



Irritable Bowel Syndrome

Changes You Should Not Ignore

247

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At a Glance

The symptoms of irritable bowel syndrome (IBS) can be difficult to manage. Flares or episodes are common in IBS which can cause a sudden worsening of symptoms or illness. Often, flares will occur even after you have been diagnosed and are on a treatment plan. This can be discouraging and lead to concerns that IBS has left you vulnerable to other conditions. However, this is not true. IBS is not a precursor to inflammatory or other gastrointestinal conditions. It does not increase your risk of developing gastrointestinal (GI) cancer. There are some occasions when it may be wise for your healthcare provider to review your symptoms and how they affect you. This Fact Sheet will help you identify these occasions and offer suggestions for when to seek guidance from a healthcare provider.

Changes in Symptom Profiles Which May Be of Concern

Although the symptoms can be bothersome or interfere with daily activities, IBS does *not* cause physical damage. As a result, it does *not* increase the risk of colon cancer, inflammatory bowel disease (IBD), diverticulitis, or other gut disorders. IBD is a chronic autoimmune condition that causes damage to the GI tract. Diverticulitis is a condition where small pouches in the large intestine become inflamed or infected. IBS also does not protect you from acquiring these conditions. In fact, extensive research has shown that IBS can co-exist with some other chronic digestive disorders, such as IBD.

Two situations provide alerts that another disease or illness may be present:

- The presence of an “alarm” symptom or sign
- Clinical or family history linked to increased personal risk

“Alarm” Symptoms or Signs – “Alarm” signs and symptoms are commonly called “red flags.” “Alarm” signs simply identify changes which are neither

explained by nor consistent with a diagnosis of IBS. These require additional review by a healthcare provider. “Alarm” symptoms may be a sign of an underlying disease that physically damages the gut but may also be related to other conditions.

For example, rectal bleeding is one of the most alarming of such symptoms. This may be due to a hemorrhoid or small tear (fissure) in the anal canal. Bleeding through the rectum can also imply unhealthy changes or damage to the gut wall that should not be ignored. Sometimes it could be due to inflammation, a large polyp, or tumor which requires treatment. Large amounts of red blood or black, tarry stool calls for urgent medical attention. Tarry stool refers to stool the color of tar which is caused by bleeding in the upper GI tract.

Here are some typical “alarm” symptoms or signs that call for further medical attention:

- New onset of IBS symptoms at age of 50 or older
- Blood in the stools (red blood or black, tarry stool)
- Nighttime symptoms that wake you up (e.g. running to the bathroom with diarrhea throughout the evening)
- Fever, shaking chills, night sweats
- Unintentional weight loss
- Change in your typical IBS symptoms (such as new and different pain)
- Changes in your symptoms associated with recent use of antibiotics

Increased Personal Risk – Sometimes there are factors in your life that may put you at greater than average risk of developing an intestinal illness. Such examples are:

- Family history of chronic GI illness including cancer, Celiac, or IBD
- Sick contacts (e.g. family, friends, or co-workers) with recent intestinal illness

- **Recent Travel:** An infection may be suspected if you have recently traveled, had contact with others who are sick, or were possibly exposed to polluted water or food. Travel to the tropics or a developing country is a travel related risk factor.
- **Antibiotic Use:** Recent use of antibiotics or long hospital stays may increase the risk of an infection called C difficile. This infection typically appears with increasing abdominal pain and/or episodes of diarrhea (bloody or non-bloody), nausea and/or vomiting. Sometimes fevers, chills, and sweats will occur as well.

Symptoms of intestinal infections due to antibiotic use and/or travel may be similar to those of an IBS flare-up. You should notify your healthcare provider if you develop symptoms in these circumstances.

When to See Your Healthcare Provider

IBS symptoms may be very hard to predict at first; however, over time most people become familiar with their symptoms. There may be intervals of relative calm, combined with periods of pain or discomfort. The flares may include chaotic bowel habits that interfere with daily life. However, the basic pattern of your symptoms should remain relatively stable.

If one of the previously described situations occurs or an alarm sign or new symptom emerges, a discussion with or visit to your healthcare provider may be in order. This allows your healthcare provider to review your symptom changes and to decide if further testing or adjustments to your current IBS treatment is necessary. Sometimes a new drug or supplement may cause changes in symptoms. This is true even if they are not being taken for IBS. A change in your diet may also cause symptom changes, and your healthcare provider can help you make that determination. For some people, the change in symptoms may also be related to another intestinal problem your healthcare practitioner should look into.

How to Work with Your Healthcare Provider

A trusting and open relationship is key. Knowing the members of your treatment team is important so that you are aware of whom to contact when problems arise. This will speed up getting your questions answered and problems addressed. Good communication with your healthcare team also helps ease stress and reduces delays in diagnostic testing or changes in treatments when needed. Many practices now utilize patient portals to help you stay on top of your care. This is an electronic medical record system

that allows people to send messages to their providers. You should have honest discussions with your provider regarding your expectations of symptom control and flares. Make sure you discuss future plans for if or when symptoms worsen. This will avoid unnecessary phone calls/appointments/emergency room visits and expedite further care when needed.

Putting it All Together

IBS is a long-term (chronic) condition. It cannot be cured, but it also does not predispose you to other GI diseases or illnesses. However, IBS does not protect you from other digestive conditions, and overlap is possible. A change in the nature of your symptoms may raise suspicion that something new is occurring. The appearance of alarm symptoms should prompt a call or a visit to your healthcare team. Make your healthcare provider aware of a personal or family history linked with a higher risk of another disease. This will allow you to review symptoms with your provider and determine if further testing or treatment is needed.

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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, www.youandconstipation.org, or www.aboutibs.org.

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