



What is IBS?

By: Ami D. Sperber, M.D., M.P.H.S., Professor Emeritus, Department of Gastroenterology, Soroka Medical Center, Faculty of Health Sciences, Ben-Gurion University of the Negev, Beer-Sheva, Israel

Personal story – A.B. a 19-year-old woman relates:

For as long as I can remember I've had stomach aches. I remember how, when my girl friends wished for a Barbie doll over their birthday candles, I wished that my belly could be traded in for a better one – that someone would do some kind of operation, remove my pain-filled belly and exchange it for a new one.

A childish and innocent wish, I admit, but as a child I was sure it could be done and I still make the same wish year in and year out.

People who don't have IBS think it's a simple bellyache that will go away in a few minutes. They don't understand that we (I) have this severe pain, every day for hours... a pain that I cannot actually explain in words, pain that makes me want to tear my belly out, a pain that makes me lose concentration, no matter how much I try to ignore or repress it, it is always there. I'll tell you a true story about my life. As a young woman I like to go out, to meet new people... like anybody else. But most of the time "this" belly forces me to change my plans. Suddenly it hurts before I'm about to go out. Or even worse, it starts to hurt in the middle of an important date. If you haven't caught on yet, when I say "hurts," I don't mean just any pain. It's pain that causes you to lose control, to forget where you are and who you are... and just to concentrate on the pain. And believe me, when the person sitting across from me, who doesn't know me well, sees me begin to double up with pain... he's no longer interested in becoming a part of my life. He'd rather not enter that sick bed. It's so embarrassing and discouraging!

So that's that. There are a lot of limitations and the pain is horrible. But it's my life and I won't let any bellyache no matter how strong, ruin it or remove the smile from my face. Because, in my opinion, smiling is the best remedy for the pain!

This book is dedicated to A.B. and others like her who have IBS or a similar disorder. In it I will explain the nature of the disorder and how it is diagnosed and treated.

What is IBS?

IBS is the most common of the functional disorders of the digestive tract. It is characterized by chronic abdominal pain and irregular bowel movements. The cause of the symptoms

is not found on routine testing. In other words nothing is found to be wrong in the tests.

My Acquaintance with IBS Patients

Many times IBS patients are told by doctors that "nothing is wrong" with them. Over the years I have met and treated many IBS patients. It's hard to describe how much people suffer who have "nothing wrong with them," or how severely their quality of life is affected. I have met people who hardly ever leave their home because they're afraid of an "accident," because their stomach is bloated, or because they're afraid that they'll ruin their friends' or partner's fun.

I have met grandparents who do not travel to see their grandchildren because they are too afraid to take public transportation, men and women who go out to eat and do not touch the food in order not to make a scene, people who do not travel because of the need to wait in line for and use public restrooms, and others who have traveled, only to leave their families and return home ahead of time. I have come to know men and women who avoid meeting members of the opposite sex because, "Who would want to date someone with problems like mine?" People have told me how they prepare maps of all available restrooms along a travel route. Many of them can rate the restrooms on cleanliness, availability of soap, paper, seat covers, etc. I have spoken to patients who decide where to shop, not on the basis of the quality of the produce or its price, but on the availability and maintenance of restrooms.

There are many other IBS sufferers whom we doctors have not met or treated. Some are too embarrassed and others do not believe that we can help them. However, I also know many patients who feel much better as a result of our care.

My belly also aches sometimes. At those moments I think of my patients. My belly hurts me very infrequently, but when it does I often become tense. I find it difficult to concentrate and cannot enjoy what I'm doing. In contrast, a large percentage of the patients I see suffer from abdominal pain many hours of the day, most days of the year. How can anyone get used to that? Can one "learn to live with it," as many doctors recommend?

Some Basic Concepts

There are several basic concepts that can help us to gain insight into the complexity of functional disorders like IBS. In this introductory chapter I will begin with a couple of terms:

1. organic vs. functional disease, and
2. acute vs. chronic disease.

