



Irritable Bowel Syndrome (IBS)

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Irritable bowel syndrome (IBS) affects up to 10–15% of adults. It has a significant worldwide prevalence. Although IBS is not associated with an increased risk for life-threatening illness, it is associated with a significant health care and economic burden. Studies have shown that IBS patients have an increased number of outpatient health care visits, diagnostic tests, and surgeries. IBS can also severely compromise a person's quality of life. IBS is second only to the common cold as a cause of absenteeism from work.

The purposes of this publication are to present information on the symptoms of IBS, the factors that are thought to be associated with their occurrence, and address frequently asked questions. A better understanding of the causes and the various available treatment options will hopefully help individuals to find proper care and deal most effectively with their condition.

UNDERSTANDING IBS

IBS is best understood as a long-term or recurrent disorder of gastrointestinal (GI) functioning. It usually involves the large intestine (colon) and small intestine with disturbances of intestinal/bowel (gut) motor function (motility) and sensation. These gut related activities are regulated by the brain. This may also be impaired, which is why IBS is often called a brain-gut disorder. These disturbances can produce symptoms of abdominal pain or discomfort, bloating or a sense of gaseousness, and a change in bowel habits (diarrhea and/or constipation).

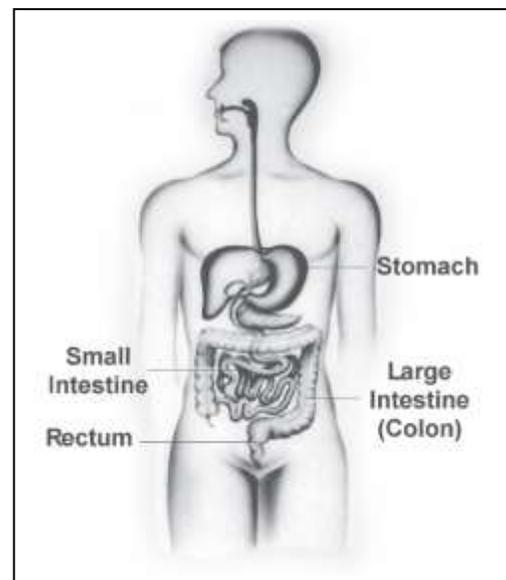
SYMPTOMS OF IBS

Abdominal pain and/or discomfort is the key symptom of IBS and is associated with a change in bowel habits. This change in bowel habits may be diarrhea and/or constipation. Individuals with IBS may either have mostly diarrhea, mostly constipation, or both diarrhea and constipation (mixed pattern). The pain is

often relieved by having a bowel movement and can at times be worsened after eating.

Symptoms can change over time. There can be periods when symptoms flare up as well as periods of remission when they diminish or disappear. In addition, the main bowel habit can vary over time. For example, some people that suffer mainly from constipation (or diarrhea) may later experience a change to constipation alternating with diarrhea. Other common symptoms of IBS include bloating (a sensation of fullness in the belly), urgency (the need to use a restroom in a hurry), mucus (white or yellow liquid) in the stool, and the sensation of incompletely passing stools.

The typical features of IBS are generally recognizable by a physician. Usually the physician will examine the abdomen of a patient with IBS and it will be normal or have tenderness. A rectal examination is also done to evaluate the functioning of the rectal floor muscles, particularly if there is incontinence or severe constipation with straining. The most important first step is to confidently recognize the diagnosis of IBS and remove the suspicion of other diseases.



DIAGNOSING IBS



Your abdomen (belly) is located below your chest and above your hips

The first step in making a positive diagnosis of IBS is for the doctor or other health care provider to identify if an individual has the symptoms of IBS. This is best determined by the use of the Rome Criteria, which is a collection of the most common symptoms that typify the disorder. This includes abdominal pain or discomfort for several months that is associated with two of the following:

- 1) the pain or discomfort is relieved by defecation,
- 2) the pain or discomfort is associated with an increase or decrease in stool frequency, and/or
- 3) the pain or discomfort is associated with the stools becoming harder or softer in consistency.

