



Questions and Answers about Irritable Bowel Syndrome (IBS)

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What is IBS?

Irritable bowel syndrome (IBS) is a group of symptoms involving the intestines (bowels). It is a long-term disorder of gastrointestinal (GI) functioning. The symptoms of IBS can be managed so that you feel better.

What are the symptoms of IBS?

Common IBS symptoms are abdominal (belly) pain or discomfort that is related with changes in the frequency or consistency of your stool (diarrhea and/or constipation). The pain can at times be worse after eating. It may feel better by having a bowel movement.

Other common symptoms of IBS include a sensation of fullness in the belly (bloating), the need to use a restroom in a hurry, mucus (white or yellow liquid) in the stool, and the feeling of not completely passing stools. Symptoms can come and go, and even change, over time.

How is IBS diagnosed?

Certain signs and symptoms occur with IBS. The typical symptoms occur over a period of at least several months. Symptom-based criteria for IBS emphasize a positive diagnosis rather than extensive tests to rule out all other diseases. A detailed history, physical exam, and limited diagnostic tests help confirm the IBS diagnosis. More testing may be done in some situations.

How common is IBS?

IBS is the most common functional GI disorder. It affects males and females, adults and children.

What is a “functional” bowel disorder?

A functional bowel disorder occurs when there is a problem with the way the bowels work, not their structure. The body's normal activities are impaired.

What causes IBS?

The cause of IBS is not yet fully understood. Certain factors, such as genetics or prior GI infection, may put some people more at risk for IBS.

In IBS there is an altered pattern within the GI tract of muscle contraction (motility) and increased nerve sensitivity. Normal regulation of the signals between the brain and the GI tract becomes altered. This leads to changes in normal bowel function.

Is IBS a risk factor for other serious diseases?

There are no long-term organic complications associated with IBS. Once an adequate evaluation is made to diagnose IBS, people with the disorder have no greater need of preventive checkups than other people.

Can the menstrual cycle affect IBS symptoms?

Changes in the level of female hormones do appear to have an effect on GI function. Symptoms like looser stools and cramping can become worse at certain times of the cycle and may be more intense in women with IBS.

Can stress affect IBS symptoms?

Yes, and stressful events can cause a brief change in bowel habits and even abdominal pain for most people. However, this response in people with IBS is more pronounced on a repeated or long-term basis.

Do certain foods affect IBS symptoms?

This varies from person to person. Certain foods stimulate the GI tract in general, and in those with IBS eating too much of these might worsen symptoms. Your doctor or a registered dietitian can help you identify foods that are a problem for you. Also, at times altered muscle and nerve function in IBS can cause the bowel to over-respond so that even the normal digestive process may bring on symptoms.

Can bacteria affect IBS symptoms?

There are trillions of bacteria throughout the GI tract. Some help maintain normal functioning of the intestine. Others can cause infection or inflammation. When the normal balance in the intestine between beneficial and harmful bacteria is changed, it may lead to changes in the function of the GI tract and chronic GI symptoms.

How is IBS treated?

Treatment of IBS differs from person to person. The key to getting relief for IBS is to understand that IBS is a complex motility and sensory disorder. Good communication between you and your health care provider is the foundation for successful management of IBS. Working together you can achieve major improvement and control over your symptoms of IBS. Always discuss any treatment with your doctor so you understand the therapy, are aware of alternatives, know the risks as well as benefits, and know what to do if side effects occur or symptoms return.

The first line of treatment for IBS includes general measures such as establishing a relationship with a doctor familiar with IBS and learning more about IBS. Begin by exploring lifestyle changes that may be related to your symptoms. Lifestyle changes include things you have control over.

What lifestyle changes help?

If some foods worsen symptoms, reduce or avoid them. If pain occurs after eating, try eating smaller and more frequent meals. Exercise can help reduce stress levels and positively influence IBS. Having IBS is itself a stress. Learning more about IBS, communicating effectively with your health care provider, and taking an active role in your self-care can reduce that stress.

What medicines help?

Medicines to treat IBS should be used under the supervision of a physician. An antispasmodic (a drug that reduces muscle spasms) may ease meal related pain. Anti-diarrheal agents can be effective in preventing and relieving diarrhea. Laxatives can help treat constipation. These medicines may only be needed now and then.

Other medicines may need to be taken on a more long-term basis to relieve the pain and improve the changes in bowel habit. These are prescription drugs intended for specific use under a doctor's supervision. Examples include low-dose antidepressant agents and relatively newer medications that include alosetron (Lotronex) for IBS with diarrhea, and lubiprostone (Amitiza) or linaclotide (Linzess) for IBS with constipation.

If my doctor prescribed an antidepressant to treat my IBS does that mean I have a psychological disorder?

Not necessarily. In IBS low-dose antidepressants are useful because this class of drugs can help to reduce pain and also overall symptoms. For these purposes, doses are much lower than what is used to treat depression.

Do probiotics or antibiotics help?

There is some evidence that certain probiotics may help improve IBS symptoms, but some will aggravate symptoms. It's not yet always clear which variety will help or who will benefit.

A short course of the antibiotic rifaximin (Xifaxan) has been shown to help some people. Its long-term utility is still being studied.

Can psychological and behavioral therapies help?

These therapies may be helpful. For example, relaxation therapy can help promote well-being. Hypnosis and cognitive behavioral therapy (CBT), delivered by trained therapists knowledgeable about IBS, have been shown to reduce pain and other IBS symptoms in some people.

How do I best work with my health care provider?

In general, a good relationship with your health care provider is important for successful management of IBS. This means your physician will take into account your needs, help you to

identify factors that seem to influence your IBS symptoms, and work with you to develop a long-term plan to manage your symptoms.

If you are interested in being referred to another health care provider, such as a physician with special expertise in IBS, a therapist for psychological treatment, or an alternative medicine provider, you should explain this to your physician and an appropriate referral should be made.

So overall, how do I deal with IBS?

Here are some guidelines to help find what works for you.

- Try to take an active role in your own health care. Obtain educational materials from your doctor and an organization such as IFFGD to learn more about IBS and how to best manage your symptoms.
- Try to identify factors that may make your symptoms worse. Keep a daily diary for at least a week or two. Talk to your doctor or other health care provider to help sort this out.
- Use medicines to relieve or avoid onset of symptoms. Talk to your doctor to discuss which medicine may be right for your symptoms and circumstances.
- Consider non-drug treatment options to help decrease symptoms.
- Look for and address any sources of stress in your life that may impact your symptoms.
- Work together with your health care provider to design and apply a plan to manage your particular symptoms and improve your quality of life.

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