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Irritable Bowel Syndrome **FACT SHEET**

What is IBS?

Irritable Bowel syndrome (IBS) is a collection of symptoms which doctors link together into one disorder.

These symptoms may be abdominal pain, diarrhoea, gas (wind), variable bowel habit, bloating or urgency to empty the bowel.

What are the symptoms?

Symptoms of IBS vary from person to person and come and go with attacks lasting hours, days or weeks.

- Abdominal pain is usually in the lower abdomen often worse in the morning and relieved by having a bowel movement or passing wind
- Bloating or a feeling of fullness
- Offensive wind is common
- Diarrhoea
- Constipation
- Erratic bowel movements
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What causes IBS?

The cause of IBS is not known. In about 25% of cases, IBS starts soon after an attack of gastroenteritis (diarrhoea). It is thought that toxins released during the infection may damage nerves, which in turn can cause abnormal muscular contraction of the bowel.

It appears as though individuals with IBS are sensitive to bowel distension. Medical research emphasises the complicated brain/bowel interaction. Many nerve-to-muscle

messages in the bowel are similar to those in the brain, and reactions can be triggered by emotion. This is why people may get diarrhoea when nervous.

Some people may be sensitive to certain foods, but IBS appears unlikely to be directly related to a particular food

Who gets IBS?

IBS is the most common disorder of the digestive tract and may affect 30% of the population at some time in their life. It can occur at any age but is most common between 20 and 60 years, with symptoms usually commencing before 40. Females are affected more often than males. Symptoms may be worse around menstruation or at times of stress.

How is IBS diagnosed?

IBS does not reduce life expectancy. However, quality of life may be significantly affected. There is no specific test. Your doctor can usually diagnose IBS from the pattern of symptoms although it is often necessary for a doctor to exclude other conditions with similar symptoms.

Diagnosis may well involve colonoscopy (examination of the large bowel under sedation using a thin flexible lighted instrument) and at times endoscopy.

A Colonoscopy is essential if:

- You have/had bowel cancer or polyps
- You are over 40 years of age
- You have a family history of bowel cancer or polyps
- You have bleeding from the bowel
- You have persistent diarrhoea
- You are anaemic

Rectal bleeding is not due to IBS and requires a colonoscopy. Please see your doctor.

What can you do about IBS?

Once your doctor has excluded other conditions, a variety of therapies may prove of value.

- **Many people are worried that their symptoms may be due to cancer.** Excluding other serious diseases will help to ease worry and anxiety. Please talk openly to your doctor about your concerns.
- **Lifestyle and diet may aggravate your symptoms.** Are your symptoms worse with stress? Do you drink too much alcohol? Are your symptoms worse after milk (lactose intolerance)?
- **Are you taking medication which might aggravate diarrhoea?** (e.g. antibiotics, antacids, laxatives, some tablets for blood pressure).

- **Are you taking medication which might aggravate constipation?** (e.g. antidepressants, iron tablets, pain killers, tranquillizers, some tablets for blood pressure).
- **Dietary changes may also help ease symptoms.** Reducing intake of irritants such as caffeine and fatty foods may help alleviate symptoms. However, the main dietary approach now is reducing the consumption of fermentable carbohydrates in the diet to reduce symptoms. The FODMAP (fermentable, oligosaccharides, disaccharides, monosaccharides and polyols) approach involves cutting out all FODMAP foods which are poorly absorbed by the gastrointestinal tract for a period of 2 to 6 weeks. After the initial period foods are slowly reintroduced to find tolerance levels. The diet should only be undertaken with specialist guidance from an accredited dietitian.

Drugs

Mebeverine (eg, *Colofac*) is an anti-spasm medication often highly effective in relieving bowel pain and urgency. It must be taken on a long-term basis.

If Mebeverine does not work, *Zelmac* is occasionally useful for constipation-predominant IBS in females. If the predominant problem is watery diarrhoea, anti-diarrhoeal agents such as *Imodium* or *Lomotil* are often useful. Laxatives are rarely useful for Irritable Bowel Syndrome. A high-fibre diet and bulking agents may be useful even when diarrhoea is a problem.

Some antidepressants (tricyclic compounds such as *Tryptanol* or *Amitriptyline*) also have a separate effect on nerves and muscles in the bowel and bladder and are also often helpful in relieving pain.

Always discuss the use of medications with your doctor