

What is Irritable Bowel Syndrome?



Irritable bowel syndrome or IBS, is the name given to a longstanding condition consisting of frequent abdominal pain and bowel symptoms that doctors cannot explain by any other disease.

Symptoms

These may include:

- cramp-like abdominal pain, often relieved by defecation;
- an alteration in bowel habit (diarrhoea, constipation or alternating diarrhoea and constipation);
- bloating and swelling of the abdomen;
- rumbling noises and excessive passage of wind;
- urgency – a need to rush to the toilet, and incontinence (if a toilet is not nearby); and
- sensation of incomplete bowel movement.

You may have symptoms in other parts of your body.

These can include:

- headaches;
- dizziness;
- backache;
- passing urine frequently;
- tiredness, muscle and joint pains;
- ringing in the ears;
- indigestion;
- belching, nausea;
- shortness of breath; and
- anxiety and/or depression.

People with IBS have reported a similar range of symptoms with other medically unexplained illnesses, such as chronic fatigue syndrome, fibromyalgia and functional dyspepsia. This raises questions as to whether these are different expressions of the same type of illness.

Diagnosis

IBS is the most likely diagnosis if you have long term bowel disturbance with abdominal pain or bloating often with many other symptoms.

If you have had these symptoms for some time, or if they come and go but never completely go away, then go and see your doctor. There is no test or marker that is specific for IBS.

Irritable bowel syndrome should always be diagnosed by a qualified medical practitioner. Please do not attempt to diagnose it yourself, visit your doctor.

Any disease that affects the bowels can cause symptoms that are identical to IBS. Your doctor's priority is to identify from which condition you are suffering, possibly ruling out coeliac disease, inflammatory bowel disease (Crohn's disease or ulcerative colitis) or bowel cancer.

Doctors will therefore carry out a careful history to identify any red flag symptoms.

These include:

- recent weight loss;
- passage of blood in the stools;
- fever;
- a persistent unexplained change in bowel habit in somebody over 50 years of age; and

- a family history of bowel or ovarian cancer.

Your doctor will also carry out a few simple screening tests on samples of blood or stool.

These are likely to be:

- haemoglobin (for anaemia);
- white cell count, C-reactive protein (for infection or inflammation);
- tissue transglutaminase antibodies, anti-gliadin antibodies (for Coeliac disease);
- faecal calprotectin (for inflammatory bowel disease); and
- faecal occult blood (for bowel cancer).

If these tests are all negative, then the chances are you have IBS. In most cases, IBS can be diagnosed and treated in your local GP surgery without the need for a referral. However, if any of the above tests are positive your doctor may refer you to hospital for scans or a colonoscopy.

Even if your doctor has diagnosed IBS, you should always seek further advice if your symptoms change.

Who gets IBS?

We all get gut symptoms from time to time, but people with IBS get them more frequently and more severely.

At any one time, between 10% and 20% of people, that's one in five to one in 10 of us, living in western countries, fulfil the diagnostic criteria for IBS.

IBS is:

- more frequently diagnosed in young women;
- commonly associated with emotional tension;
- can be triggered after an attack of food poisoning; and is
- often triggered by life changes, difficult life situations, including illness or stressful life events.

IBS can occur at any stage in life, but frequently begins in early adulthood and comes and goes, often becoming worse at times of change or stress.

Physiology

- Irritable bowel syndrome was originally thought to be a

disturbance of gut motility (the movement of the digestive system).

- Pressure recordings in the bowel revealed spasms and more frequent contractions.
- Disturbances in bowel transit were noted.
- These changes may be explained by the bowel being abnormally sensitive.

Causes

There is no definite cause for IBS.

The most common risk factors include:

- **Post infectious IBS**
After an attack of gastroenteritis (food poisoning), about 10% of people develop IBS. This is more likely in people who are anxious, depressed or experiencing difficult life situations at the time they caught gastroenteritis. Gastroenteritis might make the gut more sensitive and causes a long term mild inflammation.
- **Antibiotics**
The ingestion of a course of powerful antibiotics to treat life threatening infections can severely deplete the colonic

microbiome (the bacteria that populate the colon). This may increase the permeability of the intestine, stimulate the immune system and make the bowel more sensitive and reactive.

