

It's not always what you eat; it's the way that you eat it



IBS currently affects 15% of the UK population and the average sufferer takes 22 days off a year because of their bowel symptoms. This is often put down to stress and diet (food and mood), but could it perhaps also be related to the way you eat? To investigate this, Gut Week this year commissioned market research on people's eating habits in a representative sample of 2000 people from cities across England and Wales.

The results, which were reported in The Daily Mirror found that quarter of women speed feed their way through the day's meals. They eat breakfast in five minutes or less, lunch in just 10 minutes and dinner in as short a time as 11 to 20 minutes.

And a quarter of us are hunter-grabbers, who don't just eat three square meals a day but grab snacks twice during the day and once after dinner.

This survey indicated that fewer and fewer people eat their meals round the table. 35% eat their breakfast in front of the TV while almost half eat dinner while goggling the telly, hardly the most comfortable way to relax and digest their food. Only 6% of people take time out for lunch and many grab a sandwich or a packet of crisps at work hunched over their computer.

And to further aggravate our strained digestive systems, immediately after swallowing our last mouthful we tend to leap up and embark on the next task. Add to this the fact that over 30% of us feel anxious and stressed most days and 40% feel overtired – key triggers for stomach troubles – and it's no wonder so many people suffer from IBS.

Healthy life is always a matter of balance. Digestion can only proceed peacefully if you allow time to relax and switch off the effort, preferably with family or friends. This allows the parasympathetic nervous system to stimulate digestive secretions and coordinate digestive contractions. Eating while standing up or rushing around or even watching something troubling on the television sensitises the gut making people less tolerant of the foods they eat. Stress, whether this is due to emotional upset or pressure of time activates the sympathetic nerves (our fight and flight system), increasing intestinal sensitivity and causing spasms, bloating, indigestion and bowel upset. Exercise does the same thing. Just think how upset your gut would be if you tried to eat while playing a game of football. But this is essentially what many people do every day of their lives. Dr Marilyn Glenville, author of *Natural Solutions to IBS*, agrees. 'Many people discover that their bowels seem to act as a kind of emotional barometer, indicating how they feel about what is going on in their lives. Tension always seems to make IBS worse and we are living in much more stressful times.'

Many experts now agree that changes in our lifestyles and eating habits over the last decades combined with the stress of our increasingly complex lives, the overuse of antibiotics and greater frequency of gastroenteritis, have altered the natural balance of our guts, causing a rise in conditions like IBS.

Women seem to be more sensitive to these effects than men and suffer more from IBS. The need for women to multitask, trying to balance running a home and bring up children with holding down a job may be taking its toll on the gut, as it often means rushing from one thing to another and grabbing food on the go.

But you don't just have to put up with IBS as the cost of modern living. There are some simple things you can do about it.

see next page

Ten top tips to prevent yourself getting IBS.

1. Try to eat at the same time every day and avoid snacking between meals.
2. Make meals an occasion. Allow time to relax and digest your meal. Eat round the table. Talk, digest the day.
3. Always sit down and relax for 20 minutes after every meal to allow enough time for digestion.
4. Never eat before going to bed. This can impair sleep and cause indigestion.
5. Don't eat fatty meals if you are busy and in a hurry. Fat takes longer to digest, causes abdominal cramps and makes you sleepy.
6. A glass of wine won't hurt you. One glass with your meal relaxes you and aids digestion but half a bottle irritates the stomach and makes it worse.
7. Avoid vigorous exercise straight after a meal though a gentle stroll can help your meal go down.
8. Keep a food and mood diary. Note when your IBS flares up and write down anything that has happened and what you have eaten for up to 48 hours beforehand. After a few weeks, look back at your diary and see if you can identify any situations or foods that predictably upset your bowels. This information will allow you to make the necessary changes to keep your gut peaceful and happy.
9. When your IBS has flared up, you may find that eating a bland diet low in fat, spices, coffee and gassy fruit and vegetables may help, but it may be the stress that is making your making your gut sensitive. Addressing this may help you get back to a less restricted diet.
10. Try to deal with stress before it affects your stomach. Look upon your IBS as your alarm signal. If it goes off, slow down and relax, don't push through your symptoms. Take a break, phone a friend, take the dog for a walk, read a book.

