in all IBS populations, a common cause might be suspected, but that is not the case. Moreover, many of the reported associations are subject to bias; that is, they arise in academic centers, ethnic groups, or geographic areas where certain diseases may be especially common. Thus, IBS neither puts a person at risk for a serious gut disease, nor imparts immunity.

Other GI Diseases Wrongly Blamed on IBS

Colon Cancer

While IBS is itself distressful, many people consult doctors because of fear that their symptoms might mean they have cancer. Sometimes doctors fail to recognize this fear so, if you have such concerns, it is wise to ask your doctor outright. Usually the doctor can promptly reassure you that your symptoms are not those of malignant disease. Depending upon your age, family history, and symptoms, your doctor can confirm that you are free of cancer with one or two tests. Moreover, your physician can assure you that there is no evidence that having IBS predisposes you to future cancer. While both IBS and colon cancer are common in Western countries, the latter is rare in many Asian countries where IBS seems equally prevalent. Thus, the two diseases are unrelated, and probably share no common cause.

Nevertheless, colon cancer is one of the most common cancers in Europe and America and a leading cause of death. The risk of acquiring it cannot be taken lightly whether you have IBS or not. If you have a first-degree relative with colon cancer you should discuss having a colonoscopy with your doctor. Many cancer and gastroenterology societies are now suggesting that entire Western populations should have a single colonoscopy (or other screening procedure) at about age 50 to discover and remove any colon polyps. Since a few polyps become cancer, and almost all colon cancers begin with polyps, such screening would greatly reduce the incidence of colon cancer and save many lives. In future, techniques

such as genetic testing or virtual colonoscopy (an advanced imaging technique) may make such screening less invasive and more practical.

The risk of cancer is slight in the twenties and thirties when IBS usually begins, but doctors are alert to warning signs such as rectal bleeding or an abdominal mass, which are not symptoms of IBS. Nevertheless, most rectal bleeding is not due to cancer, and in a young person an abdominal mass is more likely to be due to a non-malignant process such as inflammatory bowel disease. Prompt investigation will reveal the truth.

Diverticular Disease

Over half the elderly populations of Western countries have small pockets in their colons known as diverticula. (See *Diverticula, diverticulosis, diverticulitis: what's the difference*. IFFGD Fact Sheet No. 169.) However, these cause no symptoms and most people who have diverticula are unaware of them. In a very few cases, these pockets may bleed, or become infected (diverticulitis) resulting in a serious illness. However, for most people they are inconsequential. While IBS is a worldwide phenomenon, diverticular disease is uncommon in Asian and African people, perhaps because their relatively high-fiber diet protects them.

Many years ago, my colleagues and I interviewed 97 patients about to have a barium enema (x-ray examination of the colon). About one-third had diverticular disease on the x-ray, yet the symptoms of IBS were equally present in those with and without the diverticula. These and other data suggest no relationship between IBS and diverticular disease.

Thus, IBS symptoms are not caused by diverticula, and do not predispose one to diverticula or diverticulitis. When these two common diseases occur in the same person, it is a coincidence.

Inflammatory Bowel Disease (IBD)

There are reports of IBD (ulcerative colitis or Crohn's disease) being "finally diagnosed" after years of suffering from symptoms that were blamed on IBS. While IBD with abdominal pain and diarrhea may not always be immediately recognized, in such reports it is

more likely that IBS was indeed present and that IBD intervened later. IBS is much more common than IBD, and it is not uncommon for IBD patients to also have symptoms caused by IBS before, during, and after episodes of their colitis or Crohn's disease.

Indeed, in managing IBD it is sometimes difficult to distinguish symptoms of inflammation that require drugs with important side effects, from IBS symptoms that do not require them. Nevertheless, like cancer and diverticular disease, there is no evidence that IBS predisposes you to IBD. While IBS is common in all populations, IBD is most common in persons of Jewish and Northern European descent, and relatively uncommon in persons of African and Asian descent. [See Jaffin, BW. *Clinical Features and Treatments of Inflammatory Bowel Disease (IBD) - An Update*. IFFGD. Fact Sheet No. 126.]