• **Post traumatic IBS**

Many people report that their IBS started after an event or a series of events that they found particularly traumatic or upsetting. Stress can increase bowel sensitivity. It is always important to ask yourself what was going on in your life before the attack started.

Triggers

To understand IBS, it is important to distinguish between what factors may sensitise the gut and cause IBS and what then might trigger the symptoms in a sensitive gut. The latter may be characterised as mood and food, (emotional tension or changes in diet), and they tend to operate together.

Mood

Any increase in emotional tension can go to the gut and trigger pain, bloating or bowel upset. You will know your own triggers, but common ones include:

- feeling ignored, disregarded;
- working under pressure, being too busy;
- a feeling of mistrust;
- feelings of guilt or shame;
- deception or betrayal;
- abuse, bullying;
- sadness, feelings of worthlessness;
- encounters with somebody who has upset you in the past;
- anxiety and fear; and
- any change in circumstances.

Mood and Food

- Any increase in emotional tension can tend to make the gut more sensitive to the food you are eating and induce symptoms.
- In time the memory of the event may fade but the symptoms can still be rekindled by the food you were eating at the time.
- Similarly, any food that you have been told is bad for you may heighten emotional tension and trigger symptoms.

Food

Certain foods can upset a sensitive gut. Although symptoms vary from one individual to another and can be worse for some than others.

Try to:

- Eat three regular meals a day and try not to skip any meals or eat late at night.
- Cut down on rich or fatty foods including chips, fast foods, pies, batter, cheese, pizza, crisps, chocolate, cake and fatty meats such as burgers and sausages
- Reduce your intake of ready meals and cook from fresh ingredients where possible
- Reduce your intake of drinks that contain caffeine, such as coffee and fizzy drinks and drink at least eight cups of fluid per day, especially water.
- Limit alcohol consumption to no more than two units per day and have at least two alcohol free days a week.
- Reduce your intake of chilli spice, pepper capsaicin and piperidine.
- Limit your intake of fresh fruit to three portions per day, (one portion is 80g).

Certain vegetables and cereals contain medium chain complex sugars (fructo or galacto-oligosaccharides) that cannot be absorbed but are rapidly fermented by colonic bacteria and produce gas and bloating.

These include:

- onions;
- pulses (beans and lentils and chickpeas);
- sprouts and cauliflower;
- beetroot;
- artichoke; and
- wheat.

Honey, fruits and fruit juices that contain sugar alcohols (eg sorbitol) or an excess of fructose over glucose will retain fluid in the gut and may cause diarrhoea.

These include:

- stone fruits (plums, prunes, cherries, apricots, mangoes);
 - apples; and
 - chewing gum.
-

Join The IBS Network

We are here to help



We understand how difficult and embarrassing it can be to talk about your symptoms. We know how your symptoms can impact on your life and how miserable they can make you feel. You are not alone.

We can offer you support, advice and information to help you live a full and active life again.

Visit our website

www.theibsnetwork.org for more information to help you better manage your IBS.

Join The IBS Network and you will have access to a large, caring community of support.

As a member you'll have access to:

- our online self-care programme designed to help you better understand your IBS;
- one-to-one advice from IBS specialist health professionals;
- ask the experts facility where you can put your questions to our team of medical professionals including

gastroenterologists, dietitians and pharmacists;

- our monthly newsletter with IBS news and information;
- our quarterly magazine with features and interviews;
- a Can't Wait Card to help you gain access to toilets when you most need them;
- a selection of factsheets; and
- a library of IBS-friendly recipes.

Join The IBS Network online at www.theibsnetwork.org or call 0114 272 3253.

This factsheet is for information only and should not be used as an alternative to seeking a medical diagnosis of IBS from you GP. This leaflet has been updated July 2019 and will be reviewed July 2021.

The IBS Network is the national charity supporting people living with IBS.

Registered charity number: 1173208