A third concept that will be presented in this chapter is quality of life. Understanding these concepts will serve as the foundation for understanding the rest of the book.

“Organic” vs. “Functional” Diseases

In medicine a distinction is often made between “organic” and “functional” diseases. Organic diseases have objective findings, such as blood tests, x-rays, or invasive procedures that yield pathological results (in other words results that indicate the presence of disease). In the digestive tract, for example, such a result could be an ulcer, inflammation of the small intestine, or cancer of the large intestine. Patients with organic diseases have “proof” that it’s not all in their head.

This can be contrasted with functional diseases, which, while involving organic processes, stem from a problem with the functioning of the system and not its structure. For example, in the digestive tract the intestines may not move in an appropriately coordinated manner (motility problem), leading to irregular bowel movements, or there may be a reduced threshold for pain, causing chronic abdominal pain. It’s important to understand that routine clinical tests do not check for these functional problems. Thus, all the tests are normal and the patient may be seen as suffering from a psychological problem.

“Acute” vs. “Chronic” Diseases

Functional disorders, like many other diseases, are chronic in nature. In medicine we often distinguish between acute and chronic disease. The concept “acute” does not refer to the severity of the disease, but to its duration. Acute diseases last for weeks, at the most, until they pass of their own accord or are totally resolved by medical therapy. In contrast, chronic diseases persist and become a part of the person’s life. There are many examples of chronic diseases. Diseases of the joints, diabetes, hypertension, and inflammatory bowel disease are some examples. These diseases can be treated and some have a natural course of waxing and waning symptoms, but there is no cure for any of them. The functional disorders of the digestive tract, such as IBS, belong to this type of chronic disease.

Quality of Life of IBS Patients

In modern medicine the burden of disease is measured not only by objective findings, but also by its impact on the patient’s life. This impact is measured primarily in terms of quality of life, a very complex concept. Some of the elements that comprise quality of life are social or psychological rather than biological. Doctors can point to situations in which patients who are considered to have a more “serious” disease

on the basis of medical indicators function better in all ways (work, family, etc.) than patients who have a “milder” disease but do not seem to be able to function well at all. How can this apparent paradox be explained? The “bio-psycho-social” model of medicine, which will be explained in this book, comes to our aid in this respect. This model attempts to encompass all the factors that affect illness and health, not only the physical ones, and to look at their impact on syndromes such as IBS.

Things you Wanted to Know – the Bottom Line

- *What is IBS?* IBS is a chronic disorder in which impaired function of the intestines causes chronic abdominal pain and irregular bowel movements.
- *What is a chronic disease?* A disease that persists for a long time and cannot be completely cured.
- *Is IBS a chronic disease?* IBS meets the criteria for a chronic disease.
- *What’s the good news?* IBS is not life threatening. IBS can be treated with the aim of:
 - Enhancing coping skills.
 - Reducing symptoms.
 - Improving quality of life.

This article is adapted from the eBook, Some Take Things to Heart, Others to their Belly – Irritable Bowel Syndrome: What is it and how is it treated? Published by IFFGD, the eBook by Ami D. Sperber, M.D. is available on Amazon.com. You can view it on your Kindle, or on the free Kindle reader, which you can upload on your computer or tablet. While not published in print, contact IFFGD and we can arrange to send you a spiral bound copy.

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.

About the Publication

Opinions expressed are an author’s own and not necessarily those of the International Foundation for Functional Gastrointestinal Disorders (IFFGD). IFFGD does not guarantee or endorse any product in this publication or any claim made by an author and disclaims all liability relating thereto. This article is in no way intended to replace the knowledge or diagnosis of your doctor. We advise seeing a physician whenever a health problem arises requiring an expert’s care.

For more information, or permission to reprint this article, contact IFFGD by phone at 414-964-1799 or by email at iffgd@iffgd.org.
