

Medicine for Managers

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Irritable Bowel Syndrome

Irritable bowel syndrome (IBS) is a common functional disorder with an ill-defined group of symptoms which may include one or more of abdominal pain, bloating and discomfort with diarrhoea and/or constipation (which may alternate), excessive wind and nausea.

Some people notice mucus in the stools and a feeling of not finishing a bowel movement. Less common symptoms include headache, tiredness, poor appetite, muscle pain, heartburn, backache and irritable bladder. In some people the symptoms are mild and occasional, whilst in others they are severe and persistent. However severe the symptoms, the bowel remains undamaged by the condition. It appears completely normal to the naked eye and when examined under the microscope.

The disorder affects the large bowel (colon) and it was formerly known as '*spastic colon*'. IBS is a functional disorder rather than a disease. Examination of the bowel is completely normal and the symptoms are the result of the way that the bowel works. It is estimated that the syndrome affects 20-25% of the population, most commonly appears in early adulthood and is twice as common in women as in men.

The cause of IBS is unclear. The functional disturbance appears to be overactivity or spasm of the large bowel. Many causes have been suggested for this overactivity of

the nerves or muscles in the gut. They include, food intolerances, excessive alcohol consumption, emotional stress, use of antibiotics killing 'good' bacteria and other disturbances in the normal gut flora. It is known that IBS symptoms start following a bout of gastroenteritis in about 1 in 6 cases.

Irritable Bowel is much more common in Western countries than in the developing world increasing suspicions about emotional stress as a cause.

There are no tests to confirm the diagnosis of IBS because there is no specific abnormality to identify. The diagnosis is usually made by exclusion when other possible diseases have been excluded (such as colitis, coeliac disease, gut

infections, ulcers, malignancy, etc.). For completeness, in a patient with suspected IBS, it is usually sensible to take blood for a full blood count and an ESR (to exclude inflammation, which does not occur with IBS), and to check antibodies for coeliac disease.

It is sometimes worthwhile to keep a diary of the symptoms to see whether there is any association between the symptoms and particular activities. It may also be helpful to assess the effectiveness of dietary change or use of medication on the symptoms.

The treatment of irritable bowel is empirical. There are a range of suggested treatments, each of which works for some people. For many sufferers, simple antispasmodic drugs are effective and may control the pain adequately. It is often helpful to take the antispasmodic before meals. Commonly used drugs include mebeverine (*Colofac*), hyoscine and peppermint oil (*Colpermin*). They can be used as required during flares-up of the symptoms. A healthy diet and increased dietary fibre may help. It is also recommended to drink at least eight cups of fluid a day but to reduce tea and coffee to a maximum of three cups daily. Eating smaller meals more frequently may also relieve the symptoms. Sorbitol (an artificial sweetener) should be avoided. Some sufferers identify one or more specific food intolerances and control the symptoms by not eating them. Probiotics (which contain 'good' bacteria), such as live yoghurts, some cheeses and milk drinks may restore normal gut flora in patients where the normal balance has been disturbed.

Stress seems to aggravate the condition in many people and so relief of stress may reduce the symptoms. Sometimes a tricyclic antidepressant such as amitriptyline may produce good results. In others relaxation techniques, stress counselling and even psychotherapy have been helpful. This is often difficult to achieve. Relief of constipation by the use of added fibre, or diarrhoea, by the use of an anti-diarrhoeal, may ease the symptoms and may also make the management of the problem simpler. Treatments often ease the symptoms without eliminating them but any reduction in pain or functional disturbance may improve the quality of life.

Overall, the nature of IBS is that it waxes and wanes. Symptoms may be severe for a period and then may decline or disappear for a while. In some patients the symptoms ultimately disappear altogether. The wide variation in symptoms and effective treatments suggest that the condition is

multifactorial and the important linking factor is that IBS is distressing and inconvenient but not serious. Symptoms such as weight loss and rectal bleeding are not a feature of irritable bowel and necessitate consultation with a doctor. Sufferers should be reassured that IBS itself does not cause other diseases, such as cancer, does not lead to bowel blockages or other disorders and does not shorten lifespan.

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The IBS Network

Offers advice, information and support for IBS sufferers.

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