The next important step is to look for signs and symptoms that are suggestive of a condition other than IBS, such as inflammatory bowel disease or celiac disease. These signs and symptoms have been referred to as “alarm signs” or “red flags.” They include anemia and other abnormal blood tests, blood in the stool, unexplained weight loss, fever, new onset of symptoms at the age of 50 or older, and family history of inflammatory bowel disease, colon cancer, or celiac disease. These alarm signs are usually *not* explained by IBS and can represent other medical problems. When these symptoms and signs occur, they should be brought immediately to the attention of a doctor who may perform additional tests.

TREATING IBS

The key to achieving relief for IBS is for people to embrace the understanding that IBS is a complex motility (motor) and sensory disorder. It may have physical and stress-related dimensions. A strong partnership between a knowledgeable patient and an empathetic, knowledgeable health care provider can produce significant improvement and control over symptoms for individuals with IBS.

The first line of treatment for IBS includes general measures such as:

- establishing an effective patient-physician relationship,

- obtaining education about IBS, and
- implementing lifestyle changes, which may be associated with symptoms.

Lifestyle Changes

For example, evaluate any dietary or stress-related factors that may be related to symptoms and discuss these with a health care provider. If certain foods set off or worsen symptoms, reduce or avoid them. If the abdominal discomfort or pain occurs after eating, it may be helpful to eat smaller and more frequent meals. Increased stress may result in the onset or worsening of IBS symptoms and associated non-bowel symptoms such as fatigue or low energy. Proper rest and exercise can help reduce stress levels and positively influence IBS. Remember that having IBS is also a stress and learning more about the disorder, communicating effectively with your health care provider, and taking more responsibility in your self-care can reduce that stress.

Medications

If lifestyle changes do not completely relieve IBS symptoms, a number of medications may be helpful. Antispasmodics [e.g., dicyclomine (Bentyl), hyoscyamine (Levsin)] have limited benefit for treating IBS but may relieve abdominal pain or discomfort in some persons, particularly if the symptoms occur soon after eating. Anti-diarrheal agents [e.g., loperamide (Imodium), diphenoxylate (Lomotil)] can be effective in preventing and relieving symptoms of diarrhea but may not be as helpful for the pain. Laxatives can help treat symptoms of constipation but not necessarily the pain and should be used under the supervision of a physician. Anti-anxiety medications can be helpful for some people with IBS, particularly those with psychological distress.

Some individuals with more mild-moderate symptoms will only require medications now and then. For example, an anti-diarrheal or antispasmodic may be taken by a person with diarrhea-predominant IBS before leaving home or eating a meal. Individuals with constipation may benefit from bulking agents (provided they relieve and don't worsen symptoms) or laxatives on occasion.

There are also effective medications available that relieve the pain and improve the changes in bowel habit. These may need to be taken on a more long-term basis, such as low-dose antidepressant agents or the relatively newer medications.

Antidepressants – When symptoms are more painful and impact health related quality of life, low-dose tricyclic antidepressants

[e.g., amitriptyline (Elavil), desipramine (Nopramin)] have been shown to be effective in treating IBS, particularly in those with mainly diarrhea. They have central nervous system (CNS) and peripheral (gut) effects that relieve abdominal pain and reduce diarrhea. Some of the newer serotonin-norepinephrine reuptake inhibitors [SNRIs, e.g., duloxetine (Cymbalta)] have fewer side effects and may be helpful for IBS symptoms but are not yet proven. At times selective serotonin reuptake inhibitors (SSRIs) can help reduce anxiety associated with IBS and can help reduce symptoms of constipation. Be aware that the effectiveness of various agents differs between individuals and a medication regimen must be carefully chosen by the patient and his or her physician.

Newer Medications – There are other medications that have been shown to be effective in treating IBS in multi-center, high quality clinical trials. These are prescription medications intended for specific use under a doctor’s supervision. Effectiveness differs among individuals.

Alosetron (Lotronex) blocks serotonin signals that transmit sensory information (painful and non-painful) from the gut to the brain and helps to reduce diarrhea and belly pain. Alosetron has been approved for the use in women with severe diarrhea-predominant IBS. It is only prescribed under restricted use due to rare but potentially serious side effects.

