



Frequently Asked Questions about Irritable Bowel Syndrome (IBS)

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International Foundation for Gastrointestinal Disorders (www.iffgd.org)

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What does “irritable” mean?

When using the term “irritable” bowel, it is important to understand that the bowel is not actually irritated. Patients with symptoms of IBS were originally described as having a “spastic” or “nervous” colon, and/or “spastic” bowel. Over time, researchers and clinicians began to refer to this group of symptoms as irritable bowel syndrome (IBS). They used the term irritable bowel syndrome to describe that the nerve endings in the IBS patient’s bowel wall, which control the gut’s muscle function and sensation, are unusually sensitive. Conditions that can stimulate the bowel of an average person—such as eating, having a period (menses), or feeling psychological stress—may lead to a far greater response for someone with IBS. This can result in the nerves and muscles of the bowel becoming more active, producing diarrhea, bloating, and/or pain and discomfort. Remember, however, that this bowel hypersensitivity is not the only possible cause for IBS symptoms. Other explanations for the symptoms may be present. Working with your healthcare provider will help you to determine the best treatment for you.

Is IBS forever?

For most people, yes. But studies show that annually, about 10% of IBS patients experience a cessation of symptoms. Persons with IBS that starts after an infection in their digestive system, such as traveler’s diarrhea or food poisoning, are more likely to get better over time than persons with IBS unrelated to an infection.

Is IBS a “serious illness?”

For most people, IBS is a long-lasting, or chronic, condition, but 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 even completely limit their daily activities.

Symptoms may be improved and controlled through a combination of dietary and behavioral modifications and the use of over-the-counter or prescription medications. Though the symptoms can be severe, IBS does not increase a person’s risk of developing cancer or inflammatory bowel disease (IBD), and does not shorten a person’s life span.

What tests are appropriate to confirm irritable bowel syndrome and exclude other significant disease?

The medical evaluation of people with suspected IBS can vary a lot between patients. It depends on symptom presentation, age, and overall health of the person as well as the practices of the healthcare provider. Generally, the provider will have a detailed discussion with the patient, do a physical examination, and possibly suggest some medical testing to rule out any other possible causes for the symptoms.

What causes IBS?

The cause of IBS is not completely understood. In IBS, the digestive system appears normal on routine tests. For this reason, it has been referred to as a *functional gastrointestinal (GI) disorder*. However, increasing evidence suggests that the GI symptoms experienced in

IBS may be caused by one or more of the following:

- Abnormalities in gut motility
- Improper functioning of the immune system (over- or under-active)
- Abnormal amounts of bacteria and other organisms (like viruses and fungi) in the gut (microbiota)
- The *central nervous system's* interpretation of painful signals coming from the gut.

The **central nervous system** (CNS) is the part of the nervous system consisting primarily of the brain and spinal cord.

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

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 *distension* in which the belly appears swollen. Those with IBS do not necessarily produce more gas than those who do not have IBS, although for some this is the case.

Distention is a visible growth of the abdomen

Bloating may be due to several factors. These include:

- increased intake of gas-forming foods
- slowed motility in the GI tract
- increased sensitivity to food, gas, and other bowel contents.

People with IBS may also have an increased relaxation of the muscles in the belly area (abdominal wall). 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 in their digestive system and may have difficulties passing the gas.

Does bacteria cause IBS?

There are trillions of bacteria in the gastrointestinal (GI) tract. These bacteria help break down the food we eat and regulate bowel function. However, some people diagnosed with IBS have an increased number of

bacteria in the small intestine (referred to as small intestinal bacterial overgrowth, or SIBO) and can experience an improvement in their symptoms with antibiotic treatment and removal of the bacterial overgrowth.

What is the effect of diet on IBS?

The effect of diet on IBS varies from person to person. In some people, certain foods or larger meals may worsen symptoms. There are some foods that are known to increase gut reactions in general. For those with IBS, eating too much of these might worsen symptoms.

