



Irritable Bowel Syndrome Changes You Should Not Ignore



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

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Irritable Bowel Syndrome (IBS) at a Glance

For most people, IBS is best understood as a long-term or chronic condition in which they experience reoccurring issues with abdominal pain or discomfort associated in some way to their bowel movements. Some patients with IBS, particularly those whose problems started after food poisoning or traveler’s diarrhea (post-infectious IBS) can gradually get better over time. Others will have IBS for their entire lives.

Symptoms of IBS

Experiencing abdominal pain and/or discomfort with a change in *bowel habits* is the key symptom of IBS. The pain and/or discomfort can either be relieved or made worse by having a bowel movement.

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).

Other common symptoms of IBS include:

- bloating (a sensation of fullness in the belly),
- urgency (the need to rush to have a bowel movement),
- mucus (thick white or yellow liquid) in the stool, and
- the feeling of incompletely emptying after a bowel movement.

Symptoms can change over time. There can be periods when symptoms get worse as well as periods when symptoms lessen or disappear. In addition, the main type of bowel movements experienced may change over time. For example, some people who suffer mainly from constipation (or diarrhea) may later experience a change to the opposite or develop a mixture of both constipation and diarrhea. Sometimes changes in diet,

behavior, or using over the counter remedies or prescription drugs can lead to such changes. Other times, a cause for the change is not known.

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

“Alarm signs” or “Alarm Symptoms”

There is a collection of symptoms that healthcare providers use to make sure something other than IBS is not causing symptoms. They are often called “Alarm signs” or “Alarm Symptoms”. These 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.
- A family history of IBD, colon cancer, or celiac disease.

These alarm signs are usually not explained by IBS and can represent other medical problems. When these signs or symptoms occur, they should be brought to the attention of a healthcare provider to perform additional tests.

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.

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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This Fact Sheet is being provided in part, by Allergan and Ironwood Pharmaceuticals, and donors of IFFGD.