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INFORMATION ABOUT

IRRITABLE BOWEL SYNDROME

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WILL HOW OR
IF WHEN

IN ASSOCIATION WITH:

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FIGHTING GUT AND LIVER DISEASE

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IRRITABLE BOWEL SYNDROME

The Irritable Bowel Syndrome (IBS) consists of a number of symptoms. The term 'syndrome' seems quite grand but it is just the word that doctors use to describe a collection of symptoms.

The most important symptoms in IBS are abdominal pain and abnormal bowel habit. Many patients with IBS get crampy abdominal discomfort or pain, which comes and goes, and which fluctuates with bowel function (typically easing after a bowel action).

AT A GLANCE

The symptoms of IBS are:

- Colic
- Abdominal discomfort
- Stomach Bloating
- Altered bowel habit - constipation/diarrhoea

The bowel habit is often irregular – there can be diarrhoea or constipation¹ and sometimes it swings between these two extremes. Some patients may notice they need to get to a toilet in a hurry. Other symptoms vary from individual to individual but include a sensation of bloating, visible abdominal swelling, a sense of incomplete emptying of the bowels and passage of mucus (slime) from the back passage. Many patients notice that they lack energy and sleep poorly. There are often other syndromes where bodily pain is present, such as fibromyalgia, chronic back pain, non-specific urethritis².

IT IS COMMON?

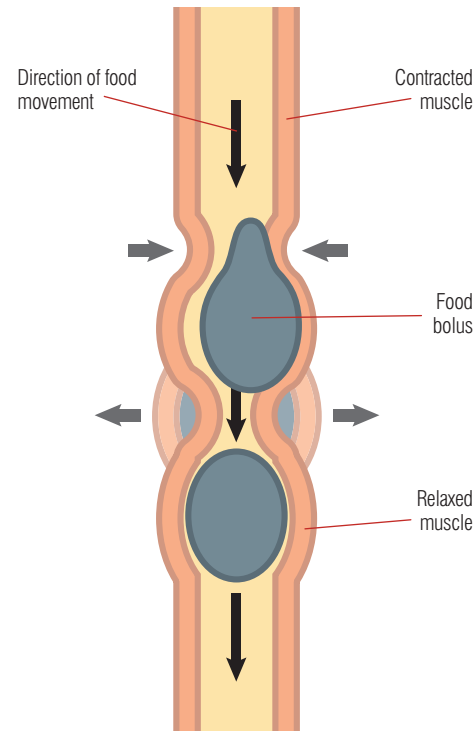
IBS is just about the most common disorder of the digestive system and up to one-third of the population³ experience symptoms from time to time. Women are slightly more affected than men and the usual age for patients to seek advice is between 20 and 40 years of age³. IBS is one of the commonest reasons for patients to visit a GP. Therefore, it is also a very frequent reason for GPs to refer patients to a hospital specialist.

WHAT CAUSES IBS?

We do not think that IBS has a single cause and there seem to be many reasons why patients develop the condition. Some people believe that stress makes their symptoms worse. In some people, eating irregularly or eating an abnormal diet may be responsible. Others notice IBS developing after they have had a bout of food poisoning or gastroenteritis⁴. Overall, there seems to be some interaction between the nervous system in the gut and brain, emotional state and the immune system of the gut⁵.

WHY IS IT PAINFUL?

During digestion, the intestine squeezes its contents along our insides towards the anus. This process (peristalsis) is usually painless and we do not realise that it is happening unless there is abnormal squeeze within the bowel or, for some reason, the intestine becomes more sensitive. These changes can be quite painful. Some patients with IBS seem to be very sensitive to the way that their intestines are moving.



ARE THERE DIFFERENT SORTS OF IBS?

Approximately one third of IBS patients suffer from bouts of constipation⁶, one third suffer from bouts of diarrhoea⁶ and most other patients don't fall in to a single pattern. The form of IBS that seems to follow gastroenteritis often leads to the diarrhoea type.

Identifying these different types of IBS is important because treatments often work quite differently depending upon whether diarrhoea or constipation is the main problem. However we do know that the pattern of bowel movements can alter over time and this means that your treatment might need to change should your symptoms vary.

ALARM SYMPTOMS

These symptoms⁷ are not usually associated with IBS but may be associated with other diseases. If you experience any of these you should see your doctor as soon as possible:

- A change in bowel habit – especially if you are over the age of 40,
- Passing blood from the back passage,
- Unintentional weight loss of more than 2 kg (4 pounds) over a short period of time,
- Diarrhoea waking you from sleep,
- Fever.

The need to see a doctor is especially important if there is a family history of bowel disease (such as cancer, colitis or Crohn's disease).

IF I SEE MY GP WHAT TESTS MIGHT I HAVE?

Your GP will want to rule out other diseases, but will probably be able to make a diagnosis based on the symptoms that you describe. On occasions it may be necessary to do simple blood tests to rule out anaemia, to ensure the liver, kidneys and thyroid gland are working properly and to exclude any evidence of inflammation within the bowel.

You might also have a blood test to look for Coeliac disease. Increasingly stool tests are being done, both to look for infection and to help exclude other bowel disease (a test called faecal calprotectin⁸). If there is any doubt, your GP may want to refer you to hospital for further assessment.

HOW CAN I HELP MYSELF?

A healthy lifestyle may improve symptoms. Particular care should be given to your eating habits and to develop a regular routine for opening your bowels. You may find that particular foods⁹ trigger an attack of pain. Keeping a food diary together with a record of bowel symptoms may be helpful since you might be able to see which foods cause the most problems or whether there is some other pattern. Foods, which commonly cause abdominal upset, include wheat products, dairy products, onions, nuts and caffeine-containing drinks such as coffee, tea and cola. Some patients cannot digest lactose (which is the sugar in milk) and so develop wind and diarrhoea after taking large amounts of milk or dairy products, which can include cream, cheese, yoghurt and chocolate.

