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Integrative Approach to Disorders of Brain Gut Disorders

Taken from Linda A. Lee, MD – Director of Gastroenterology, Maimonides Medical Center

What is Irritable Bowel Syndrome (IBS)?

- Chronic intermittent abdominal pain that is improved with bowel movements or associated with changes in frequency or consistency of stool
- Commonly:
 - Associated with diarrhea, constipation, or a combination
 - Diagnosed at age younger than 45
 - Not associated with bleeding, weight loss, or pain that awakens you at night
 - May be associated with a sudden change in abdominal pain or diarrhea that then leads to long-lasting symptoms

Is IBS associated with chronic pelvic pain?

- People with endometriosis are 5 times more likely to have IBS than those without endometriosis – even those without endometriosis involving the bowel
 - Pain that is not associated with the menstrual cycle is often due to IBS
 - IBS symptoms may delay diagnosis of endometriosis
- IBS is associated with changes in the brain that may increase chronic pain syndromes

What are the treatments for IBS?

- * Important for a patient to identify any known triggers
- * Customize treatments to each person's specific symptoms
- * Manage other medical conditions, especially anxiety and depression

For patients with constipation, fiber is the first choice treatment. If needed, laxatives may be added.

Defecatory dysfunction is the inability to use the appropriate muscles to coordinate a bowel movement. Recommended treatment is pelvic floor physical therapy.

For patients with diarrhea, bloating and cramping, there are several treatment options available. For example, peppermint oil, antidiarrheals or antispasmodics, and a variety of medications that work on nerves can be prescribed. Additionally, following a diet that may be low in dairy, gluten or fermentable sugars (low FODMAPS) diet, antibiotics, and mind body therapies are being used. Fecal transplantation is also being investigated for use in this setting.

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