Lubiprostone (Amitiza) helps to promote secretion through chloride channels in the bowel which in turn promote peristalsis, the coordinated muscle contractions that propel contents through the GI tract. This medication has been shown to be effective for treating constipation symptoms. It is approved for use in women with constipation-predominant IBS, and in men and women with chronic constipation (without predominant abdominal pain).

Linaclotide (Linzess) is in a class of medications called guanylate cyclase type-C (GC-C) agonists. It works by increasing the movement of contents through the GI tract and blocking pain signals in the intestines. The medication is prescribed in adults aged 17 and older for IBS with constipation and for chronic constipation. In studies, patients taking linaclotide experienced improvement in multiple symptoms including pain or discomfort, bloating, and bowel function. Linaclotide is available in Europe for the treatment of IBS with constipation under the brand name Constella.

Rifaximin (Xifaxan) is an antibiotic for treatment of IBS with diarrhea in adults. It works by reducing or altering bacteria in

the gut. It has been found to improve IBS symptoms of bloating and diarrhea after a 10–14 day course of treatment in some people. It is only slightly absorbed in the gut and is generally tolerated well. Although some patients experience relief of IBS symptoms after taking a course of rifaximin, others require retreatment (up to two times with the same dosage).

Eluxadoline (Viberzi) is a new drug which activates receptors in the nervous system that can lessen bowel contractions. It is prescribed for the treatment of IBS with diarrhea in adult men and women. In studies, eluxadoline was shown to reduce abdominal pain and improve stool consistency. The drug was FDA approved in May 2015, with the recommendation it be classified as a controlled substance. Product availability is expected in 2016.

A thorough evaluation by a physician is an important step toward selecting the treatment that is most appropriate for your individual circumstances. Regardless of the treatment therapy, always discuss it thoroughly with your doctor so you are familiar with the therapy or method, are aware of alternatives, understand the risks as well as benefits, and know what to do if side effects occur or symptoms return.

Individuals who have not responded to lifestyle changes and careful use of medications should consider being evaluated by a physician who specializes in functional GI and motility or stress-related GI disorders. More complex medication regimens and specialized screening can reveal specific conditions which may respond to treatment.

Probiotics and Antibiotics – The digestive tract contains trillions of bacteria. Research is currently showing that the composition of these bacteria may affect various aspects of health and disease.

There is some evidence that certain probiotics may help improve IBS symptoms. Probiotics are generally defined as living microorganisms that provide health benefits. These are usually bacteria. These bacteria are different from the bacteria that are known to cause illness. Probiotics can regulate bowel function including motility, sensation, and immune function. They come in many different forms, such as liquid or pills, and can be single or in combination. Some yeasts may have probiotic effects and the effects of dead bacteria are being studied. Most of the studies that have examined the benefit in IBS are small and of low quality. The probiotic that, to date, has been studied

in high quality studies and has been shown to improve the symptoms in IBS is *Bifidobacterium infantis*. Recent reviews of all of the probiotic studies have concluded that *Bifidobacteria* appear to have a beneficial effect in IBS. The symptoms that have shown more consistent improvement with probiotics are gas and bloating.

There is also a potential role for some “bad” bacteria residing in the gut to be associated with IBS symptoms in some people. Recent clinical trials have shown that antibiotics, which reduce or alter the bacteria in the gut, may relieve the symptoms of IBS. The antibiotic rifaximin is one example, which is FDA approved. It is not yet known if there is a role for other antibiotics in the treatment of IBS.

Counseling – Psychological and behavioral therapies may be indicated and effective in certain individuals. Examples include cognitive behavioral therapy (CBT), which allows the individual to regain personal skills as well as mental techniques to better manage the symptoms; hypnosis, to reduce painful discomfort; relaxation training for general body relaxation; and interpersonal psychotherapy to address stressful responses to interactions with others. Behavioral therapy or skilled counseling may help with self-understanding and with identifying personal traits or problems that can be dealt with. Talking to a professional allows discussions of personal matters without fear of recrimination or blame (which is what can happen when talking to family, friends, or colleagues) and often helps to mutually develop a program for change.

Complementary and Alternative Medicines (CAM) – The effectiveness of CAM therapies such as Chinese herbal therapy, acupuncture, acupressure, mindfulness meditation, and yoga are being evaluated in IBS patients. Acupuncture studies have demonstrated that a positive provider-patient interaction during acupuncture treatment sessions is associated with a beneficial effect in IBS.

