



What to Expect When You Have IBS and When to be Concerned



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

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What is Irritable Bowel Syndrome (IBS)?

Irritable bowel syndrome (IBS) is a gastrointestinal (GI) condition that causes recurrent attacks of abdominal pain or discomfort in association with changes in **bowel habits**. The pain and/or discomfort caused by IBS is usually in the lower half of the area around the belly button to down into the pelvis, called the abdomen. The abdominal pain and/or discomfort of IBS often is associated with having a bowel movement (BM) and can get better or worse after having a BM. IBS pain and/or discomfort often is felt during times when there are changes in bowel movements. This change can be loose, frequent, watery BMs (diarrhea), or infrequent, hard, difficult to pass BMs (constipation). IBS patients may have increased gas, also referred to as flatus. Sometimes people experience cramping sensations and urgency (a strong, sudden feeling of needing to go to the bathroom). Other symptoms that often are experienced by IBS patients include bloating and distention. Bloating is described as a buildup of gas or swollen feeling in the stomach or intestines. Distention is an uncomfortable swelling with visible expanding in the belly area. Sometimes distention causes a feeling that clothing becomes tight or uncomfortable.

A change in **bowel habits** can be any change what is normal for *you*, such as how often you have a bowel movement or what the bowel movement looks like (how watery or solid, its color, how much you expel at a time).

How common is IBS and who is affected?

IBS is a common condition affecting between 1 in 7 to 1 in 10 Americans. In fact, IBS is one of the most common conditions treated by healthcare providers. Often IBS symptoms begin for the first time in the teenage years but can develop later in life. More than one-half of IBS patients develop symptoms before age 35. Patients who develop new symptoms of IBS after the age of 50 may require additional testing as this may be a warning sign of a different gastrointestinal condition such as colon cancer and inflammatory bowel disease (IBD). Women

are two to three times more likely than men to have IBS. This is particularly true of IBS patients with constipation. Most IBS patients have symptoms for several years before being diagnosed. IBS is a condition that affects people of all races and ethnic backgrounds and is frequently diagnosed all over the world.

Is it known what causes IBS?

A lot of research has been done to try to understand what causes IBS. Because IBS is a condition diagnosed by symptoms, many experts believe that there likely is more than one cause of IBS.

Some of the causes that have been identified include:

- changes in the bacteria that live in the gut (microbiota),
- minor increases in bowel inflammation (body responses to protect us from infection), and
- changes in the levels of substances that the nerves in the bowel use to talk to one another (neurotransmitters).

These changes can alter the way the digestive system functions and how the brain senses things that are happening in the bowels. Sometimes IBS will develop after a person has a food poisoning or bowel infection (enteritis). More recently, it has been discovered that in some IBS patients there is a change in the way the brain controls the functions of the bowel, and also in how the bowel sends information back to the brain.

Is IBS the same thing as IBD?

IBS is a separate condition from inflammatory bowel disease (IBD). The two conditions sometimes get confused because of their similar acronym (initials). Inflammatory bowel disease (IBD) is a term for two conditions (Crohn's disease and ulcerative colitis) that are characterized by chronic inflammation of the gastrointestinal (GI) tract. Prolonged inflammation results in damage to the GI tract. Crohn's Disease can affect any part of the GI tract (from the mouth to the anus). However, it most often it affects the portion of the small intestine just before the large intestine/colon.

Ulcerative Colitis occurs in the large intestine (colon) and the rectum only.

Some symptoms of IBD are similar to IBS. Diarrhea, pain, bloating and cramping are symptoms of both IBD and IBS. However, IBD has other symptoms which set it apart from IBS. Fever, blood in stool and unintended weight loss, often referred to as “alarm signs”, should be discussed with a healthcare provider. IBD requires an entirely different treatment and monitoring plan than does IBS. Those with IBS are not more likely to develop IBD.

IBD is diagnosed using a combination of endoscopy (for Crohn’s disease) or colonoscopy (for ulcerative colitis) and imaging studies, such as contrast radiography, magnetic resonance imaging (MRI), or computed tomography (CT). Physicians may also check stool samples to make sure symptoms are not being caused by an infection or run blood tests to help confirm the diagnosis. The intestines and colon appear normal on these tests in people with IBS.

Is IBS inherited?

There have been several studies showing that children of mothers with IBS are slightly more likely to be diagnosed with IBS. Also, siblings (brothers and sisters) of IBS patients are more likely to have the condition as well. These studies suggest that certain genes may play a role in IBS. This research is ongoing and will hopefully lead to the development of a diagnostic test for IBS in the future.

Association of IBS with stress and your mood

Patients often recognize that their IBS symptoms are worse during times of stress, anxiety, or depression. Almost everyone (even people without IBS) have experienced these effects, perhaps having “butterflies in the stomach,” nausea, or diarrhea during more stressful periods. This experience may be more common and more severe in those with IBS. It makes sense that if someone is experiencing a lot of GI symptoms (especially pain or discomfort) that these symptoms would have a negative effect on how they feel. The important thing about this relationship of mood and symptoms is that it provides a way to help some people with IBS feel better. If treatments for mood are used (such as antidepressants and psychological therapy) sometimes this will help IBS patient’s abdominal pain and bowel symptoms.

What tests do I need to have to be diagnosed with IBS?

There are only a few tests that need to be performed to diagnosis IBS. These tests are done to exclude other diseases that can cause similar symptoms to IBS. As was already mentioned,

CT scans, MRI exams, and endoscopy results are typically normal in IBS patients. Because of this, these tests may not be suggested when you first see your healthcare provider. For patients with diarrhea, tests for sensitivity to the wheat protein gluten, or a condition called celiac disease, may be performed. Often a healthcare provider may choose to do simple blood tests to check for low blood counts or markers of inflammation or infection.