This year's Northern **Allergy and Free From Show** is taking place in Liverpool next month and is set to be another fantastic weekend. Here are some key pieces of information so you can get the most out of the show!

Doors open at the BT Convention Centre at 10am and close at 4pm throughout the weekend.

We are holding two seminars specifically on IBS which are:

Saturday 26th October at 2pm - Julie Thompson, our resident dietitian's seminar on 'IBS, wheat and bloating - the challenge of the fructans or gluten dilemma'.

Sunday 27th October at 11am - Dr Nick Read's seminar on 'How to manage your own IBS; Introducing the IBS Self Care Plan'.

The seminars will be taking place at the seminar theatre to the left of the entrance!

If you are planning to come over to see us or to book yourself in for one of our 1-2-1 consultations our stand number for the weekend is E25 (Right next to the cooking zone!).

Finally, be prepared! **Collect your FREE tickets from our website or by clicking here!** For information regarding the details of the event visit <http://www.allergyshow.co.uk/liverpool/visiting-2/when-where.php>

Looking forward to seeing you!





Launched this summer: A new drug for IBS with constipation

by Dr Anurag Agrawal

'Dr Agrawal is a Consultant Gastroenterologist at Doncaster Royal Infirmary. He trained in Liverpool and completed his PhD on functional bowel disorders at the University of Manchester. He has a keen interest in research and has been first author in a number of papers published in professional medical journals. His work was recently recognised by The Rome Committee by the presentation of The Ray Clause Award for the best paper in the field of functional GI disorders.'

At last, sufferers with constipation predominant IBS may have something to smile about. A new treatment has been launched. Linaclotide (trade name Constella) is a new drug that has been approved by the European regulatory board as well as NICE for use in IBS with constipation. The drug has passed the rigours of high quality clinical trials in America and Canada, which suggest that it not only alleviates constipation but also other symptoms including pain and bloating.

Abdominal pain, bloating and constipation are a difficult combination of symptoms to treat. Remedies for constipation can make pain and bloating worse. Effective treatment for pain can exacerbate constipation. Traditional constipation remedies, like fibre and laxatives have limited efficacy for IBS constipation, and many newer drugs have been withdrawn because of unwanted side effects. It is for these reasons that there has not been a new drug for patients with IBS and constipation for the last 20 years.

Linaclotide acts on the cellular machinery, stimulating secretion and encouraging peristalsis but at the same time it targets pain receptors in the gut, reducing sensitivity and pain. Two large multicentre clinical trials conducted over 3 and 6 months respectively demonstrated statistically

significant improvement in the abdominal pain as well as bowel frequency. Linaclotide acts just in the gut; negligible amounts are absorbed into the body. Thus the only significant side effect is diarrhoea which occurs in about 20% of patients. This can be managed by reducing the frequency of medication or by taking antidiarrhoeal drugs such as loperamide; only a quarter of patients with diarrhoea need to stop the drug.

Doncaster Royal Infirmary appears to have the biggest experience of Linaclotide in the UK. More than half the patients with IBS constipation treated showed improvements in pain and bloating, in stool frequency, straining and stool consistency, and also in quality of life. Given the successful response the majority of patients experienced, a decision was made to incorporate Linaclotide into the local formulary.

Linaclotide can only be obtained on prescription and doctors still need to spend adequate time to understand and explain the diagnosis and its context. The drug is usually taken half an hour before breakfast.

The place of Linaclotide in IBS and constipation will require wide experience before it is established, but a case can certainly be made for patients to be treated with this medication in primary care before referral and investigation in hospital. I anticipate that the combination of simple screening tests for colitis and coeliac disease and new and effective treatments for IBS constipation may well lead to a widespread improvement in the way IBS is managed, and Linaclotide may be part of this.

