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IRRITABLE BOWEL SYNDROME (IBS)

What is IBS?

IBS is a chronic abdominal pain disorder associated with changes in the pattern of digestion and bowel function including abnormal bowel movements. IBS is no longer treated as a disorder of the intestines alone but is now considered to be brain-gut interaction disorder. The brain-gut axis describes the communication pathways between the brain and the digestive tract. The brain-gut axis controls digestion by coordinating emotional and cognitive (conscious intellectual) centers of the brain with the digestive functions within the intestinal tract. Patients with IBS experience a disruption in this complex brain-gut axis interaction resulting in changes in gut motility (movement of the contents of the intestines) and increased sensitivity to intestinal contents and contractions resulting in abdominal pain, often with constipation, diarrhea or both.

Symptoms

Chronic or recurring pain and discomfort in the abdomen are the main symptoms of IBS. The pain is often associated with abnormal bowel movements such as harder or looser stools or more or less frequent stools. IBS pain may be relieved or worsened by bowel movements. The pain is often described as crampy, sharp, dull, gassy. The symptoms often worsen after eating or with increased stress. IBS is more common in women and often happens with other chronic pain conditions such as bladder pain, vulvodynia, fibromyalgia, chronic fatigue, chronic headache, low back pain, or endometriosis. IBS pain can be debilitating resulting in disability, anxiety, depression, sleep disturbance, pain with intercourse, and sexual dysfunction.

Main Causes of IBS

The exact cause of IBS is currently unknown but appears to stem from problems with digestion function and hypersensitivity of the gut. IBS symptoms are affected by difficulty digesting certain foods, stress and anxiety, hormonal changes, changes in the bacteria in the gut. Treatment IBS has multiple causes and people experiencing it benefit from an integrative approach to pain management and treatment. An integrative approach means that diet, stress, mood, sleep and other chronic conditions are also treated.

Identifying and avoiding foods that may trigger IBS symptoms and eating smaller meals can help to manage symptoms. Adding dietary fiber to the diet is associated with reduction in IBS for those with constipation, but at the same time some people have more symptoms with an increase in dietary fiber intake. Both can be tried to find the right balance. Some people do well on a low-FODMAP diet or gluten free or lactose free diet which avoids certain types of food sugars, wheat or milk and can be discussed with your doctor.

Stress management is particularly important as stress is known to worsen the pain of IBS. Cognitive behavioral therapy, yoga and mindfulness-based meditation can reduce belly discomfort and the psychological distress associated with IBS symptoms, improve coping skills, and help patients adapt to their symptoms.

In persons with generalized pelvic pain, sexual pain and chronic constipation, physical therapy may be effective in reducing symptoms and improving bowel function by restoring normal mobility of the structure tissues themselves, as well as restoring the mobility between and among structures in the pelvic and abdominal cavities.

Several medications are approved by the FDA to treat IBS related constipation (Linaclotide and Lubiprostone) or diarrhea (Rifaximin, Eluxadoline and Alosetron Hydrochloride). Some patients also benefit from antidepressants and antispasmodics when the abdominal pain is more severe. Probiotics can also be used to help balance out the digestive system although their benefit in IBS patients is still being researched.

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For more information on Irritable Bowel Syndrome visit: www.gastro.org or www.aboutibs.org

For more information about other chronic pelvic pain syndromes visit:

International Pelvic Pain Society www.pelvicpain.org/public

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