

Patient Information: Irritable Bowel Syndrome (IBS)

This information sheet is for general information and is not to provide specific medical advice. You should discuss your medical condition with your doctor to ensure correct diagnosis, management and care.

Introduction

IBS is the most common reason patients see a gastroenterologist and is experienced by 1 in 7 people. Many cases start at the age of 20-30 years, but it has also been reported in children. Peak prevalence occurs in the 45-60 year range. Despite IBS being a chronic condition it is important to understand that most people live a healthy life with periods where symptoms are absent.

What is IBS?

The symptoms of IBS are abdominal discomfort/pain in any part of the abdomen, abnormal frequency and consistency of stool (constipation/diarrhoea or, both), bloating and excess gas, excessive noise, mucus (a clear slime), urgency to pass a motion and a feeling of incomplete evacuation. A sharp pain felt low down inside the back passage (Proctalgia Fugax) is also common. Incontinence can occasionally occur, causing great embarrassment and anxiety.

Other symptoms have been described outside the gut: chest pain, nausea/vomiting, heartburn, indigestion, back or other muscular pains and problems passing urine. Symptoms maybe worsened by co-existing depression or anxiety. The symptoms of IBS come and go and indeed the bowel may feel normal most of the time. Women with IBS may have more symptoms during their menstrual periods, suggesting that reproductive hormones can affect bowel function.

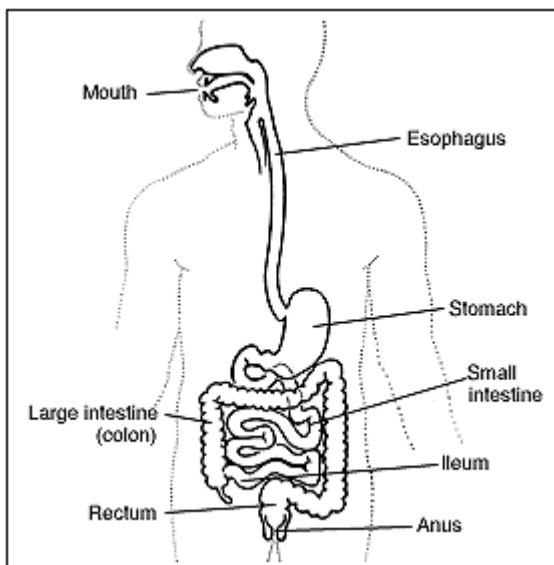
Though some of these symptoms may be embarrassing or distressing, it is important to tell the doctor about them. Worrying in silence may make them feel even worse. Remember that they happen to a lot of people.

The following are not typically associated with IBS: fevers, weight loss, blood in the stool and frequent abdominal pain or diarrhoea that wakes you up.

IBS can cause distressing symptoms but it doesn't lead to cancer or permanent damage of the gut.

What causes IBS?

We do not know what causes IBS. The bowel is a muscular tube, which propels food from mouth to anus, allowing nutrients to be digested and absorbed along the way. The colon (large bowel) links the small bowel to the rectum and anus (back passage), and is the source of most of the symptoms of IBS. Nerves in the bowel wall are responsible for the sensations we feel in the abdomen and co-ordination of the contractions of the muscles.



We do know that two functions of the bowel are disturbed in IBS:

1. The nerves of the bowel are overly sensitive. This causes you to feel the normal contraction waves of the bowel and leads you to feel not enough stool is evacuated. Distension of the bowel with air leads to feeling bloated.
2. The second disturbance is the co-ordinations of the muscles of the bowel are abnormal, if the muscles spasm all at once diarrhoea occurs but if they spasm in opposition nothing moves and constipation results. The cause of mucus is not unknown.

After gastro-enteritis the original infection can damage the nerves of the colon and IBS can follow, often the infection has gone but

because IBS can cause diarrhoea also you might think you still have the infection. IBS may or may not resolve if triggered by gastro-enteritis.

IBS is not caused by stress, anxiety or depression but they can make symptoms of IBS worse and your ability to cope maybe affected.

People with IBS seem to have an overly sensitive bowel, and perhaps a super abundance of nerve impulses flowing to the gut, so that the ordinary stresses and strains of living somehow result in colon malfunction.

How is IBS diagnosed?

There is no test to diagnose IBS so we rely on symptoms as described above, but also the pattern of symptoms; that is: symptoms present for years without much change, onset at young age, absence of symptoms for periods of time and absence of poor health.