1) Chey WD, Lembo AJ, Lavins BJ, et al. Linaclotide for irritable bowel syndrome with constipation: a 26-week, randomized, double-blind, placebo-controlled trial to evaluate efficacy and safety. *Am J Gastroenterol* 2012; Nov;107(11):1702-12

2) Rao S, Lembo AJ, Shiff SJ, et al. A 12-week, randomized, controlled trial with a 4-week randomized withdrawal period to evaluate the efficacy and safety of linaclotide in irritable bowel syndrome with constipation. *Am J Gastroenterol* 2012; Nov;107(11):1714-24.

And for you, our members

Are you looking for a self help group? Do you live in Leeds / Bradford or Nottingham? There are two new support groups looking for individuals to join:

One of our members is looking to start a self help group in Leeds. If you would like to contribute or participate in this group please contact matt@lets cureibs.com or alternatively visit the group's website www.lets cureibs.com

Self Help Nottingham are also looking to set up a support group for individuals affected by IBS! If you would like some more information regarding this group please contact the information line on 0115 911 1661



These groups are a fantastic source of support and can be very beneficial in the management of your IBS symptoms. For advice on setting up a self group as well as access to the self care plan and a starter pack of resources, including joining the IBS Network, contact the office on 0114 272 32 53 or email info@theibsnetwork.org



TOILET ACCESS UPDATE!

Media: The effects of public toilet closures have been raised again! You may have heard the interviews with Unison and the BTA on the radio and television. National newspapers have also picked up the issues. The problems of toilet access for mobile workers [including lorry drivers] were also featured which is good news; mobile workers carry out a lot of activities we rely on but it's a sector that tends to be forgotten. If your local toilets are under threat of closure – do start a campaign. If you need facts to support your arguments, please contact me gillian.kemp@ntlworld.com

Lorry Drivers: The BTA campaign to enable lorry drivers to access toilet and hand-washing facilities at the companies they visit is progressing very well. Unite the Union is being very supportive and a presentation I made to a group of logistics companies in Birmingham resulted in positive offers of help. This is excellent news indeed and a plan to improve the situation is due to begin in September.

Food Inspectors, the television programme for BBC1, is currently looking for people that have suffered post infectious IBS as a consequence of food poisoning. We are very interested in hearing about your experience and potentially retelling your story to raise public awareness. If you would like to participate in the programme or find out more, please contact 020 7290 0210 or email: stephen.bath@betty.co.uk

Toilet Map: Action on the BTA toilet map is gathering momentum. A small selection of companies will shortly be presenting their proposals. One aspect of the project, vital to its success, is to ensure the information is always up to date.

Coleshill Parkway Station [near Birmingham]: Seeing a virtually brand new station I had high hopes of finding a loo there. And yes there was one – but I wasn't allowed to use it until I produced my RADAR key! Apparently the public aren't allowed to use the loo but should use the facilities on the train. So be warned! Even having sight of a toilet doesn't mean you can use it! The BTA will be following this up to discover more. If you have been refused toilet access anywhere, please let me know at gillian.kemp@ntlworld.com

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We are excited to announce the return of our IBS Wellbeing event! This year's show will take place on Saturday 16th November at The Circle, Rockingham Lane in Sheffield. Along with a variety of exhibitors, the day will include a range of talks (covering medical

management, diet, self help and hypnotherapy), workshops, one to one consultations as well as an 'Ask the Expert' panel. Stay tuned for more information.

We hope to see you there!



ibsnetwork
Supporting people living with irritable bowel syndrome

IBS Wellbeing Day Sheffield, November 16th

This year's IBS Wellbeing Day is taking place at The Circle, Rockingham Lane, Sheffield between 10.30am and 4pm on Saturday, 16th November.

A day of expert talks, workshops, small groups and demonstrations, open to everybody with IBS.

We cordially invite you to attend and demonstrate your products or services. Advantageous terms for exhibitors.

