

One of the Most Common Diseases of the Intestinal System is Irritable Bowel Syndrome

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Annotation: Irritable bowel syndrome (IBS) is a group of symptoms that occur together, including repeated pain in your abdomen and changes in your bowel movements, which may be diarrhea, constipation, or both. With IBS, you have these symptoms without any visible signs of damage or disease in your digestive tract. IBS, also called spastic colitis or nervous colon, is a chronic condition with symptoms that change over the years.

Key words: irritable bowel syndrome, gastroenterit, abdominal pain, feeling tired, feeling sick, backache, trigger food.

Irritable bowel syndrome (IBS) consists of a number of symptoms. The most common symptoms of IBS are abdominal pain and abnormal bowel habits. IBS is the most common disorder of the digestive system and up to one third of the population experience symptoms. Women are slightly more affected than men and the usual age for patients to seek advice is between 20 and 40 years. During digestion, the bowel squeezes its contents along our insides towards the anus. This process (peristalsis) is usually painless and we do not realise that it is happening unless there is an abnormal squeeze within the bowel or, for some reason, the intestine becomes more sensitive. In addition, patients with IBS seem to have greater sensitivity to the way that their intestines are moving, meaning they feel pain more easily. These changes can be quite painful.

Causes of IBS

There is not single cause of IBS. There is a wide variety of reasons why patients develop the condition. However, the single most common trigger to the start of symptoms is following a bout of food poisoning or gastroenteritis. There does not seem to be a genetic cause and there appears to be many factors that can provoke symptoms. Some people find that stress makes their symptoms worse. In some people, eating irregularly or eating an abnormal diet may be responsible. Some drugs, particularly when taken long term for chronic conditions, can cause IBS type symptoms such as diarrhoea. Overall, there seems to be some interaction between the nervous system in the gut and brain, emotional state, the gut microbes and the immune system of the gut. IBS is one of the most common reasons for a visit to the GP. As many as 1 in 8 people have symptoms of IBS at any one time. Once diagnosed, and given help most people can find effective ways of living with their IBS.

The most common symptoms of IBS are:

- Abdominal pain and abnormal bowel habits
- Wind, bloating and distension (a widening of the girth of the abdomen)
- Pooing mucus
- One third of IBS patients suffer from bouts of constipation. One third of IBS patients suffer from bouts of diarrhoea, others don't fall into a single pattern.
- Other symptoms include feeling tired, feeling sick, backache and bladder symptoms.

Many patients with IBS get crampy abdominal discomfort or pain, which comes and goes, and fluctuates with bowel function (typically easing after a bowel movement). Other common symptoms

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are wind, bloating and distension (a widening of the girth of the abdomen) and pooing mucus. Sometimes other symptoms might also occur, such as feeling tired, feeling sick, backache and bladder symptoms. Approximately one third of IBS patients suffer from bouts of constipation, one third suffer from bouts of diarrhoea and most other patients don't fall into a single pattern. The form of IBS that seems to follow gastroenteritis often leads to the diarrhoea type. This is called post infectious IBS. Identifying these different types of IBS is important because treatments often work quite differently depending upon whether diarrhoea or constipation is the main problem. However we do know that the pattern of bowel movements can alter over time and this means that your treatment might need to change should your symptoms vary.

Diagnose of IBS

The GP will want to rule out other diseases but will probably be able to make a diagnosis based on the described symptoms. Sometimes IBS symptoms can be caused by drugs you are taking for other conditions. It may be worth discussing this with your doctor to see if a drug switch can be made.

Further tests may include blood tests, which will be used to assess the following:

- Whether anaemia is present
- Liver and kidney function
- Any signs of inflammation in the bowel
- Whether coeliac disease may be the issue
- Faecal Calprotectin: this is a stool test increasingly used to look for inflammation so the doctor is sure that symptoms are not caused by other bowel disease. The doctor can then be confident that the diagnosis is IBS.

Treatment of IBS

If a dietary cause is suspected your GP can give advice on simple first line dietary changes to try or may refer you to a dietitian. The dietitian will try to identify any foods that cause your IBS symptoms (trigger food). This may involve leaving out particular sorts of foods from the diet, to see whether these symptoms improve. The dietitian may suggest an 'exclusion diet', which will exclude a number of common 'trigger' foods from your diet. A particular form of this is the low FODMAP diet. If symptoms improve, individual items can then be added back into the diet until the specific trigger food or foods are identified. If you have a diagnosis of an eating disorder, or you have had one in the past, exclusion diets may not be the best treatment option for you. There are other non diet treatments than can be tried, instead.

If constipation is a symptom, then bulking agents such as natural oat or rice bran, bran containing cereals such as oats, wholegrain rice or isphagula husk (a natural laxative) are helpful. But some laxatives containing fibre or senna, whilst helping with constipation, may make pain a little worse in some people. Avoid adding additional wheat bran in your diet as this can make symptoms worse.

Drugs to reduce bowel spasm have been used for many years. They are generally very safe and often worth trying. Most are available without a prescription and the pharmacist can advise. Unfortunately, they only benefit a relatively small number of patients. Laxatives can be prescribed for constipation by your GP or from the pharmacist whilst some patients benefit from treatment with peppermint oil or other over-the-counter medicines. Some patients find probiotics very helpful, but there is no specific prescribed preparation. It is rather a question of trial and error. Sometimes when pain is a major problem, small doses of drugs, which are used as antidepressants, such as amitriptyline, can be helpful. These can be useful in patients who have no signs of depression. There are also new classes of drugs that may be used if simpler treatments do not succeed.

New drugs are being developed, some of which may help patients whose main symptom is diarrhoea and others who tend to be constipated. Some of these newer agents are not yet available to doctors to



prescribe but it does seem likely that a wider range of treatments will be available to patients with IBS in the near future.

All in all, If you're living with IBS, you may worry about anything that could trigger symptoms. Learning more about IBS and what triggers your symptoms is the first step to taking action. Then, do what you need to take care of yourself.

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