Since IBS symptoms can mimic other conditions your doctor will suggest some tests:

- blood tests
- stool tests if you have diarrhoea to exclude infections
- upper endoscopy: camera to look at the stomach and take tiny samples from the small bowel
- colonoscopy: camera to look at the colon/large bowel
- X-rays, ultrasound or CT scan of the abdomen

These tests are done to rule out other disorders and results are all normal in IBS.

You do not need to have all the tests done at one time, some can be done later depending on your symptoms.

What triggers IBS attacks?

The person with IBS seems to have a colon that is more sensitive and reactive than usual, so it responds strongly to stimuli that would not bother most people. Often meals make symptoms worse because food normally stimulates the bowel but in IBS this reaction is stronger as the nerves lining the bowel are overly sensitive. Specific foods may be a contributing factor but this varies from one person to another, and indeed the response may vary for the same food. This can make it confusing to determine which foods bring your attacks on. Coffee, tea and smoking can all act as stimulants to the bowel and provoke an attack. However, often there is no obvious precipitating factor.

Stress can trigger an attack of IBS.

Medications such as antibiotics, pain-killers, iron pills and others can affect the function of your bowel.

Alcohol excess and illicit drugs like speed, ecstasy and cocaine may also affect bowel function.

What treatments are available?

Although IBS is a chronic disorder without a simple remedy, its symptoms can be minimised by:

- Learning as much as you can about IBS so you are reassured by the diagnosis and you can manage flare ups yourself
- Communicating with your doctor about ongoing concerns or if you are not happy with the diagnosis as worrying about the symptoms can create a vicious cycle making symptoms worse. The diagnosis may also need to be revised if new symptoms develop.
- Dealing with anxiety, stress and depression are essential

Symptoms may recur from time to time despite treatment but IBS does not lead to more serious conditions e.g. cancer

1.General Measures

- Avoid missing meals/have regular meals
- A balanced diet is important without too much fat. Avoid regular 'fast'/takeaway foods. Fatty foods make the bowel contract.
- During exercise, the bowel typically quiets down. If exercise is used regularly and if physical fitness or conditioning develops, the bowel may tend to relax even during non-exercise periods.
- Have adequate sleep
- Drinking too much alcohol and frequent illicit drug use can affect bowel function
- If you are taking medications prescribed from the doctor or purchased yourself, ask if these may be affecting your bowel. e.g. Cartia/Neurofen can cause stomach ulcers and pain.
- Stress/Anxiety/Depression do not cause IBS but they may 'trigger' an attack and they affect how you cope with the symptoms. There are many ways to deal with stress, talk to your friends, family, doctor and employer about options that would be best for you.

2. Specific Drugs for IBS (*p*=prescription drug, *otc*=over the counter)

Drug treatment will not cure IBS, and is best used for periods when symptoms are troublesome.

- Normafibe (*otc*) is a fibre source that is less likely to cause bloating compared to fibre in the diet, Metamucil and Psyllium husks. It will only have a benefit while it is being taken but can be used long-term without detriment.
- Lomotil (*otc/p*), Diastop (*otc/p*) these drugs are very effective for diarrhoea predominant IBS. They can be taken after diarrhoea occurs or to prevent diarrhoea occurring.
- Mintec (*otc*) peppermint oil capsules can help many of the symptoms of IBS, heartburn is a side effect. You may wish to try peppermint tea instead.
- Colofac/Donnatabs/Buscopan (*p*) can be taken regularly or as required for bowel pain/discomfort. They may also stop diarrhoea occurring after a meal. Dry mouth, constipation and blurred vision can be side effects.
- Zelmec (*p*) was released in Australia in February 2002, it is the first drug available that works on the hypersensitive nerves of the bowel to help pain, bloating and constipation. It is available on private script for approx. \$120 per month.
- Epsom salts (*otc*) can be taken for constipation, it tends to cause watery motions and may be accompanied by bloating or cramps. Use 1 tablespoon in orange juice followed by more fluid. The dose and frequency is adjusted according to the response.

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3. Symptom based advice for IBS

- Abdominal pain/discomfort

This will often pass after a bowel movement so additional treatment may not be required.

Mintec/Colofac/Donnatabs/Buscopan and Zelmec can relieve ongoing pain. Some pain relievers have side effects, Panadeine forte can cause constipation and Neurofen can cause indigestion. If pain is associated with constipation, the constipation needs to be dealt with (see below).