Celiac Disease

Doctors in the north of England and Ireland report that many patients with a diagnosis of IBS have celiac disease, a chronic small intestinal malabsorption state due to sensitivity to wheat protein. These reports are from areas where the prevalence of celiac disease is relatively high. While the data have less relevance elsewhere, they do underline your doctor's need to consider a person's ethnicity, and other personal characteristics when making a diagnosis. As in the above diseases, the association with IBS is likely coincidental, even in England and Ireland. Nevertheless, it would be foolish not to consider seriously a disease that is common in a community or ethnic group. As with IBD, IBS symptoms may accompany celiac disease, but no evidence supports the notion that IBS makes one prone to acquire it.

Other Functional Gastrointestinal Disorders

There are epidemiological and clinical reports of people who have IBS and another functional gut disorder such as dyspepsia or functional heartburn. These are very common conditions so they may occur in the same person. However, functional disorders are different from the structural (pathological) diseases discussed above in that they can only be described by their symptoms. Symptoms lack the precision of pathology (examination of tissue, x-ray, or blood test),

and it may be that symptom-defined functional gut disorders are indistinct from one another. The symptoms are changeable, and IBS patients can expect to experience different gut symptoms from time to time. We do not know if having IBS makes one more prone to develop other functional gut disorders.

Other Intestinal Diseases

In developing countries, IBS can be difficult to identify among the many tropical gut infections that are endemic there. Where celiac disease is found in some regions in the developed world, tropical sprue (a chronic infectious disease resulting in malabsorption) occurs in some emerging communities. There is no reason to believe that IBS makes a person more (or less) likely to acquire these infections.

Diseases Outside the Gut

Reports frequently link IBS with non-gastrointestinal disorders such as headache, fibromyalgia, or chronic fatigue. Most of these data come from hospital clinics, so it is uncertain if the associations are true for all people with IBS. There may be a tendency of patients with several of these conditions to seek the care of several specialists. Some experts even take the view that these conditions and IBS are part of a generalized disorder that transcends organ boundaries. We certainly need to understand their relationships better. Nevertheless, most IBS patients do not have these conditions, and are probably at no greater risk of them than those without IBS.

Psychological Disorders

Depression, anxiety, panic attacks, and other psychological difficulties may accompany IBS and seem to emerge when the disorder is more severe and impairing of quality of life. However, these are a part of having any type of chronic medical disorder. While these are major sources of distress for many patients, there is no proof that they are necessarily a consequence of having IBS, or indeed that they are more likely if you have IBS. Nonetheless, particularly when more severe, adequate treatment of the symptoms and related distress is likely to improve one's well being and quality of life.

Conclusion

When diagnosing IBS, your doctor must consider other gut diseases. Other disorders may coexist with IBS. However, if you have IBS, you should feel secure that you are no more prone to other gut disorders than if you did not have the syndrome. The fact that IBS is a condition that does not shorten life or require surgery is an important perspective. It is also understandable that any chronic disorder when severe can be associated with some psychological distress and impaired quality of life. Proper medical care, personal attention to one's overall health, and the seeking of proper treatments when needed are important to achieve a successful clinical outcome.

Further Reading

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3. Sanders D, Carter MJ, Hurlstone DP, Pearce A, Ward AM, McAlindon ME, et al. Association of adult coeliac disease with irritable bowel syndrome: a case-controlled study in patients fulfilling Rome II criteria referred to secondary care. *Lancet* 2001; 358:1504-1508.
4. Thompson WG. Irritable bowel syndrome and celiac disease. *Lancet* 2002; 359 (Letter):1346-1347.

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This article is in no way intended to replace the knowledge or diagnosis of your doctor. We advise seeing a physician whenever a health problem arises requiring an expert's care.

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