Understanding Bloating and Distension

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Bloating can be described as the feeling that there is an inflated balloon in the abdomen. It is a commonly reported symptom and is sometimes associated with distension, or the visible increase in the width of the area between your hips and chest (abdominal girth).

Both bloating and distension cause discomfort, and sometimes pain, and have a negative impact on the quality of life for some individuals. The symptoms may be linked with other gas related complaints, such as burping or belching (eructation), swallowing air (aerophagia), and passing intestinal gas (flatulence).

Some people with functional gastrointestinal disorders (FGIDs) and motility disorders frequently experience bloating, distension, or both as symptoms of their conditions. There is also something called functional bloating, which is fullness and/or distension of the abdomen, not associated with changes in bowel movements.

Causes
While researchers have proposed several different explanations for bloating and distension, there is no conclusive answer as to why the two symptoms occur.

Possible reasons for bloating and distension include:

- Too much gas in the intestine
- Abnormal levels of bacteria in the small intestine (Small Intestinal Bacterial Overgrowth – SIBO)
- Imbalance of microorganisms that usually live in the bowel (Dysbacteriosis); sometimes the result of taking antibiotics
- Food intolerance
- Difficulty absorbing (malabsorption) carbohydrates from food, such as FODMAPs (Fermentable Oligosacharides, Disaccharides, Monosacharides, and Polyols)
- Increased perception and sensitivity to what is happening in the digestive tract
- Increased curvature of the lumbar region of the spine (lumbar lordosis), which decreases the capacity of the abdomen to hold gas

Treatment
There is no universally effective treatment for bloating and distension. Treatment availabilities vary from country to country and there are many underlying possibilities as to what is causing the symptoms. However, despite the
fact that there isn’t an easy answer for bloating or distension, there are things that people can do with the help of their physicians to try and alleviate the symptoms.

Working with a Doctor
It is important to speak openly and honestly with your physician to express a clear picture of your experiences and symptoms. FGIDs present special challenges when communicating, specifically because of their vague symptoms and sensitive subject matter.

There isn’t a diagnostic test for bloating or distension; however your doctor may run some tests to rule out underlying problems or associated disorders.

These tests include:

- Stool analysis
- Blood workup
- Abdominal x-rays
- Barium swallow
- Small transit follow through
- Barium enema
- Gastric emptying tests
- Esophageal, antroduodenal, or anorectal manometry
- Colonic transit studies
- Breath test
- Upper endoscopy
- Colonoscopy with biopsies

Did you know that Spanish and some other languages don’t have a word for “bloating”?

People use the words “swelling” and “inflammation,” or describe it as “feeling pregnant.” Using the balloon analogy can be the most helpful. Let your doctor know exactly whether you have the sensation of having a balloon in your abdomen (bloating), the truly visible increase in your abdominal girth (distension), or both.

Individuals can help their physicians by describing their complaints as accurately and concisely as possible. With regard to bloating and distension, here are some important questions to ask and details to tell your health care provider (keeping track of the things that trigger your symptoms is a good way to discover the answers):

Things to Ask your Doctor:
- Am I bloated?
- Am I distended?
- Am I both bloated and distended?

Things to Tell your Doctor:
- Is the symptom located in the upper or lower abdomen? Is it in a concentrated area?
- Is your bloating or distension associated with burping?
- Do you experience nausea or vomiting?
- Is the symptom associated with pain in your abdomen? Upper or lower?
- Does the bloating or distension relate to passing gas or a change in your bowel habits (diarrhea, constipation, or alternation of both)?
- Are your symptoms related to food? Which ones?
- Do they occur right after eating?
- Do your symptoms increase during the day or improve during night hours?

Medications and other therapies
Some medications and other treatments have been found to help ease the symptoms of bloating and distension. Your doctor may talk to you about some of these options, depending on your symptoms and other health related considerations.

Antispasmodics: These can relax the muscles of the bowel and provide relief. Examples include dicyclomine (Bentyl) and hyoscymine (Levsin) in the United States and otilonium bromide or pinaverium bromide available in Latin America and some countries in Europe and Asia and a combination of pinaverium bromide with simethicone (Alevian Duo) in some Latin America countries.

Probiotics: These dietary supplements contain live bacteria that help balance out the existing bacteria of the intestines. Some that include a relatively low level of probiotic bacteria are available over the counter or in yogurt varieties. Other options include *Bifidobacterium infantis* 35624 for individuals with Irritable Bowel Syndrome (IBS) in general, and *Bifidobacterium animalis*
What are FODMAPs?
FODMAPs are short-chain carbohydrates that are poorly absorbed in the small intestine and rapidly fermented by bacteria in the gut.

- Fruits such as mangoes, apples, pears, avocados, blackberries, and plums
- Dairy products like cow, sheep, and goat milk, as well as yogurt, ice cream, and soft cheeses including cottage cheese, cream cheese and mascarpone
- Honey
- Vegetables and legumes such as asparagus, bell peppers, broccoli, Brussels sprouts, cabbage, cauliflower, eggplant, onion, garlic, baked beans, kidney beans, and lentils

Conclusion
Bloating and distension are both very common, for the general population and for those with FGIDs and motility disorders. Either of the two may be very bothersome to individuals that are experiencing the symptoms, as well as challenging to those trying to treat them. There is not a conclusive cause for bloating or distension, nor is there a universally effective treatment. With the help of a physician, individuals can find different treatment options that may help alleviate their symptoms.

Suggested Reading
Current pharmacologic treatments of irritable bowel syndrome. IFFGD Fact Sheet No. 168. 2012.

Dietary triggers for IBS symptoms: the low FODMAP diet approach. IFFGD Fact Sheet No. 251. 2014.


How to prepare for tests. IFFGD Fact Sheet No. 219. 2012.