FREQUENTLY ASKED QUESTIONS

What does “irritable” mean? Irritable means that the nerve endings in the bowel wall, which control muscle function and affect sensation of the gut, are unusually sensitive. This means that even normal conditions that can stimulate the bowel – eating a meal, having one’s menstrual period, feeling pressure at work – may lead to a greater response for persons with IBS when compared to others, and this can include a flare up of symptoms. This results in the nerves and muscles of the bowel

becoming more active producing diarrhea, bloating, or pain and discomfort.

What tests are appropriate to confirm irritable bowel syndrome and exclude other significant disease? The medical evaluation of people with suspected IBS can be quite variable. It depends on symptom presentation, age, and overall health of the person as well as the health care practices of the physician.

The starting point of the diagnosis is a detailed history to identify the characteristic symptoms of IBS and a physical examination. Laboratory blood and stool tests, x-rays, and endoscopic procedures (e.g., colonoscopy) are used not to make the diagnosis but to rule out other diseases of the bowel, which can present with similar symptoms. These tests are usually normal in patients with IBS.

Recent studies suggest that, in the absence of alarm signs, few tests (if any) are needed to be certain that no other diagnosis is present in those who report symptoms compatible with IBS. However, there are several situations where additional testing should be considered, particularly in patients with mostly diarrhea or diarrhea mixed with constipation.

- A colon examination, such as a colonoscopy, should be performed in all patients at or above the age of 50 who have not had one previously, as a screening test for colon polyps and cancer and not specifically for IBS. However, they may be done for younger patients particularly if the “red flags” or the doctor’s judgment lead to the suspicion of other bowel diseases such as ulcerative colitis or Crohn’s disease. For those with mostly diarrhea, biopsies (small tissue samplings) can be taken during the procedure to determine if microscopic colitis or mild inflammation of the colon is present. These changes in the tissue can be seen under a microscope. Microscopic colitis can mimic symptoms of IBS (abdominal discomfort and diarrhea) but are treated differently than IBS.
- Another consideration is a blood test for celiac disease. This is a genetic condition of the small intestine that develops in persons intolerant to gluten (a common ingredient in many foods including most grain and cereal foods as well as many processed foods). It causes malabsorption of nutrients and food and results in symptoms similar to those seen in IBS. If the blood test is positive, an endoscopy should be performed to examine and biopsy the small intestine to confirm the

diagnosis. More recently there is some evidence that patients may have symptoms due to gluten sensitivity in the absence of having celiac disease. In these cases there is no specific test, except to see that reducing gluten in the diet leads to meaningful improvement. However, one should be cautious not to adopt unneeded dietary restrictions.

- For some people in whom dairy product intolerance remains a concern despite dietary changes, a lactose breath test can be performed to confirm this diagnosis.

Importantly, even if another diagnosis is made, it may exist along with a diagnosis of IBS. The physician will then need to decide which condition or conditions are to be treated and how.

What causes IBS? The cause of IBS is not completely understood. There are possible factors like genetics and prior adverse life experiences (e.g., infection, trauma) that can predispose someone to get IBS. The symptoms appear to result from disturbances in colonic motility (muscle contractions) and increased sensitivity to food, gas, or stool in the bowel. Finally, there is a tendency for the bowel to be overly reactive to various factors: eating, stress, emotional arousal, GI infections, menstrual period, or gaseous distension, which can amplify or bring about the symptoms.

The altered patterns of colonic motility and sensation appear to be due to disruptions in the communication between the brain and gut. This interaction is known as the *brain-gut axis*. These bi-directional interactions between the brain and gut are important in maintaining normal bowel function. They also respond to any potential disturbance or stressor. In IBS, normal regulation of the brain-gut interactions become altered which leads to changes in motility and sensation within the bowel. There are a number of factors that may play a role in the alteration in the brain-gut axis. These factors include:

- A genetic predisposition (e.g., family history of IBS) to developing IBS
- An intestinal infection prior to symptom onset
- Chronic stressful life events, or other psychosocial factors

Some of these factors may be more relevant in one individual with IBS, while other factors may be more important in another.

