

IRRITABLE BOWEL SYNDROME

This month was designated as “*Irritable Bowel Syndrome Month*” by the US Health Information Center Office of Disease Prevention and Health Promotion in 1997.

Probably, as a result, **IBS** has become better known and therefore is diagnosed more often. IBS is characterized by symptoms of abdominal discomfort or pain, usually in the lower abdomen. Altered bowel habits—chronic or recurrent diarrhea, constipation, or both—accompany the pain. The pain has been reported as crampy or a generalized ache with periods of cramps which may be sharp, dull, or gas-like. The pain is usually relieved with a bowel movement.

There are no physical findings or diagnostic tests that confirm the diagnosis. Identifying symptoms consistent with the disorder and excluding other medical conditions which may have similar presentations help establish the diagnosis. The symptom based criteria emphasize a positive diagnosis rather than pursuing exhaustive tests to rule out other diseases.

Upper gastrointestinal symptoms commonly reported by patients are: heartburn, early feeling of fullness, nausea, abdominal fullness and bloating. Other symptoms patient may report are intermittent upper abdominal discomfort or pain, feelings of urgency (the need to find a restroom fast), and feelings of “incomplete” bowel emptying.

Symptoms are produced by abnormal functioning of the nerves and muscles of the bowels. There is no evidence of structural disease but may be a “dysregulation” between the brain, the gut, and the central nervous system which results in the bowel to become irritated or over sensitive to stimuli.

******Anemia, bleeding, unexplained weight loss or fever are not characteristic of IBS. Alert your physician immediately if these symptoms occur.***

Mild symptoms affect about 70% of people with IBS. Symptoms may occur infrequently and occasionally interfere with daily functioning. Some patients have been helped with usage of *Probiotic (Acidophilus) once or twice daily.*

The other 30% of the patients with moderate to severe symptoms need to be under the care their physician. Physicians may recommend several types of therapy which may include: identifying triggers, stress management, pain management, hypnosis, biofeedback, relaxation and/or drug therapy.

Of interest also, many IBS patients report coexistence with “fibromyalgia,” chronic fatigue syndrome, or interstitial cystitis. Other symptoms that tend to correlate with the severity of IBS are low back pain and headaches.