

# What You Should Know About Irritable Bowel Syndrome

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*we all have occasional bowel problems—a few days of constipation, the “stomach virus” that confines us to the house with diarrhea, and the cramping and gas brought on by stress or a meal that doesn’t agree with us. But for some people, bouts of constipation and/or diarrhea become a monthly, weekly, or even daily part of life that interfere with work, home life, and socializing. If you’ve been experiencing recurrent bowel problems for several months with no other apparent illness, you may be among the many women with irritable bowel syndrome (IBS).*

## What is IBS?

Irritable bowel syndrome is a common disorder characterized by abdominal pain, cramping, diarrhea, constipation, bloating, and gas. Its severity can vary, ranging from a minor annoyance in some women to a major disability in others.

It is estimated that IBS affects between 10% and 20% of the population, or roughly one in five Americans, occurring in twice as many women as men. Symptoms generally begin in young adulthood, and seldom start after age 50. The condition has been known by a variety of names, including irritable colon, spastic colon, mucous colitis, and functional bowel disease, reflecting the general lack of understanding surrounding IBS even to this day.

## What causes IBS?

The cause of IBS remains a mystery, but the colon has emerged as the prime culprit. A major part of the intestines, the

colon is about 6 feet long, and connects the small intestine to the anus. About 2 quarts of liquefied food passes from the small intestine into the colon every day, where water and certain salts are absorbed into the body. The solid material that remains then travels down the left side of the colon, where it collects as stool until you have a bowel movement. The liquid and solid matter are moved along by the colon muscles, which are controlled by nerves, hormones, and electrical impulses that act much like a pacemaker does in the heart. These muscle movements include several strong contractions per day, some of which result in a bowel movement.

Some experts think that IBS arises because the nerves and muscles of the colon become hypersensitive, so that movement of food through the digestive tract produces pain and spasms. In people with IBS, the colon responds strongly to a stimulus that has little effect on other people, so that just eating an ordinary meal or having mild abdominal distention causes the colon to overreact. In addition, many women notice that IBS symptoms worsen during their menstrual period, suggesting that the fluctuations in female hormones affect the nervous activity of the colon.

Until recently, it was thought that

IBS was largely caused by stress and emotional upset. Now, however, doctors know that while stress can aggravate symptoms, stress does *not* cause IBS; the disorder is *not* “all in your head.”

## How is IBS diagnosed?

There is no specific test for diagnosing IBS. This is generally a “diagnosis of exclusion,” a process of ruling out other possible causes. The first step is an extensive medical history. Your doctor

## The symptoms of IBS

Although the effects of IBS range from occasionally bothersome to constantly debilitating, most patients fall somewhere in between, with cycles of disease-free periods followed by symptomatic intervals. Symptoms can include:

- Abdominal pain or cramping, which is usually relieved by a bowel movement
- Diarrhea and/or constipation; one of these may predominate, or they may alternate
- Bloating, gassiness, and a feeling of abdominal fullness
- Mucus in the stool
- Crampy urge to move the bowels with an inability to do so
- A sensation of incomplete bowel movement
- Nausea, dizziness, and fainting.

Your symptoms may change over time, but patients usually develop their own particular pattern of constipation, diarrhea, and abdominal pain.

*\*This Patient Handout was prepared by Patricia L. Van Horn using materials from IntelliHealth (<http://www.intelihealth.com/IH/ihIH>), WebMD (<http://my.webmd.com/index>), and The American College of Gastroenterology (<http://www.acg.gi.org/>)*

## Irritable Bowel Syndrome

will ask about abdominal pain accompanied by a change in bowel activity that has persisted for at least 3 months, either continuously or intermittently. To confirm the diagnosis, the bowel symptoms must include at least three of the following:

- Frequency changes (you have bowel movements more or less often)
- Consistency changes (your stool is harder or looser than usual)
- Passage changes (you have more difficulty passing stool, a greater sense of urgency, or a feeling that the bowels don't empty completely)
- Passage of mucus
- Painful abdominal bloating or distention.