Does bacteria cause IBS? There are trillions of bacteria in the bowel. These bacteria help break down the food we eat and regulate bowel function including motility, sensation, and

immune function. However, there has been relatively recent evidence that some people with IBS have an increased amount of bacteria in the bowel (referred to as small intestinal bacterial overgrowth, or SIBO). Some of these people have been shown to experience an improvement in their symptoms with antibiotic treatment and eradication of the bacterial overgrowth. However, these studies should be interpreted with caution. More studies are needed to determine if this is a true association and the mechanisms by which bacterial overgrowth may cause symptoms of IBS.

There is also increasing evidence to suggest that it is not an overgrowth of the bacteria but an alteration in the types of bacteria – a shift from “good” or helpful bacteria to “bad” bacteria – that may produce IBS in some people. Helpful bacteria are called probiotics. A probiotic may make symptoms of IBS better in some people.

More needs to be learned about the possible role of bacteria with IBS. It is advisable to discuss this with a doctor.

Is IBS a “serious illness?” The impact of IBS varies with each person. For some people, IBS causes symptoms that are manageable and/or mild and do not interfere with daily activities. For others, IBS may severely reduce their quality of life or be disabling. IBS is a long-lasting, or chronic, condition. Symptom episodes are often unpredictable. For many, treatments are minimally effective. However, it is a benign disorder in that there are no long-term organic complications. People with IBS are no more likely to develop ulcerative colitis or cancer than other persons, and once an adequate evaluation is made to diagnose IBS, they have no greater need of preventive checkups for these diseases than other people.

Is IBS forever? The prevalence of IBS (the proportion of people with IBS within a population at a point in time) remains fairly stable. Over time, some people with IBS will no longer have symptoms, while new people will develop IBS. It has been established that each year about 10% of IBS patients get better.

What causes bloating and gas? Bloating is a common symptom in IBS. It is usually described by people as a feeling of fullness or heaviness in the belly. It may be associated with visible abdominal distension in which the belly appears swollen. Bloating may be due to any of several factors. This may be due to increased intake of gas-forming foods, slowed transit and evacuation of gas through the bowel, and increased sensitivity to food, gas, and other bowel contents. Not everyone with IBS actually produces more gas than those who do not have IBS.

People with IBS may also have an increased relaxation of the abdominal wall muscles even without an increase in intestinal gas. This is an unconscious muscle relaxation response in response to the pain of IBS. However, people with IBS do appear to be more sensitive to the effects of normal amounts of gas. They also seem to have difficulties passing the gas that is present.

Can the menstrual cycle affect IBS symptoms? Bowel function appears to be influenced by changes in the level of female hormones. Symptoms can become worse at certain times of the cycle, particularly at the time of menstrual periods. Women both with and without IBS report a higher prevalence of GI symptoms, such as pain and bloating, just prior and at the time of menstrual periods. These symptoms are reported as more intense in women with IBS. This occurrence can sometimes make it difficult for the patient, as well as the physician, to determine whether she is having a gynecological problem (e.g., endometriosis or other pelvic pain condition) or a GI problem. It is important for the patient and the physician to realize that sometimes both possibilities must be explored.

What is post-infectious IBS? Unlike inflammatory bowel diseases, such as Crohn's disease or ulcerative colitis, in IBS there is usually no obvious infection or inflammation seen during endoscopy or by an x-ray. However, microscopic changes may exist. In "post-infectious" IBS, individuals who had no previous IBS symptoms develop them after a GI infection even after the infection has cleared. In these cases there may be microscopic signs of changes in the immune cells of the colonic lining. This condition is more likely to occur in women but also occurs in men, those with a severe GI infection, and those with a chronic stressor at the time of the illness. Less than one-third of patients with IBS have a history of a GI infection that preceded the onset of their IBS symptoms.

IBS and Veterans

IBS and other functional GI disorders disproportionately impact veterans and active duty military personnel. Soldiers deployed to combat areas face a heightened chance of developing a functional GI disorder like IBS due to their exposure to risk factors such as GI infections and severe stress. For this reason, the Department of Veterans Affairs (VA) has put in place a "presumptive service connection" rule in connection with applications for disability benefits for veterans affected by functional GI disorders who served in Southwest Asia during the Persian Gulf War.

