

***What is it?***

A chronic condition of the digestive tract characterized by **abdominal pain and changes in bowel habits, usually constipation or diarrhea** (often going back and forth between the two). Other symptoms include bloating, gas, and belching. It is the most commonly diagnosed gastrointestinal condition, affecting 10-20% of the population, and is the second most common cause of missed work.

There are two types, **Constipation predominant** and **Diarrhea Predominant**.

***What causes it?***

No clear cause for IBS has been found, but there are multiple theories:

Abnormal contraction of the bowels	This can cause a cramping sensation. This could also explain why medicines that help muscle spasms and fiber, both of which regulate gut movement, help IBS.
Gut Bacteria	Our intestines are filled with billions of bacteria that help us digest our food. These good bacteria usually crowd out bad bacteria, but an imbalance can occur when we change our diets or get sick. This could explain why some people develop IBS after a diarrheal illness, or why some people’s IBS improves with changes in diet.
Food Intolerances	These are more common in people with IBS than the general population, so this may cause or contribute to symptoms of IBS, though this is difficult to prove on a population level. For individuals, this is easier to figure out by keeping a journal of food intake, bowel movements, and symptoms.
Sensitivity of the Intestines	Some scientists think that people with IBS have more feeling in their intestines than people without IBS. This causes normal amounts of gas or stool to feel excessive or painful to people with IBS.
Anxiety or Stress	Stress can often manifest in physical ways (take high blood pressure, for example) and has been shown to increase pain from any medical condition. While it’s difficult to say whether stress causes IBS or not, we know that people with IBS report more anxiety, stress, and depression than people without IBS. We also know that stress worsens IBS symptoms. <b>So IBS is not “all in your head,” but your mental well-being does matter!</b>

***How is it diagnosed?***

There is no test to diagnose IBS; the diagnosis is made based on your symptoms and ruling out other conditions. There are many IBS look-alikes, such as malabsorption, inflammatory bowel disease, celiac disease, and colitis.

Lab tests can’t diagnose IBS, but can help us rule out other conditions.

You may be asked to keep a journal of all of your symptoms, your food intake, your bowel movements, and any stressors. This helps you and your doctor identify any potential triggers of symptoms.

## ***How can I treat it?***

There is no cure for IBS. *Treatment for IBS aims to reduce your symptom frequency and severity.*

- Food journal – tracking your food intake, bowel movements, and symptoms helps you identify and avoid potential triggers.
- Diet Change –
  - o After working with your doctor to identify triggers, you may be asked to eliminate potential problem-foods from your diet.
    - Lactose intolerance is common and has similar symptoms. If consuming no lactose for 2 weeks does not improve your symptoms, you may continue eating lactose.
    - Foods causing gas. These foods are only partially broken down before entering the colon, where bacteria turn them into gas that makes us feel bloated and uncomfortable.
    - Fiber – especially if you have constipation-predominant IBS, as fiber adds water to your stools and promotes gut movement. Fiber supplements can be helpful but should be started slowly.

Try eating **LESS** of this:

- Lactose: Milk, Cheese, Yogurt
- Gas-producers: Broccoli, cauliflower, cabbage, beans

And **MORE** of this:

- Almonds
- Spinach
- Oatmeal
- Bran Flakes
- Raspberries
- Apples
- Carrots
- Bananas

- Psychosocial therapy to help reduce stress. It's important to be honest with your clinician about the stress in your life. Many people benefit from counseling, with or without antidepressant or anti-anxiety medication.
- Daily exercise – this helps reduce stress and aids in healthy digestion.
- Medications - These are reserved for people whose symptoms are not adequately controlled by more conservative treatments. Your doctor will help decide what medications are right for you based on whether your IBS is constipation- or diarrhea-predominant. These treatments may have side effects.
  - o **Anticholinergics** – block the nervous system's stimulation of your intestines, reducing irregular contractions and cramping. These drugs include dicyclomine (Bentyl), hyoscyamine (Levsin), a supplement of encapsulated peppermint oil, and others.
  - o **Antidepressants** –
    - Usually a class called *tricyclic agents (TCAs)* are used, but in much lower doses than they are prescribed for depression. These are thought to reduce pain perception, and include amitriptyline (Elavil, Levate), imipramine, and nortriptyline.
    - *SSRIs* may also be used if you have both IBS and depression or anxiety. These include fluoxetine (Prozac), sertraline (Zoloft), paroxetine (Paxil), citalopram (Celexa), and escitalopram (Lexapro).
  - o **Anti-diarrheal drugs** – Help slow the movement of stool through the intestines. These include loperamide (Imodium) and diphenoxylate-atropine (Lomotil).

## ***What are the long-term consequences?***

IBS is not known to lead to any serious medical complications down the road. Less than 5% of people with IBS will be diagnosed with another gastrointestinal condition at a later time. Your symptoms are likely to have ups and downs. IBS can be uncomfortable and frustrating, but most people with IBS are able to control their symptoms with enough success to live a normal life.