Do Join Us!
For more information, please contact Amelia on:

 0114 272 32 53  info@theibsnetwork.org

www.theibsnetwork.org
Helping you better

   

Nutrition & Health Live

Keynote Symposium for health care professionals on Gut Health, Allergies & Intolerances, chaired by Dr Nick Read, and in Partnership with The IBS Network.
November 1st, 2013

This symposium will:

- * **present the latest scientific evidence on food and IBS**
- * **challenge orthodoxy**
- * **propose new perspectives**

Key topics: **Wheat Intolerance, Fibre, FODMAPs, Probiotics, Colonic Microflora, Food and Mood, Self Management.**

Speakers include:

- * **Prof. Christine Edwards**
(Professor of Nutritional Physiology at the University of Glasgow)
- * **Prof. Ingvar Bjarnsson**
(Gastroenterologist at Kings College Hospital)
- * **Marianne Williams** (Specialist IBS and Allergy Dietitian in Somerset)
- * **Miranda Lomer** (Consultant Dietitian, King's College Hospital)

Join us at the symposium, attend other sessions on hot topics in nutrition, visit the Science Zone, browse the exhibition stands and refresh your enthusiasm and skills.

For more details, to obtain the full Conference Programme and to Register please visit the event website: www.nutritionandhealth.co.uk or call the organisers on 020 8455 2126 with enquiries.

A One-Day Pass costs £75 for Professionals, £50 for Students and Group Discounts are available.



IBS, the downside of a good night out?

Such a pain!

After a night out drinking with friends five years ago, I woke up the next morning with really bad pains in my stomach, just below the belly button. I put it down to a hangover but it lasted four days and after that every time I had alcohol the same thing would happen. If you saw me, you'd think I was dying. At first, I was having to empty my bowels more and then I became constipated and I had terrible pain. My doctor diagnosed IBS and since 2008 I've tried almost every medication going but nothing seems to work. I was told to cut out certain foods but no foods seem to affect my stomach. It's only drinking alcohol. Two pints of beer can make me bad for four days. I would love to be able to go out with my friends but dare not because I know I will suffer with such terrible pains.

An alcoholic binge can certainly cause abdominal pain and diarrhoea and in people with sensitive and irritable guts. It may, for example, irritate the stomach and may cause reflex contraction of the colon. But it might be more the context of the night out; the memory of a bad attack that is rekindled by an alcoholic drink. People with IBS are often highly sensitive; anything that upsets them will upset their gut. Alcohol releases inhibitions, and may result in a surge of emotion that wrenches the gut out of kilter.

But there is something about the severity of the pain that is unusual and makes me think of something physical like pancreatitis and biliary colic. Next time you have a bad attack, ask your doctor to examine your abdomen, take a blood test for amylase and carry out a scan. [For more, look up: http://www.healingwell.com/community/default.aspx?f=26&m=425607](http://www.healingwell.com/community/default.aspx?f=26&m=425607)



Ask Prof Nick



But is it more what I am drinking?

I'm an 18 year old student who suffers from stomach pains that the doctor has diagnosed as IBS. Alcohol makes it so much worse, not only that night but also the next day. I have found it very hard to find an alcoholic drink that doesn't bring on my IBS. I was wondering if certain alcoholic drinks are better to drink than others or if a mixer (such as coca cola) is more likely to bring on my IBS?

Some people find that sweet beers will give them gassy pains and diarrhoea, others that spirits and wine will cause indigestion and gastric pain. The cheaper the wine, the worse the effect, but that may be due to other components of the drink, such as tannins and sugars. Fizzy drinks can distend the gut and cause pain. Alcoholic fruit juices or mixers often contain high fructose corn syrup, which is fermented to gas and causes bloating or diarrhoea.

For some people, drinking alcohol on an empty stomach may cause more gastric soreness; for others drinking with a heavy meal causes pain – but it may be the meal that's responsible. Keep a diary of your pain and what you have been drinking (or eating) or anything else that's going on. The IBS symptom tracker would be good for this.