Your doctor will also perform a complete physical exam to check for abdominal tenderness, enlargement of internal organs, fever, or weight loss; any of these symptoms suggest a disorder other than IBS. The doctor will probably take blood and stool samples, and may order a sigmoidoscopy or colonoscopy (in which a lighted tube with a camera is inserted into the rectum to examine the intestines) and a barium x-ray (in which a chalky solution is swallowed or pumped into the rectum so that parts of the intestines can be seen on x-ray). You may be asked to stop consuming certain foods (especially dairy products) for 2 or 3 weeks to see whether your symptoms improve, which can help to identify an IBS "trigger" or a food allergy. Bear in mind that it may take time—several months, numerous doctor visits, and even a succession of doctors—to diagnose IBS because you and your doctor may not realize for a while that your symptoms tend to follow a certain pattern.

### What treatments are available for IBS?

There is no single treatment or cure for IBS, but several approaches can do much to alleviate your symptoms.

**Diet.**—Treatment usually begins by eliminating foods that trigger IBS attacks. You can identify triggers by keeping a "food diary" of everything you eat, and noting what you consume before an attack. Common triggers include cabbage, broccoli, kale, legumes (beans), onions, and other "gassy" foods; caffeine; alcohol; dairy products; chocolate; fatty foods (such as whole milk, cream, cheese, butter, oils, margarine, shortening, meat, avocados); raw fruit; and food, candy, or beverages containing the artificial sweetener sorbitol.

Lactose intolerance (that is, an inability to digest dairy products) is seen in up to 40% of IBS patients. If dairy foods trigger your IBS attacks, you may still be able to eat yogurt because the culture organisms can counteract the effects of the lactose.

The response of the colon to a meal in people with IBS often depends on calories and fat. Therefore, it's a good idea to keep your diet low in fats and high in carbohydrates such as potatoes, rice, and pasta.

**Fiber.**—Many IBS patients can reduce their symptoms by increasing their fiber consumption. A high-fiber diet may keep the colon mildly distended, helping to prevent spasms, and make stools moister and easier to pass. Fiber is especially important for relieving constipation, but can also decrease diarrhea by regulating bowel activity. Fiber consumption should be increased slowly to avoid gassiness. Any tendency toward excess gas will disappear after a few weeks. You can get fiber from vegetables, fruit, and whole-grain breads or cereals, but it may be necessary to use a fiber supplement. Supplements containing methylcellulose fiber (Citrucel) cause less gas, while those containing psyllium fiber (Metamucil, Perdiem, Fiberall, Konsyl) may cause more gas until the body adjusts to them. Ask your doctor about the choice of a supplement and the dosage.

**Medication.**—If eliminating food triggers and adding fiber don't alleviate your symptoms sufficiently, your doctor may prescribe medication(s). These may include antidiarrheals such as loperamide (Imodium) and diphenoxylate (Lomotil, Lonox); antispasmodics such as dicyclomine (Bentyl) to reduce cramping; tricyclic antidepressants such as amitriptyline (Elavil, Endep) and desipramine (Norpramin) to relieve pain; and anti-anxiety drugs such as lorazepam (Ativan).

### Can IBS lead to more serious diseases?

No! Irritable bowel syndrome *does not* cause or progress to more serious, life-threatening conditions such as ulcerative colitis or colon cancer. However, you should see a doctor if your symptoms change significantly.

Again, there is no cure for IBS. However, knowing how to manage your diet and knowing that your symptoms are not a sign of something more ominous can go a long way toward controlling the condition and easing your mind.

### For more information

#### Books

Scanlon D, Becnel B. *Wellness Book of IBS*. New York: St. Martin's Press; 1989.

Shimberg E. *Relief From IBS*. New York: M. Evans & Co.; 1988.

#### Organizations

##### National Institute of Diabetes and Digestive and Kidney Disorders

Phone: (301) 496-3583  
[www.niddk.nih.gov](http://www.niddk.nih.gov)

##### American College of Gastroenterology

Phone: (703) 820-7400  
[www.acg.gi.org](http://www.acg.gi.org)

##### American Gastroenterological Association

Phone: (301) 654-2055  
<http://www.gastro.org/>