

IRRITABLE BOWEL SYNDROME

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INTRODUCTION

Irritable bowel syndrome also called the IBS is a chronic ongoing problem that affects the large intestines. In people who have IBS, food moves too quickly or too slowly through the intestines. This can cause discomfort and emotional distress, but it does not damage the intestine nor does it lead to any serious condition.

IBS is a functional disorder, which means there is an abnormality in how the body works, but somehow or the other the cause to identify that disorder is difficult. It is therefore also called functional bowel, spastic bowel, irritable bowel and spastic colon.

CLASSIFICATION

IBS can be classified as either diarrhea-predominant (IBS-D), constipation-predominant (IBS-C), or with alternating stool pattern (IBS-A) or pain-predominant. In some individuals, IBS may have an acute onset and develop after an infectious illness characterized by two or more of: fever, vomiting, diarrhea, or positive stool culture. This post-infective syndrome has consequently been termed "post- infectious IBS" (IBS-PI).

SYMPTOMS

Some of the common symptoms of IBS are listed below:

Abdominal pain or discomfort often relieved by or associated with a bowel movement

The feeling that you have not finished a bowel movement

Chronic diarrhoea, constipation or both

A swollen or bloated abdomen

Mucus in the stools

Excessive flatulence

Nausea

CAUSES

Doctors are not sure about the cause of IBS. It may have something to do with the over activity of part or parts of the gut. The gut comprises of the small intestines and the large intestine along with other organs that aid digestion. It is again not clear as to why this over activity of the nerves or muscles of the gut occurs. It is said that stress or emotional upset may play a role. Symptoms tend to become worse during times of stress or anxiety. The other reasons are an infection which is ongoing or antibiotics which kill certain good bacteria in the gut resulting in changes in the balance of bacterial types in the gut.

POST-INFECTIOUS

Approximately 10 percent of IBS cases are triggered by an acute gastroenteritis infection. Genetic defects relating to the innate immune system and epithelial barrier as well as high stress and anxiety levels appear from evidence to increase the risk of developing post-infectious IBS. Post-infectious IBS usually manifests itself as the diarrhea-predominant subtype. Evidence has demonstrated that the release of high levels of proinflammatory cytokines during acute enteric infection causes increased gut permeability leading to translocation of the commensal bacteria across the epithelial barrier resulting in significant damage to local tissues which is likely to result in chronic gut abnormalities in sensitive individuals. However, increased gut permeability is strongly associated with IBS regardless of whether IBS was initiated by an infection or not.

DIAGNOSIS

No specific laboratory or imaging test can be performed to diagnose irritable bowel syndrome. Diagnosis involves excluding conditions that produce IBS-like symptoms, and then following a procedure to categorize the patient's symptoms. Ruling out parasitic infections, lactose intolerance, small intestinal bacterial overgrowth, and celiac disease is recommended for all patients before a diagnosis of irritable bowel syndrome is made. In patients over 50 years old, they are recommended to undergo a screening colonoscopy. IBS sufferers are at increased risk of being given inappropriate surgeries such as appendectomy, cholecystectomy, and hysterectomy due to their IBS symptoms being misdiagnosed as other medical conditions

INVESTIGATIONS

Investigations are performed to exclude other conditions:

- Stool microscopy and culture (to exclude infectious conditions)

- Blood tests: Full blood examination, liver function tests, erythrocyte sedimentation rate, and serological testing for coeliac disease
- Abdominal ultrasound (to exclude gallstones and other biliary tract diseases)
- Endoscopy and biopsies (to exclude peptic ulcer disease, coeliac disease, inflammatory bowel disease, and malignancies)
- Hydrogen breath testing (to exclude fructose and lactose malabsorption)

TREATMENT

Currently, a cure for IBS has not been found yet. It can be, however, very well managed with a healthy balanced diet as recommended by your doctor or dietitian which provides substitutes for any foods that do not agree with you. It may take some time before you understand what foods work for you and what do not. Always work with your dietitian or doctor to get more insight into the condition. However some drugs are given for relief like as **Laxatives, Antispasmodics.**

DIET

The truth is that food does not lead to the disorder, even though it may seem that food is the direct source of your irritable bowel syndrome problems. However, food can make you feel worse. Your symptoms can become much worse if you eat the wrong types of food, which means more pain and discomfort for you. Note the following points below, which may help minimize symptoms.

Have regular meals and take some time to eat at a leisurely pace.

Avoid missing meals or leaving long gaps between eating. Eating too much at a time can aggravate the symptoms of IBS in some people. Split your meals into smaller portions throughout the day, if this is a problem you face.

Include plenty of water and clear fluids in the form of buttermilk, homemade vegetable soups, tender coconut water. This not only helps prevents dehydration if there is excessive diarrhoea, but also moistens the stools and makes them soft, thereby easing constipation.

Restrict tea and coffee to three cups per day (as caffeine may be a factor in some people). The same is true for fizzy carbonated drinks like colas which are not recommended.

Fibre is that part of food which is not absorbed into the body but is necessary since it increases the stool bulk and makes it easier to pass and it eases constipation. There is a lot of fiber in fruit, vegetable, and whole grains. While it is better for people suffering from constipation, the same might irritate the gut when you have diarrhoea. There are two main types of fibre - soluble fibre (which dissolves in water) and insoluble fibre. It is soluble fibre rather than insoluble fibre that seems to help ease symptoms in some cases. So, if you increase fibre, have more soluble fibre and try to minimize the insoluble fibre. Soluble fibre is found in oats, nuts and seeds, some fruit like apples and peaches, and vegetables.

Minimise the intake of fatty food, milk and other dairy products which are rich in fat. Check with your doctor if you cannot digest milk products. Lactose-free milk and other alternatives for milk are essential to meet your calcium, protein and other nutrient needs.

Vegetables like cabbage, onions, cauliflower, broccoli may increase flatulence. If this is indeed the case with you, try cutting down on the amounts or eliminate them if they still do not agree with you.

Include different fruits every day but take care not to eat excessive amounts of fruits, especially if you have poor tolerance to any particular fruit.

If you have diarrhoea, avoid sorbitol an artificial sweetener found in some sugar-free sweets. Check the labels before eating any sugar-free products.

Probiotics are beneficial bacteria that fight with the bad ones and are usually present in the intestine. Both pre and probiotics that are present naturally in fermented foods can help in the overall management of IBS, by increasing the counts of beneficial bacteria. Curd and buttermilk are rich sources of probiotics and taking them may help to ease symptoms of IBS.

It is always recommended to note down foods every day and the symptoms associated with them if any, to get better clarity on how each food impacts the IBS. This also helps the doctor or your dietitian to understand and plan your diet.

OUTLOOK

Management of IBS may be a long term requirement. However, the severity of symptoms tends to wax and wane and you may have long periods without any symptoms, or with only mild symptoms. The positive news is that there

are no other complications associated with IBS, including cancer. With appropriate guidance and support from medical professionals, optimal nutrition and lifestyle measures that include stress management as well can go a long way in improving the overall quality of life.

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