WHAT TREATMENTS MIGHT I BE OFFERED?

If a dietary cause is suspected your GP may be able to give you some advice on what to eat or may suggest that you see a dietician to identify and avoid foods that upset you. You may be asked to leave out particular sorts of foods from your diet, such as wheat, to see whether this aids symptoms. Alternatively it might be suggested that you try an 'exclusion diet', where a number of different foods which commonly upset patients with IBS are excluded from the diet. If your symptoms improve, individual items can then be added back into your diet until the specific food or foods that seem to upset you are identified.

If constipation is the main problem then bulking agents such as natural bran, bran-containing cereals and ispaghula husk (a natural laxative) are helpful.

DRUG THERAPY

Drugs to reduce bowel spasm have been used for many years. They are generally very safe and often worth trying. They are mostly available without a prescription and your pharmacist will be happy to advise you. Unfortunately they only benefit a relatively small number of patients. If constipation is your main problem, laxatives either prescribed by your GP or from the pharmacist, will be useful. Some patients benefit from treatment with peppermint oil or other over-the-counter medicines.

As we begin to learn more about how our intestines work, new drugs are being developed, some of which may help patients whose main symptom is diarrhoea and others who tend to be constipated

Some of these newer agents are not yet available to doctors to prescribe but it does seem likely that a wider range of treatments will be available to patients with IBS in the near future. Some patients find probiotics¹⁰ very helpful, but there is no specific prescribed preparation – it is rather a question of trial and error at the moment.

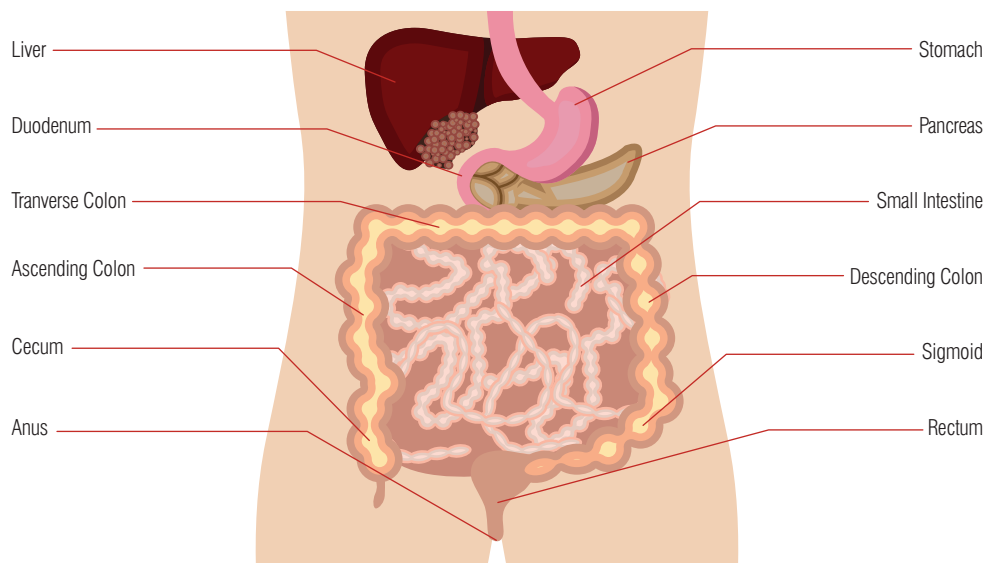
Sometimes when pain is a major problem, small doses of drugs, which are used as antidepressants – such as amitriptyline – can be helpful. These can be useful in patients who have no signs of depression. There are also new classes of drugs¹⁰ that may be used if simpler treatments do not succeed.

WHAT OTHER TREATMENTS ARE AVAILABLE?

Hypnotherapy and relaxation therapy have been tried¹¹ and both have been shown to be effective. Hypnotherapy can be obtained through approved therapists who should be members of the British Medical Hypnotherapy Association. Your GP may advise on counselling, and some specialists believe that a psychological treatment called Cognitive Behavioural Therapy (CBT) can be useful.

ARE THERE ALTERNATIVE THERAPIES?

There are indeed many alternative therapies, although none of them has been very carefully assessed in the manner that doctors use to ensure that their treatments are indeed effective. Some patients certainly find that herbal remedies can be helpful but at present there isn't enough evidence to be sure about this. Aromatherapy and other forms of relaxation can help to relax you, but again we do not know whether they truly improve bowel symptoms. Many doctors are wary of recommending what they see as unorthodox or unproven treatments although few will object if you wish to try alternative medicines.



WHAT RESEARCH IS NEEDED?

The most important question for researchers in IBS is to find out what causes the condition. Knowing this will enable more rational and more effective treatments to be developed. As more and more is revealed about the causes of IBS, it is likely that different patterns of symptoms that patients describe will require differing approaches to treatment. In addition, we need to know more about the mechanism by which specific foods cause IBS as well as how psychological factors can unsettle our insides, as this can improve the outlook of patients. Better understanding of the interaction between gut bacteria and bowel muscle and nerve function is important to understand how the gut works as well as identify potential treatments.

WHERE CAN I GO TO GET SUPPORT TO HELP ME MANAGE MY IBS SYMPTOMS?

The IBS Network provides a unique self-care plan to support people who suffer with irritable bowel syndrome. The plan is available on-line at www.theibsnetwork.org.uk to work through at home, or via your IBS self help group. The Charity offers a telephone helpline 0114 272 32 53 serviced by trained nurses and an email professional response service and 'can't wait' cards for members to gain access to public toilet facilities. Their quarterly magazine provides news and information including research updates. There is also a monthly newsletter that contains recipes.

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