

Patient information

Irritable Bowel Syndrome: a self-help guide

What is Irritable Bowel Syndrome (IBS)?

Irritable bowel syndrome (IBS) is a common disorder of the digestive system. Its cause is not known, but it seems that the symptoms are due to an increased sensitivity of the bowel. There is no visible abnormality in the bowel and no diagnostic test for IBS – but it is certainly not ‘all in the mind’.

Symptoms vary from the mild to the troublesome and persistent. They often include bloating of the abdomen (stomach or tummy) and cramps and disruption of bowel habit. This can range from constipation (difficult or infrequent motions) to diarrhoea (frequent or loose motions and an urgent need to go). The bowel pattern can alternate between constipation and diarrhoea.

In the appropriate context, and having performed baseline investigations to exclude structural or inflammatory disease, the diagnosis is made on clinical grounds.

How common is it?

IBS is very common. A third of people in Britain have occasional symptoms and 1 in 10 are bad enough to seek medical attention. Young women are the group most commonly affected, but men and older age groups are also troubled by IBS. Many have had symptoms intermittently for months or years.

What are the symptoms of IBS?

The symptoms can differ a great deal between affected individuals and often vary over time. Many people with IBS will have only some of these complaints at any one time.

- **Abdominal pain**, which is often crampy. This may be felt anywhere in the abdomen. Many people find their pain is worse when constipated and relieved by opening the bowel or passing wind.
- **Bloating** and distension, making clothes feel tight and uncomfortable and often with gurgling noises and flatulence (wind). The abdomen may feel tender and this may be eased by passing wind. People with IBS often feel they pass excessive or offensive wind, but this is usually an issue of perception rather than a fact noticed by anybody else. Belching, heartburn and nausea can also occur as part of IBS.
- **Erratic bowel habit**, which may be constipation, diarrhoea or alternation between the two. In IBS the abnormality may be in the frequency, the form/consistency or associated urgency of the motions. There may be discomfort or difficulty opening the bowels. A sensation of incomplete emptying (tenesmus), ineffectual straining to pass a motion, passage of mucus/slime and a sharp pain felt low down inside the back passage (proctalgia fugax) are also common.
- **Tiredness**, poor sleep and urinary frequency are often associated with IBS and in women symptoms often vary with the menstrual cycle.

Often the impact of IBS on quality of life relates more to disruption of work or social life than the symptoms themselves. Here are two common complaints:

“I get bouts of terrible bloating and wind... it is really embarrassing, I feel I can't go out in case people notice”.

and

“I have difficulty going to work because of my stomach cramps and urges to go to the toilet”.

Although some of the symptoms may be embarrassing or distressing, do tell the doctor about them. Worrying in silence only makes them feel even worse. Remember, they affect a lot of people.

What is the cause of IBS?

The cause of IBS is not fully understood. 20% of cases are triggered by infection which is then cleared but leaves the individual symptomatic – often for many months. Antibiotics can also trigger symptoms. Research has shown that the bowel in IBS sufferers is more sensitive than usual and this sensitivity triggers symptoms. It is also

more common in people who tend to be 'worriers' or who are under stress due to for example, exams, work pressure, bereavement or relationship problems.

Understanding the normal bowel may help explain what happens in IBS. The bowel is a muscular tube that propels food through the system, nutrients being digested and absorbed along the way.

Mouth – oesophagus (gullet) – stomach

Small bowel – colon – rectum – anus

Symptoms can originate at any level in the gut, and the pattern often evolves over time. Thus a patient with upper abdominal pain and nausea (stomach symptoms) at one time may find their symptoms reappearing years later as disordered bowel pattern and lower abdominal pain.

The colon is the source of many of the symptoms of IBS. Its job is to absorb water from food residue, leaving a more formed motion to be passed. Regular contractions (peristalsis) in the bowel wall propel the contents along.

- Reduced contractions slow progress, allowing more water to be absorbed. This reduces stool bulk, making it hard and difficult to pass.
- Overactive contractions move the contents through more rapidly. Less water is absorbed, leading to a loose and frequent stool.

The waves of contraction in the bowel are co-ordinated by nerve signals from the brain. Everybody knows that anxiety, such as before a job interview or exam causes diarrhoea – showing the effect of the interaction between brain and gut. Reflex contractions occur most frequently after waking up and after meals, and these are the times when most people have their bowels open. In IBS the normal reflexes can be exaggerated leading to urgency and frequency of the bowels at these times.

Muscle spasm in the bowel causes discomfort and pain. Eating a meal or the presence of gas in the bowel can trigger this. Anxiety, low mood and stress are often associated with IBS and tend to make the symptoms of IBS worse. Fears of serious disease such as cancer also increase symptoms.

The nature of the diet, eating habits and lifestyle also influence the way the bowel functions. Irregular meal patterns, missing meals and a hectic lifestyle tend to exacerbate symptoms and in some people particular foods can trigger symptoms. These should clearly be avoided. See below.