What is the relationship of stress to IBS? One way to understand IBS is that there is increased GI response to stress. Stress can be understood as anything that can stimulate the GI tract: diet, hormonal changes, physical activity, and psychological stress. Stress is defined as a perceived or actual disturbance in the balance between mind, brain, and body. It can occur with or without conscious feelings of anxiety, distress, or anger. Stress can be acute (short term) or chronic (long acting, more than three months). It can range from daily hassles to life-threatening events.

Chronic stress experienced in early life (less than 18 years of age) has been shown to be associated with an increased prevalence of many medical conditions, including asthma, high blood pressure, obesity, and IBS. There are various types of stressors which may impact IBS symptoms. These may be physical (e.g., infection, surgery) and/or psychological (e.g., loss of job, divorce, history of abuse) in origin. Stress has been shown to increase motility and sensation of the colon to a greater degree in IBS patients compared to healthy individuals without IBS.

IBS results from a complex biologic interaction between the brain and gut affecting both peripheral (arising in the gut) function, and central (arising in the central nervous system, or CNS) factors. To understand IBS, one must understand that this condition represents a heightened sensitivity of the bowel and this can be manifested in response to internal and external stressors. Addressing stressors that may be associated with IBS symptoms is the first step in understanding the relationship between stress and IBS. Patients should work with their health care providers in developing a management plan to address these issues effectively, when present, in order to decrease symptoms and improve overall quality of life.

Is there a relationship between psychological symptoms and IBS? Some people with IBS report psychological symptoms such as depressed mood or anxiety. This occurs mainly in persons with more severe symptoms and in patients seen in highly specialized (tertiary) medical care referral centers. However, not all people with IBS symptoms have symptoms of psychological distress. Psychological factors are not a primary cause of IBS. They may influence how a person seeks to manage and deal with IBS.

Emotional distress may be associated with a worsening of IBS symptoms. Not uncommonly, people with IBS may develop symptoms while eating at restaurants and social gatherings. Symptoms may induce an appropriate but unwanted anticipatory

anxiety due to the severity, unpredictability, and associated negatively perceived consequences of having an “attack.” This may result in continuing symptom occurrence and set up a vicious cycle between emotional distress, symptoms, and personal management strategies. In other words, concerns, worries, and fears can be due to the symptoms experienced by persons with IBS rather than due to general anxiety.

Many people experience abdominal pain and constipation or diarrhea without any evidence of anxiety, depression, or other psychological symptoms. Stressful events like losing a job or becoming embroiled in an argument are events that can cause a transient change in bowel habits and even abdominal pain for most people. This response in people with IBS is more pronounced on a recurrent or chronic basis; therefore, they are more likely to experience symptoms or experience worse symptoms when they are exposed to a significant stressor.

Other people are troubled by unresolved emotional issues that may have arisen in childhood or adulthood. Addressing these issues with an empathetic health care provider, who can refer the patient for counseling, would be important to improve IBS symptoms and daily function in these individuals.

What is the effect of diet on IBS? The effect of diet on IBS varies from person to person. In some people, dietary factors may worsen symptoms. Increased intestinal muscle reactivity and/or heightened sensitivity in IBS can cause the bowel to over-respond to stimuli. Even the normal digestive process, and not a particular food, may aggravate symptoms at times.

Certain foods are known to stimulate gut reactions in general; in those with IBS eating too much of these might worsen symptoms. For example, meals that are too large or high in fat, coffee, caffeine, or alcohol may provoke symptoms of abdominal cramps and diarrhea. Eating too much of some types of sugar that are poorly absorbed by the bowel (e.g., sorbitol, commonly used as a sweetener in many dietetic foods, candies, and gums; and fructose, also used as a sweetener and found naturally in honey as well as some fruits) can also cause cramping or diarrhea.

Eating too much of foods that are gas producing (e.g., beans, raisins, bagels) may cause increased gaseousness. This is particularly the case since IBS can be associated with bloating and retention of gas.