Often, IBS patients report that some foods can be bothersome at certain times but not at other times. Maintaining a food and symptom diary for a minimum of one week can help identify triggering factors. 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. The role of diet in triggering IBS symptoms is important to discuss with your healthcare provider. If dietary factors seem to influence symptoms, a knowledgeable healthcare professional (such as a registered dietitian) can oversee any changes and help make sure that your nutritional needs continue to be met through a balanced diet and healthy eating habits.

IFFGD's Dietitian Listing is a resource that allows you to search for a dietitian that is in your area or treats a specific condition.
<https://www.iffgd.org/resources/dietitian-listing.html>

Can serving in the military cause IBS?

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 determined that functional gastrointestinal (GI) disorders, including

Related Fact Sheet from IFFGD
440- Functional Gastrointestinal Disorders and the Military Service Member: What You Need to Know

IBS, dyspepsia, and functional abdominal pain syndrome are designated as one of four Medically Unexplained Illnesses in Gulf War Veterans.

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 healthcare provider and/or an organization such as IFFGD to learn more about IBS and how to best manage your symptoms. You can also visit www.AboutIBS.org for more information.
- 2) Try to identify factors that may make your symptoms worse. Keep a daily diary for at least a week and share it with your healthcare provider.

Related Fact Sheets from IFFGD
147 –Personal Daily Diary

- 3) Use medication to relieve or avoid symptoms. Talk to your healthcare provider about which medication may be appropriate for you. Keep a list of the supplements and medications you have tried and if they worked or not.
- 4) Consider non-medication treatment options to help decrease symptoms. These options range from dietary changes, mindfulness, or relaxation training approaches to hypnosis to yoga, all of which 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 healthcare provider to design and implement a plan to manage your symptoms and improve your quality of life most effectively.

Can the menstrual cycle affect IBS symptoms?

The digestive system can be influenced by changes in hormone levels in some women. Symptoms can become worse at certain times of the menstrual cycle, particularly at the time of menstrual periods. Women both with and without IBS report having more abdominal pain and bloating just prior to and at the time of their 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 healthcare provider, to

determine whether they are having a gynecological problem (e.g., endometriosis or other pelvic pain condition) or a GI problem. It is important to note that when the symptoms are severe, both possibilities must be explored.

What is the relationship of stress to IBS?

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 (lasting 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, heart disease, obesity, and IBS. There are various types of stressors which may impact IBS symptoms. These may be physical (such as an infection or GI surgery) and/or psychological (such as a loss of job or stress at home or work).

Addressing stressors that may be associated with IBS symptoms is the first step in understanding the relationship between that stressor and the patient's IBS symptoms. Patients should work with their healthcare provider to develop a management plan that addresses these issues effectively to decrease symptoms and improve overall quality of life.

Related Fact Sheet from IFFGD
277- Got Stress?

How do I find an appropriate healthcare provider?

In general, your primary care doctor is a good place to start. If that doesn't lead to relief, seeing a GI specialist would be the next step. A good healthcare provider uses good communication and listening skills to work with the patient, which is the foundation for successful management of IBS. However, not all providers understand how to treat patients with IBS. If your healthcare provider is not meeting your needs, find one who can.

IBS is very common and talking with your friends or family may help you find a healthcare provider.

Organizations such as the International Foundation for Gastrointestinal Disorders (IFFGD) can also help you find an appropriate healthcare provider. You should have a provider who takes an interest, listens to you, and helps you to identify factors that may be contributing to your IBS symptoms. Most importantly, your provider should give you hope. If that is not the case, and you are interested in being referred to another healthcare provider, such as someone with expertise in IBS, a GI dietitian, a therapist for behavioral or psychological treatment, or an alternative medicine provider, you should explain this to your healthcare provider. You can also reach out to IFFGD at iffgd@iffgd.org to work with someone who will try to help with this search.

About IFFGD

The International Foundation for 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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