Are any investigations necessary?

Tests are important to exclude other bowel disorders that can sometimes produce similar symptoms to IBS. The history of the symptoms and a physical examination help to establish the diagnosis. In young patients with typical symptoms, the doctor may require relatively few tests to make the diagnosis. In older patients with new symptoms, the doctor may do rather more investigations including barium X-rays and endoscopy (internal examination with a flexible tube contacting a tiny video camera to allow inspection of the bowel).

What treatment is available?

IBS can produce troublesome symptoms but it does not lead to serious complications. Furthermore, it tends to wax and wane over time, often improving considerably with adjustments to lifestyle and diet. It is important to know and understand this. An explanation of how symptoms are produced and exclusion of more serious disease, usually helps to relieve anxiety and allows people to cope better with the symptoms. Identifying and modifying what provokes an attack may also help. Discovering what helps your symptoms can take a long time, but do be patient and keep trying.

Lifestyle

Regulation of diet, eating habits and lifestyle helps many IBS sufferers. A well balanced healthy diet taken as regular meals will reduce symptoms. Large, irregular meals certainly challenge the digestion much more than small frequent ones, which often help to reduce symptoms. In today's hectic world people often allow little time for eating, or for having their bowels open. For individuals prone to IBS making the time is often rewarded with an easing of symptoms. If you are prone to constipation you should work with the natural pattern of bowel motility (increased after waking in the morning and after meals). In particular have breakfast at home and leave time for a visit to the toilet. If you are prone to IBS then missing breakfast, or a coffee in the office, together with a public toilet will not encourage your bowel to perform naturally.

Stress and worrying undoubtedly makes IBS worse. Of course some stressful situations are difficult to resolve and it is an unfortunate fact that those individuals who are worriers are particularly prone to IBS. For some people it is a question of slowing down, for others a change of work patterns or even of job can improve things dramatically. Formal relaxation, regular exercise or yoga can help or even counseling. If you have IBS, it is worth considering what the sources of stress and anxiety are in your lifestyle and what, if anything, you can or want to do about these.

Diet

There are no single dietary regimes which will cure every case of IBS, but food undoubtedly plays a role in producing symptoms in many people – particularly where the main symptoms are bloating, discomfort and diarrhoea.

Exactly which food or group of foods trigger symptoms varies from person to person, but there are a number of simple rules to follow in the first instance. Don't look for a complex solution when a simple one will do!

If not doing so already, try to eat regular meals (breakfast, lunch and supper) with snacks in between if necessary. If your fluid intake is low, try to increase it to at least 6-8 glasses a day (don't include alcohol or strong tea or coffee). If you consume a lot of caffeine (coke, coffee and tea) try gradually reducing your intake. If you drink a lot of fizzy drinks, avoiding these may be helpful. Many people find limiting their consumption of rich foods (pastry, butter, cream, roasts, fried foods, nuts, take-away meals, etc) useful. One or all of these changes may be helpful and none will do any harm.

If the above changes make no difference, try altering your fibre intake. Fibre is found in fruits and vegetables and any wholemeal or whole grain cereal products. If you are prone to constipation try increasing your fibre intake. If you are prone to diarrhoea or bloating try reducing fibre. Any changes should be made gradually and accompanied by an adequate fluid intake. If you get bloating and constipation or an alternating pattern, then try reducing your intake of dietary fibre but instead take a daily dose of stool softener such as Fybogel, Normacol or Celevac. Once your symptoms have settled it may be possible to gradually reintroduce increasing amounts of the stool softener, but either way does not matter as these supplements are safe for the long term.

If none of these changes prove helpful, individual foods may be the problem. Common sources of 'dietary intolerance' are listed below and many people can identify them using the following simple systematic approach.

If you suspect that one food or food group (such as in the table below) is causing symptoms try avoiding this for approximately two weeks per food/food group. In some cases, limiting rather than completely avoiding food will be enough to gain relief from symptoms. If symptoms are no better add the excluded food back and try avoiding another food/food group. If symptoms are improved by cutting out a particular food group, continue with the restriction but every few months try cautiously reintroducing the individual constituents to see which if any still trigger symptoms. If you find yourself having to avoid dairy foods you should take a daily calcium supplement.

Foods which often trigger IBS symptoms

- **Fibre:** salads, bran, wholemeal bread, dried fruit, fresh fruit and vegetables, sweetcorn, etc. – usually too much causes the trouble, occasionally too little.
- **Rich food:** pastry, butter, cream, roasts, fried food, chips, nuts, take-aways, etc.
- **Dairy produce:** milk, cream, cheese, butter, ice cream
- **Wheat:** bread, pasta, Weetabix, several other cereals, cakes, biscuits, etc.
- **Other:** onions, coffee, potato, wine alcohol

If after following the above you find yourself on a very restricted diet please contact the gastroenterology department so that formal dietician assessment can be made. This may also be necessary if you are no better, in which case you may need to be advised regarding a formal 'exclusion diet'.

