



## Functional Dyspepsia and IBS: Incidence and Characteristics

By: John Kellow, MD, FRACP, Assoc. Professor of Medicine, Univ. of Sydney, Australia and Douglas A. Drossman, MD, Professor of Medicine, Univ. of North Carolina at Chapel Hill (Dr. Kellow presents information about dyspepsia and other gastroduodenal disorders and Dr. Drossman presents information about IBS in the IFFGD Functional GI Disorders Education Program Guide)

Symptom overlap is common among several functional GI disorders. For instance, care must be taken not to confuse functional dyspepsia with other common disorders that may cause upper gastrointestinal distress, like heartburn, IBS, gastroesophageal reflux disease (GERD), functional abdominal bloating, and functional biliary disorders. This article compares two common functional GI disorders – functional dyspepsia and IBS.

Both functional dyspepsia and IBS are identified based on symptoms. Additional evaluation by your physician will normally include a physical exam to rule out other possible causes. The actual diagnosis is based on a detailed history to identify symptoms.

### Functional Dyspepsia

Functional dyspepsia is characterized by chronic or recurrent pain or discomfort centered in the upper abdomen. Unlike IBS, symptoms are not related to the process of defecation. There is no evidence of organic disease or structural or biochemical abnormality.

### Symptoms

Functional dyspepsia can be divided into three categories: ulcer-like, dysmotility-like, and unspecified. Ulcer-like dyspepsia has upper abdominal pain as its predominant symptom. This pain is accompanied by several other symptoms, including: hunger pain that is sometimes relieved by eating, pain relieved by antacids, night pain, periodic pain, and pain which may be very localized in the upper middle region of the abdomen.

Dysmotility-like dyspepsia has upper abdominal discomfort, not pain, as its predominant symptom. It is accompanied by several other symptoms, including: early feeling of having enough to eat, fullness after a meal, nausea, recurrent retching and/or vomiting, upper abdominal bloating, and upper abdominal discomfort aggravated by food.

### Incidence and Treatment

In general, dyspepsia occurs in approximately 30% of adults. About one-half of that number, or 15% overall, can be classified as having functional dyspepsia.

Functional dyspepsia may be treated with changes in diet or with medications. Although studies have not proven that dietary changes help, individual dietary experimentation may prove helpful for some. Avoiding spicy and fatty food may reduce symptoms of fullness after eating. Eating six small, low-fat meals per day may reduce early feelings of

fullness, bloating after a meal, or nausea. Avoidance of caffeine, alcohol or smoking may also help.

### Irritable Bowel Syndrome (IBS)

IBS is a functional bowel disorder (meaning there is a problem with the way the bowels work, not with their physical structure). It is defined by a group of symptoms, including abdominal pain and constipation and/or diarrhea. Bloating or distention of the abdomen is also common. Although many people without IBS experience these symptoms from time to time, in people with IBS the symptoms are chronic and recurrent.

Among the criteria for identifying IBS are symptoms that are continuous or recurrent over time – at least 3 months. They include abdominal pain or discomfort that is: relieved by defecation, and associated with a change in stool frequency and/or a change in stool consistency.

Additional symptoms that may be experienced at times include: a change in stool frequency, a change in stool form, a change in stool passage, passage of mucus, and/or bloating or abdominal distention.

### Incidence and Treatment

IBS is very common, appearing in as many as 15% to 20% of people in Western countries. Although fewer than half of those with IBS seek treatment advice from a physician, it still accounts for approximately 12% of all visits to primary care physicians and 28% of visits to gastroenterologists.

Education and changes in diet and lifestyle are often effective in managing relatively mild symptoms. A first step toward individual diet modification is to identify what foods make symptoms worse and avoid them. Avoidance of caffeine, alcohol, fatty foods, and in some cases dairy products may help. In addition to dietary and lifestyle changes, medications may be helpful for those with more severe symptoms.

---

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. Toll free: 888-964-2001. Visit our websites at: [www.iffgd.org](http://www.iffgd.org) or [www.aboutgerd.org](http://www.aboutgerd.org).