For more information, look up: <http://www.ibsgroup.org/forums/topic/123351-which-alcohol-drinks-work-best-for-ibs/>

Blood on the paper. Should I worry?

About once a month, when I go to the toilet, it is painful around my anus and there is a some blood on the paper and a smear of blood on the stool. Is this anything to worry about?

It sounds like you may have a small split in the skin of your anal canal, which opens when you pass a motion, or perhaps an erosion over a small haemorrhoid. It may help to take some Fybogel to soften your stool so you don't have to strain so much and also get some ointment to protect the area and allow it to heal. Although this is not likely to be anything serious, if the problem continues, do go and see your doctor so he can examine the area and reassure you.

Did having my gall bladder out trigger my IBS?

Is there a connection between cholecystectomy and IBS? My IBS started after I had my gall bladder out?

Cholecystectomy is often followed by an increase in abdominal cramping and diarrhoea. The gall bladder stores and concentrates bile acid, releasing it after a meal when it combines with and helps to digest fat, but if the gall bladder is removed, bile acid leaks continuously into the intestine and by itself will cause irritation with increased secretion and peristalsis. If that is the problem, then bile acid binders such as Questran is the treatment of choice, 1/2 to 1 sachet three times a day, usually taken before meals and titrated with both the size of the meal and the symptom response.

Could it be Colitis

I have suffered with my bowels since I was little, and have been diagnosed with IBS, but my dad got diagnosed with IBS in his early twenties and then turned out to have colitis, which I think is the same as bowel cancer. I'm 19 and afraid of getting colitis. Is there a link between IBS and colitis?

First of all, let me reassure you that colitis is not the same as bowel cancer, though it does carry an increased risk of getting bowel cancer. Second, IBS does not lead to colitis or cancer, but in the early stages the symptoms of colitis can be like those of IBS, but usually include the passage of blood stained mucus (which is not a symptom of IBS). Colitis can run in families and with your family history, I would ask your doctor to screen you for colitis. This could mean a blood test for markers of inflammation or a stool test (faecal calprotectin) or a colonoscopy.

My toddler finds it all such a pain.

My two year old keeps holding his poo in to the point it is painful. Often when I think he has gone, there is just a stain on his nappy and no poo. When he does manage to go, it is often very large and compact though it gets softer the more he goes. He can get very moody and upset but when he has been able to go he is much happier and full of energy.

Oh dear, how difficult for your both. He is probably holding onto his stool because it is painful to pass and of course the more he holds onto it, the harder and more painful it becomes. The staining is due to a large, hard stool causing secretion from the rectum. He needs to become less fearful of passing his stools. Taking some Fybogel would help soften the stool and make it easier to pass but try to take the pressure off pooing and let him just get on with it. It sounds as if he is not potty trained as yet. This can get to be a bit of a battleground. Your practice nurse may well be able to give you some reassurance and support that may help you both relax about this. Good luck.

Erratic Bowels

For the past 2 years I've been diagnosed with IBS at first it was constipation then it was diarrhoea and now the two alternate. I'm so very confused with it all. My question is what's best to take or to eat for frustrated or incomplete emptying of the bowels. I'm in the process of going for intolerance tests but everything seems to come back negative. I tend to eat throughout the day but feel as though I can't go and then the next day I can't seem to stop going. In the morning I get an urge to go but it isn't just diarrhoea, it's formed stools.

It sounds as if your bowels are all over the place. Research that one of my students conducted some years ago showed that people whose bowels were erratic, also had erratic eating habits, sleep patterns, life styles and moods. I appreciate this may not apply to you, but the message is to try to live a regulated life style. Allow time in the day for work, rest, exercise and just being with family and friends. Don't try and do too much - and if there is something that has upset you and your bowels, talk to somebody you trust about it. Incomplete or frustrated defaecation is just one aspect of this. Our bowels are usually more sensitive in the morning and become less so later in the day, but in IBS, these cycles are more extreme. Build one to three doses of Fybogel into your daily routine. This will bulk up your stool making it easier to go when you need to. Make time to relax. Ask yourself what changed to start your IBS in the first place. I don't think this is food intolerance. It's more an erratic nervous system. Look at the stress section of The IBS Self Care Plan. (www.theibsnetwork.org/the-self-care-plan/stress)

Natural approaches to combat intestinal spasm and pain?

