



## Changes You Should Not Ignore if You Have IBS

By: W. Grant Thompson, M.D., F.R.C.P.C., Emeritus Professor of Medicine, University of Ottawa, Ontario, Canada

### At a Glance

The symptoms of irritable bowel syndrome (IBS) can be difficult to manage. You may have reoccurring episodes, which continue to interfere with normal activities well after an initial diagnosis and treatment. That can be discouraging and may cause you to worry that IBS has left you vulnerable to other conditions. However, if carefully made, the diagnosis of IBS is a safe one, and does not signify an increased risk of developing other digestive disorders or diseases.

Despite this, there are some occasions when it may be prudent for your doctor to review your symptoms and how they affect you. This article will help you identify these occasions, and offer suggestions for when to seek additional guidance from a medical professional.

### Developments of Concern

IBS does *not* cause physical damage; it does *not* increase the risk of colon cancer, inflammatory bowel disease, diverticulitis, or other gut disorders.

Nevertheless, neither does IBS protect you from acquiring these conditions.

There are rare stories of persons having been diagnosed with IBS for years, before the doctors “finally” found they had another bowel disease. This rarely implies that the original diagnosis was wrong. It more likely means that a new disease has coincidentally intervened.

Two situations provide alerts that another disease might be present:

- The presence of an “alarm” symptom
- Increased personal risk

**Alarm Symptoms** – An “alarm” symptom, sometimes also called a “red flag,” simply means a symptom *not* explained by IBS, which calls for additional investigation. These are symptoms and signs of an underlying disease that physically damages the gut. Sometimes the most alarming of such symptoms, namely bleeding, turns out to be un-alarming after all. Nonetheless, bleeding through the rectum implies a loss of integrity of the gut wall that should not be ignored. Small amounts of bright red blood usually turns out to be from a hemorrhoid or small tear (fissure) in the anal passage. Rarely, it could be due to a tumor or inflammation that requires treatment. On the other hand, large amounts of red blood or black, tarry stool (stool having the color of tar caused by bleeding in the gastrointestinal tract) calls for urgent medical attention.

Here are some typical “alarm” signs that call for special attention:

- Age of 50 or older
- Blood in the stools
- Nighttime symptoms that wake you up
- Unintentional weight loss
- Change in your typical IBS symptoms (like new and different pain)
- Recent use of antibiotics
- Family history of other GI diseases, like cancer or inflammatory bowel disease

**Increased Personal Risk** – Sometimes there is a factor in your life that may put you at greater than average risk of acquiring a serious intestinal disease. For example, if a parent or sibling has had colon cancer or even a precancerous colonic polyp, then your risk of polyps is greater than normal. Many experts feel that even those who are at average risk of colon cancer should have a colonoscopy when they reach a certain age, usually 50, since the discovery and removal of a precancerous colon polyp can prevent cancer. Inflammatory bowel disease

(ulcerative colitis and Crohn's disease) tends to occur in families. Celiac disease, where essential nutrients fail to be absorbed, has its greatest prevalence among the descendants of people born in Northern Europe. Conversely, Europeans are relatively unlikely to have lactose intolerance, where the cow's milk sugar *lactose* cannot be digested and therefore causes diarrhea.

IBS patients are as liable as anyone to suffer an intestinal infection, which may add to and confuse the symptoms. You should be suspicious of an infection if you have been traveling to the tropics or the developing world, if friends and family are infected, or if you have been exposed to a possibly contaminated drinking water supply. You should ask your doctor if these developments require further inquiry.

### **When to See your Doctor**

IBS follows an unpredictable course. Thus, there may be intervals of relative calm, interspersed with periods of pain or discomfort and chaotic bowel habit that interfere with your life. However, should the basic pattern of your bowel symptoms change in nature, or one of the situations described above occur, a visit to your doctor is in order. Sometimes a drug you are taking for another purpose or something new in your diet may be responsible for the change, and your doctor can help you determine that. Such a visit also provides your doctor with the opportunity to review your diet, exercise habits, and drug regimen, and perhaps recommend changes.

### **Putting it all Together**

IBS is long-term (chronic) and tends to repeatedly come and go over time. It does *not* predispose you to other gastrointestinal disease. However, neither does the IBS protect you from the new onset of other disease. A change in the nature rather than the frequency or severity of your symptoms may make you suspicious that something new is happening. The appearance of alarm symptoms, or the realization that you are more than normally at risk of another disease, should prompt a visit to your family doctor to review your symptoms and perhaps have certain tests. Usually, if the original diagnosis was sound, recurrent, but similar symptoms do not signify a new disease.

### **Suggested IFFGD Reading**

Chang L, Drossman DA, Norton WF. *Irritable Bowel Syndrome*. IFFGD Brochure No. 101.

Longstreth GF. *Current Approach to the Diagnosis of Irritable Bowel Syndrome*. IFFGD Fact Sheet No. 163.

Lembo AJ. *Current Pharmacologic Treatments of Irritable Bowel Syndrome*. IFFGD Fact Sheet No. 168.

Longstreth GF. *Is it IBS or Something Else?* IFFGD Fact Sheet No. 195.

Thompson WG. *Alarm Symptoms: A Cause For Alarm?* IFFGD Fact Sheet No. 196.

---

Opinions expressed are an author's own and not necessarily those of the International Foundation for Functional Gastrointestinal Disorders (IFFGD). IFFGD does not guarantee or endorse any product in this publication nor any claim made by an author and disclaims all liability relating thereto.

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.

IFFGD is a nonprofit education and research organization. Our mission is to inform, assist, and support people affected by gastrointestinal disorders. For more information, or permission to reprint this article, write to IFFGD, 700 W. Virginia St., #201, Milwaukee, WI 53204. Call toll-free (In the U.S.): 888-964-2001 or 414-964-1799. Visit our websites at: [www.iffgd.org](http://www.iffgd.org) or [www.aboutibs.org](http://www.aboutibs.org).