An **endoscopy** is a simple test that does not involve cutting into the body. A physician using a long flexible tube called an endoscope. It is placed into the mouth, down the esophagus, and into the stomach and beginning of the small intestine. This tube has a camera and light on the end. This tool allows your physician to see inside your GI tract during the test.

A **colonoscopy** is a similar test that examines the lower portion of the GI tract. This flexible tube is inserted through the anus, into the rectum and large intestine.

In IBS patients with constipation, specialized tests may be recommended. These measure how well the bowel contracts and moves bowel movements, and the function of the muscles involved in having a bowel movement. All patients over the age of 45 should also be up to date on their colon cancer screening tests (colonoscopy or bowel movement tests).

Are there different types of IBS?

IBS is often categorized based on the most common type of bowel movements experienced. These groups include:

- Irritable bowel syndrome with diarrhea (IBS-D) – symptoms of diarrhea occur most often
- Irritable bowel syndrome with constipation (IBS-C) – symptoms of constipation occur most often
- Irritable bowel syndrome mixed (IBS-M) – symptoms of both constipation and diarrhea occur

Identifying the subgroup of IBS is helpful when deciding which tests and/or treatments are best. The severity of the symptoms should also be considered. Grouping IBS patients by their bowel movement habits is also useful for researchers who are trying to better understand

what causes or the best way to care for patients with IBS.

Will I have IBS my whole life?

IBS is often a chronic condition, just like high blood pressure or diabetes. A chronic condition is a disease or illness that has ongoing symptoms and lasts a long time, typically many years or even life-long. As a chronic condition, many IBS patients will experience symptoms their whole life. One exception is IBS that begins after food poisoning or traveler's diarrhea – also called “post-infectious IBS”. More than half of post-infectious IBS patients will gradually get better over time. Some will completely recover.

Each person's illness experience with IBS is unique. Some will have symptoms a few days a month. Others may have daily symptoms for weeks or months at a time, and then experience periods without any symptoms. In fact, symptoms may change in bowel pattern subgroup as well as severity over time.

Once patients go on a treatment for IBS, they may not be completely symptom-free, but usually treatment is helpful at decreasing how severe and how frequent the symptoms are experienced.

Fortunately, IBS will not impact how long a patient is expected to live. One large study followed IBS patients for several years and did not find any increased risk of death in IBS patients compared to those without IBS. IBS is not a risk factor for the development of bowel cancers, such as colon cancer.

What are the treatment options for IBS?

Advancements in our knowledge of the causes of IBS continues to lead to many more effective treatment options. This is accomplished through research and rigorous clinical trials. Treatments can now improve both the pain/discomfort as well as bowel symptoms experienced by people with IBS. Nonetheless, there is no cure for IBS. It can be difficult to determine which therapy will provide the best result in a patient with IBS. Choosing an appropriate treatment should be a decision made between healthcare provider and patient. It is important to have an open discussion weighing the pros and cons of each therapy. Learn more about all the drugs available for those with IBS by reading IFFGD Fact Sheet 168 - *Current Pharmacologic Treatments for Adults with IBS*.

Are there effective ways to manage IBS besides medications?

There are multiple ways to improve IBS symptoms besides medications. Probably the best studied non-drug way for an IBS patient to improve symptoms is through diet changes. The “low FODMAP diet” is the best studied diet to improve symptoms of IBS. This diet has several important steps that must be completed; therefore, to do it properly requires accurate education and the help of a dietitian is recommended. FODMAP stands for Fermentable Oligosaccharides, Disaccharides, Monosaccharides, And Polyols. These are four different food types that may cause IBS-like symptoms in the gut. Determining which of the 4 food types may be causing symptoms helps to improve health and quality of life. For this method, all 4 types of food are removed from the diet. Each of the groups is brought back into the diet one at a time.

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

Several supplements have been found to help IBS symptoms, including fiber and peppermint. Your healthcare provider can help guide the use of these products. Many other useful treatments besides drugs have been found to help IBS. Some of these options include physical activity, yoga, and even acupuncture. Psychological therapies, such as “cognitive behavioral therapy” and hypnotherapy can also be very helpful.

Medical therapy, diet changes, and psychological therapies can be combined. In fact, using them together can amplify their benefits. Teams of healthcare providers, dietitians, and psychologists who work together offer the best treatment for people with IBS. Those with severe IBS will likely have the most benefit from combining treatment options.

What symptoms should I be concerned about if I experience them?

There is a collection of symptoms that healthcare providers use to make sure something other than IBS is not causing symptoms. “Concerning” or “alarm” features include:

- Blood in bowel movements – This blood can be bright red to black in color and may be in or around bowel movements.
- Low blood counts (anemia) – This is determined by blood work or lab tests ordered by a healthcare

provider.

- New onset of symptoms over the age of 50.
- Losing weight without trying.
- Diarrhea that wakes you up from sleep at night.

If any of these “concerning features” are present, the patient should seek an immediate evaluation by their healthcare provider. Additional tests may be recommended to help find any potential issues.

What should be discussed with a healthcare provider?

Patients should let their healthcare provider know about any family history of GI conditions, especially colon cancer, celiac disease, or inflammatory bowel disease. Also, symptoms that change either over time or suddenly such as the type of pain, severity, or frequency should be discussed with a healthcare provider.

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