

IRRITABLE BOWEL SYNDROME

By Michael Sperling MD

Irritable bowel syndrome (IBS) involves vague symptoms of abdominal pain, diarrhea, constipation, gas and bloating for which there is no understandable cause. Incredibly, IBS affects up to 20% of the population but only three-quarters of those people actually seek medical attention. It is the second most common reason for work absenteeism.

Irritable bowel symptoms may also be related to other complaints such as belching, heartburn, swallowing problems, fullness after eating, nausea, frequent urination, painful menstruation and pain during intercourse. Extremely severe cases can sometimes be related to a history of traumatic abuse.

Some common associations or factors:

1. 'Spastic colon' is frequently found along with irritable bowel syndrome. Spastic colon consists of painful muscle contractions which can be relieved by bulk agents or anti-spasm drugs.
2. Post-infectious IBS occurs when irritable bowel follows a gastrointestinal infection, such as the stomach flu. These recurrent symptoms can last up to two years.
3. Stress and anxiety can worsen IBS symptoms so occasionally anti-anxiety agents may be helpful.
4. Food intolerances classically worsen symptoms of irritable bowel in some people. Common "offending foods" include lactose, legumes (beans) and cruciferous vegetables like brussel sprouts, cauliflower, broccoli and cabbage.
5. Hypersensitivity of the bowel wall: Normal colon activity is not usually noticed however in "visceral hypersensitivity", the bowel wall reacts painfully to normal activity. This condition may be helped by the use of low dose antidepressants, which can block these painful stimuli.

Careful and selective testing of patients with these symptoms and the development of a long-term doctor/patient relationship is the key to diagnosing and managing these symptoms. The patient's understanding of their physiologic response to emotional and situational stress can also help manage symptoms.

References

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