- Bloating/excess gas

This can be a difficult problem to treat. Air is introduced into the gut by swallowing air as we eat. The digestion of fibre in cereals and vegetables ferment to release gas. Reduce gas by: eating slowly to avoid swallowing air, do not induce belching as after each belch another mouthful of air is swallowed, do not chew gum or drink carbonated drinks, reduce fibre intake such as bran, cereals, brown bread, and vegetables such as baked beans, dried beans/lentils, broccoli, cauliflower, peas, brussels sprouts and cabbage. Since you are reducing your fibre intake, use Normafibe (an insoluble fiber source) to avoid constipation.

- Constipation.

Ensure you have adequate exercise, fluid intake (2L per day) and fibre in your diet. It is very difficult to eat the recommended 30g fibre per day and this might make bloating worse, so use Normafibe instead. Herbal teas, Senokot, Senna products, Ford pills, Nulax and Durolox should be taken as little as possible as they provoke pain and may worsen IBS. If a laxative is needed use Epsom salts. Movicol is a gentle laxative, which can be purchased at the chemist.

- Diarrhoea.

Giardia is an infection passed on by contaminated food and water, it can be diagnosed in a stool examination or biopsy of the small bowel. Your doctor may decide to 'cover the bases' and give you treatment with Fasigyn, which is a 4 antibiotic pills taken all at once.

Often the consistency and frequency of diarrhoea due to IBS can be improved by having additional fibre (use 1 teaspoon of Normafibe daily). Stop it if it makes your diarrhoea worse. Lomotil/Diastop is also effective.

Too much, fat in the diet, fruit and sucrose, in gum and diet drinks can lead to diarrhoea.

A lactose free period may be trialled. (see below)

4. Other Suggestions for IBS

- Withdrawing Specific Foods

Any types of food can trigger an attack of IBS, this represents a reaction of the hypersensitive nerves of the bowel to eating rather than any allergic reaction to a specific food. Avoid those foods which clearly worsen your IBS but do not become too obsessed about working out which food is responsible as the affect may be inconsistent, as if the bowel has a 'mind of its own'.

- FODMAPs and Irritable Bowel Syndrome

FODMAPs are small carbohydrate sugars, when they are not absorbed in the small bowel it enters the large bowel where bacteria degrade it causing wind, bloating, pain and diarrhoea.

	Avoid	Permissible
Vegetables	artichokes, asparagus, beetroot, broccoli, Brussels sprouts, cabbage, fennel, garlic, legumes (chick peas, lentils, red kidney beans, baked beans), onion (white, brown, spring, Spanish, shallots, leek) and peas cauliflowers, mushrooms, snow peas,	Alfalfa sprouts, bamboo shoots, green beans, bean sprouts, bok choy, capsicum, carrot, celery, chives, choy sum, corn, cucumber, eggplant, endive, ginger, lettuce, olives, parsnip, potato, pumpkin, silver beet, spinach, the green part of spring onions, swede, sweet potato, turnip, tomato, zucchini.
Fruits	Apples, peaches, mangoes, pears, watermelons tinned fruit in natural juice. Limit intake of fruit to 1 serve per meal, also limit dried fruit, fruit juice, tomato juice and wine. custard apples, apricots, avocados, blackberries, cherries, lychees, nashi pears, nectarines, plums,	Banana, blueberry, cantaloupe, grapefruit, grapes, honeydew melon, kiwi fruit, lemon, lime, mandarin, orange, paw paw, passionfruit, pineapple, raspberry, rhubarb, strawberry, tangelo.
Milk products (If lactose intolerant)	Cow's milk, soft cheeses such as ricotta, cottage and cream cheese, yoghurt, products from goat's milk	Hard cheese (including camembert), Soft cheese (cottage, cream cheese, ricotta) 2 tablespoons, lactose free milk, soy milk, rice milk, lactose free yoghurt, regular yoghurt 2 tablespoons.
Bread and cereals	bread and cereals, anything made from rye and wheat where it is the main ingredient	Bread ; Spelt or gluten free, biscuits ; gluten free, corn flakes, cornflour, muesli ; gluten free and fruit free, oats, pasta ; gluten free, rice, rice based crackers, rice cereals (rice bubbles, rice puffs), rice noodles.
MISC	fructose, high fructose corn syrups, honey, sweets containing sorbitol, manitol, zylotol and isomalt. Coconut milk and cream Read food labels wine	

5. Alternative Therapies

There is some scientific evidence that Traditional Chinese Medicine can help symptoms of IBS, ask your doctor or contact Bondi Junction Endoscopy Centre for a reputable professional.

Acupuncture, Slippery Elm powder, pro-biotics such as Lactobacillus, yoga and meditation may be useful but their efficacies are not backed up by scientific evidence.

We do not advocate therapies that aim to eradicate candida from the bowel or treatment by colonic lavages.