Although some 'independent practitioners' offer 'food allergy tests' most are expensive, have little or no scientific basis and generally 'identify' the common triggers described above. They are not recommended.

Other treatments

For individuals in whom dietary and lifestyle alteration does not provide adequate relief of symptoms a number of treatment options are available depending on the circumstances.

For 'constipation-predominant' IBS

Constipation exacerbates the crampy pain and bloating that are part of constipation-predominant IBS. Avoidance of constipation may require use of a daily stool softener or bulking agent/fibre supplement. These simple treatments increase muscle action in the bowel wall, this regulating the system towards normal. The dose should be adjusted up or down according to response: the goal should be soft stools easily passed (i.e completed within a couple of minutes) daily.

'Over the counter' examples of these include Celevac, Normacol, Fybogel, Milk of Magnesia, Epsom Salts and Milpar. You can also get these on prescription. It is not advisable to take these permanently.

If you have any specific dietary requirements, please inform your health provider as a dietitian referral may be required.

Because they are non-fermentable they tend to cause much less in the way of bloating and gas than dietary fibre, but as with all treatments for IBS you may have to try several before you find one that suits your system. Some may actually make things worse temporarily. This group of laxatives work best if taken daily or at regular intervals throughout the week. This allows the bowel movement to develop a pattern which it likes, and permits regular soft stools. This is better than waiting for a crisis and then using large doses of laxative.

If the latter situation does arise then it may be helpful to combine one of the treatments above with a stimulant laxative such as senna, bisacodyl or co-danthrusate – although these should not be used frequently if possible as they can exacerbate crampy pain.

A regular dose of a stool softener or bulking agent can also be helpful in regulating the bowel pattern in individuals who have alternating constipation and diarrhoea. In this situation it is again best to take the preferred treatment on a daily basis – even on those days when the bowels are over-active – to encourage the bowel to develop a pattern.

For ‘diarrhoea-predominant’ IBS

If a low fibre diet and other dietary manipulations have failed to control symptoms, and these are limiting activity, mobility and lifestyle, then anti-diarrhoeals can usually help. Imodium (Loperamide) is usually the preferred drug treatment in this situation and can be safely taken on a daily basis for the long term provided other causes of diarrhoea have been ruled out. Relatively large doses of up to 6 capsules per day may be required. Many people will prefer to use them just when they feel that diarrhoea will be a problem, e.g. before going out, which is fine. In some situations codeine phosphate may be used. Cholestyramine can help so called ‘bile salt malabsorption’ which can overlap with IBS.

For pain and bloating

Antispasmodic drugs such as Buscopan, Mebeverine (Colofac) alverine citrate (Spasmonal) or Colpermin may help relieve the spasm and pain in some people. But response is variable. If they do help these treatments are best taken 20-30 minutes before meals. They can be taken regularly or ‘as and when’ symptoms are bad. If you get heartburn use antacids such as Gaviscon or Rennies and make sure you

treat any constipation as above as this can make upper abdominal pain and heartburn worse.

Low dose amitriptyline and fluoxetine (Prozac) can be very helpful in relieving pain in IBS. Because they are also used as anti-depressants people are often quick to dismiss these as an option, but do bear in mind that they have been shown to be the best medical remedy for pain in IBS. They work both by an effect on gut sensation and motility as well as an effect on stress/mood and they are also frequently used in the pain clinic to control chronic pain. It is important to note that they are not addictive and have an excellent safety record.

Amitriptyline has a mild sedative action and is best taken before bed so that it acts as a mild sleeping tablet; by starting at a very low dose any day time sleepiness usually wears off after a few days. Thus it is usually best to start at a dose of 10mg, nudging up to 25mg and possibly 50mg at 4 week intervals depending on the response. Amitriptyline has a mild constipating effect and is thus best used for diarrhoea-predominant IBS. Fluoxetine tends to make the bowels looser and is thus used for constipation-predominant IBS. These treatments take up to 10 weeks to reach full effect and so do be patient. Do not use them on an 'as and when' basis.

In many cases of IBS exclusion of serious disease, reassurance, explanation and symptomatic treatment are all that is required and regular medication is not necessary. Others may find their symptoms troublesome and resistant to all treatments – so if you do find something that works then stick to it. Having developed a strategy to manage and cope with the symptoms, an important goal is to minimize the impact of these symptoms on daily activities. This means returning so far as possible to full work, education or social activities – even sometimes in spite of on-going symptom activity. It is reassuring to know that for many the symptoms of IBS resolve on their own with time, although in people who are predisposed they may come and go over time to a greater or lesser extent.

To contact your Colorectal and Stoma Care Service

Telephone: 01284 712697

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