A diet high in fiber can help some people with mainly constipation. Adding bulk to the diet, such as psyllium or

methylcellulose preparation, may help regulate the bowel dysfunction. Psyllium, in particular, has been shown to be beneficial in relieving the constipation associated with IBS. However, a diet excessively high in fiber may itself cause diarrhea and gas particularly in people with IBS.

Often, IBS patients report that some foods can be bothersome at certain times but not at other times. There is a sense of inconsistency and unpredictability. It helps to realize that other factors related to symptoms may arise at the time of a meal. Maintaining a food and symptom diary for a minimum of one week can help identify triggering factors. [IFFGD has available a *Personal Daily Diary* to help sort this out.]

In some persons, intolerance to a food product may be related to their symptoms. A sizeable proportion of people are unable to digest significant amounts of milk or milk products (lactose intolerance). They may experience symptoms similar to IBS when they eat or drink milk products. Once this has been identified, the treatment is to avoid or reduce consumption of milk products in the diet. The use of artificial sources of the enzyme lactase may control the symptoms for some.

People may also experience worsening of their symptoms due to fructose intolerance. This occurs specifically with foods that contain fructose in excess of glucose.

Poorly absorbable, highly gas-forming carbohydrates are associated with increased IBS symptoms. These foods are collectively called FODMAPs (Fermentable Oligosaccharides, Disaccharides, Monosaccharides and Polyols). This group of foods includes fruits with fructose in excess of glucose (e.g. apples and pears), fructan-containing foods (onions, asparagus, artichokes, large amounts of wheat), raffinose-containing foods (lentils, cabbage) and sorbitol-containing foods (plums, artificial sweeteners). A FODMAPs diet in which these foods are avoided or reduced may provide some symptom relief in IBS.

For those with IBS who benefit from simple dietary modifications, it makes sense to adjust the diet. It does *not* make sense to adopt unnecessarily limited diets. Physicians and patients need to talk about diet. If dietary factors seem to influence symptoms, guidance needs to be provided by a knowledgeable health care professional (e.g., physician or registered dietitian) who can assess individual circumstances while helping make sure that nutritional needs are being met through a balanced diet and healthy eating habits.

How do I find an appropriate health care provider? There are no rules. In general, a good physician facilitates effective communication with the patient, which is the foundation for successful management of IBS. However, not all physicians have an understanding of how to treat patients with IBS. If your physician is not meeting your needs, find one who can meet your needs.

IBS is very common, and talking with your friends or coworkers may help you in finding a physician. Organizations such as the International Foundation for Functional Gastrointestinal Disorders (IFFGD) can also help you find an appropriate health care provider. You should have a physician who takes an interest, listens to you, and has helped you to identify factors that seem to be contributing to your IBS symptoms. If you are interested in being referred to another health care provider, such as a physician with expertise in IBS, a therapist for behavioral or psychological treatment, or an alternative medicine provider, you should explain this to your physician and an appropriate referral should be forthcoming.

How do I deal with IBS? Here are some simple guidelines:

- 1) Try to take an active role in your own health care. Obtain educational materials from your physician and/or an organization such as IFFGD to learn more about IBS and how to best manage your symptoms.
- 2) Try to identify factors that may make your symptoms worse. Keep a daily diary for at least a week. Talk to a doctor or other health care provider to help sort this out.
- 3) Use medication to relieve or avoid onset of symptoms. Talk to your doctor to discuss which medication may be appropriate for your symptoms and circumstances.
- 4) Consider non-medication treatment options to help decrease symptoms. These options range from relaxation training to hypnosis to yoga and may be helpful for you.
- 5) Look for and address any sources of stress in your life that may impact your symptoms.
- 6) Work together with your health care provider to design and implement a plan to most effectively manage your symptoms and improve your quality of life.

About IFFGD

The International Foundation for Functional Gastrointestinal Disorders (IFFGD) is a 501(c)(3) nonprofit education and research organization. We work to promote awareness, scientific advancement, and improved care for people affected by chronic digestive conditions. Our mission is to inform, assist, and support people affected by gastrointestinal disorders. Founded in 1991, we rely on donors to carry out our mission. Visit our websites at: www.iffgd.org or www.aboutIBS.org.

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