Abdominal pain is such a familiar symptom, can be brought about by a combination of abdominal tension caused by anxiety or trying to do too much, and eating too much rich, fatty foods. Stress activates the sympathetic nervous system, which may cause spasm and increase the sensitivity of the intestine to certain foods. We each have our own methods of alleviating pain. These include simple methods to promote relaxation including hot water bottles and warm baths, bland calming foods and herbal remedies.

Relaxation & Stress Management

Take time out

There was a time when we could relax cooking a meal, tending the garden, making clothes, or even writing a letter or meeting friends. Now machines, ready meals and computers do these jobs for us. These may save time, but for what, to pack in more tasks, to worry about what we haven't done, to make life more complex. How many times have you heard people complain they don't have time to think? This can make us tense and trigger IBS symptoms. So allow sufficient time for you amid all the emails, text messages, phone calls and commitments. Relax, read a book, listen to music, knit, sew, draw, go fishing – whatever it takes to distract yourself from the never-ending 'what I have to do'.

Exercise

Regular exercise will not only help you stay healthy, it will help you relax and take time off. Go for a run, take the dog for a walk, go to the gym, enjoy a swim.

Yoga and Meditation

Through a combination of postures (asanas), breathing (pranayama) and meditation, yoga relaxes the mind and body, distracting you from everyday cares and helping you work, focus and sleep better.

Reflexology and Acupuncture

There is nothing like being stroked or held by somebody to makes us feel safe and relaxed. Touch therapies such as reflexology, acupuncture and can provide such comfort and relief that tensions and pains can melt away leaving us much more able to cope. Reflexology and acupuncture can specifically help people to relax and reduce pain.

Hypnotherapy

Hypnotherapy attempts to address an individual's subconscious mind, using the power of suggestion for beneficial change. Hypnotherapy induces a trance like relaxed state, in which positive suggestions can be implanted and help reduce the symptoms of pain and discomfort.

Get Enough Sleep

Few things can undermine your day as much as waking up tired. So put yourself in the right frame of mind to sleep. Wind down in the evening, ideally with a partner or friend, avoid arguments, exciting films, exercise, alcohol, coffee or meals in the few hours before you go to bed.

Talk to Somebody

And if there's something on your mind, do talk to somebody you trust about it.

Diet

If your gut is tense and sensitive, food may cause pain. So have regular meals, avoid missing meals, eat in company, talk, relax, and take your time. It is important to eat to satisfaction and no more., choose low fat options, avoid hot spices and limit your intake of gassy fruits and vegetables (FODMAPs - see The IBS Self Care Plan). Restrict your intake of tea and coffee to just three cups a day. Don't take supplements unless your doctor advises it. Magnesium can increase gut spasm.

Natural Treatments For Abdominal Pain

Among herbs believed to relieve abdominal pain are peppermint, chamomile, fennel, ginger, lemon balm and spearmint. These can all be obtained as teas. Peppermint oil is recommended by the National Institute for Health and Clinical Excellence (NICE) as an effective first line treatment for the relief of abdominal pain and other IBS symptoms. Peppermint oil is a natural ingredient which has been formulated into capsules.

The information in this article is meant to give you information on natural approaches to combat intestinal pain and spasm. Other IBS treatments are available and options should be reviewed and discussed with your GP.

This Editorial has been developed with the aid of McNeil Products Limited UK/CPM/13-1138

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- Colpermin uses the clinically proven power of peppermint oil to tackle the common symptoms of Irritable Bowel Syndrome.

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If this is the first time you have suffered from these symptoms, you should speak to your doctor first. Always read the label. COLPERMIN® IBS RELIEF CAPSULES contain peppermint oil. UK/CPM/13-1160

