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Pain in IBS

Chronic abdominal pain in irritable bowel syndrome (IBS) is not associated with structural damage, like ulcers, but the pain is just as real. The sensation starts in the gut and then travels to the brain, which interprets the sensation as pain. The pain is not related to obvious damage in the body, like a broken bone.

Brain imaging shows that people with IBS feel more pain than other people. Those with IBS are hypersensitive; they have an increased response that makes a stimulus feel more painful. They may experience pain from sensations that other people don't think are painful (called allodynia) or have more severe pain than others (called hyperalgesia).

Allodynia: Feeling pain due to a stimulus that doesn't usually provoke pain

Hyperalgesia: Feeling a large amount of pain due to a stimulus that is usually only slightly painful

Sensations travel from the gut through the spinal cord to the brain

In IBS, some signals in the gut are experienced in the brain as pain. After the brain receives pain signals, it can modify the signals to increase or reduce the feeling of pain.

The brain's ability to modify sensations is called the gate control theory of pain. Signals that travel from the body to the brain pass through the spinal cord, which can serve as a kind of "gate". The brain can open and close this gate, like a volume switch on a stereo. Opening the gate increases the signals that reach the brain and increases the feeling of pain. Closing the gate decreases signals and blocks pain.

This explains how a person can sprain an ankle while running a race and not feel pain until the race is over. Or, how during a bad day at work, a minor discomfort can feel painful – all because the spinal cord acts as a gate to modify how much pain the brain feels.

Treating Chronic Pain

With proper treatment, chronic pain can be reduced and, in a few cases, stopped altogether. Different approaches include medication, psychological approaches, and self-management. Using more than one therapy may work better than using just one method alone. For example, combining psychological approaches with medication is often effective. When treating chronic pain, it is important to be patient. Treatments often take time before they start working. Treatment approaches include:

- **Medications**

- *Anticholinergic agents* taken before a meal can provide short-term relief. These gut-targeted medications work on several IBS symptoms, including pain, diarrhea, and constipation.
- *Central acting agents*, or central

Visceral pain: Pain from internal organs, like the intestines. It can vary in intensity and radiate from the initial area to other parts of the body.

Central hypersensitivity: Hypersensitivity is an increase in the body's pain detection system. People who are experiencing central hypersensitivity continue to perceive pain even after adequate treatment for the initial cause for the pain (such as surgery).

neuromodulators, can block signals from the brain. This type of drug can help decrease visceral (intestinal) and central hypersensitivity, help the brain control the pain, and improve gut motility.

Central acting agents use two approaches to help reduce pain. In the first approach, the medication helps the brain to limit nerve signals by closing the gate to pain. In four to six weeks, the pain is generally 30%–50% better. The second approach involves helping to regrow the damaged nerves. Regrowth takes a long time; anywhere from six months to a year or more.

Creating new functioning nerves is vital to prevent the pain from returning.

- **Psychological approaches**

The power of the mind can be harnessed to affect pain by sending signals or thoughts to close the pain gate. Techniques such as hypnosis, meditation, and cognitive-behavioral therapy (CBT) can help ease symptoms and improve control over the disorder.

- **Self-management**

Pain is an emotional experience, so taking steps to improve emotions can reduce the harmful effects of the pain even when it is still present. Tackling emotional and social health is essential to promote a sense of well-being.

This ten-step plan incorporates aspects of psychology and self-management to help reach treatment goals:

1. **Acceptance:** Accept that the pain is there, and learn about the condition and its management
2. **Get involved:** Take an active role in your care by developing a partnership with healthcare providers
3. **Set priorities:** Look beyond symptoms to establish what is important. Eliminate the rest
4. **Set realistic goals:** Break larger goals into smaller, manageable steps. Celebrate when you reach goals, even small ones!
5. **Know your rights:** You have the right to be treated with respect, to ask questions, voice your opinions, and to say no without guilt
6. **Recognize and accept emotions:** Your mind and body are connected, and strong emotion affects pain. Acknowledge your emotions to reduce stress and manage pain.
7. **Relax:** Exercises like hypnosis, meditation, yoga, or deep breathing can help reclaim control of the body and reduce pain.
8. **Exercise:** Staying active can help increase your sense of control and divert attention from symptoms.
9. **Refocus:** Focus on abilities instead of disabilities to help realize that you can live a normal life.
10. **Reach out:** Share thoughts and feelings with healthcare providers, family, and friends.

Finding a healthcare professional to help you

A gastroenterologist who works in neurogastroenterology or a primary care doctor who knows how to work with chronic pain is usually best to treat IBS pain. Finding and working with a patient-centered healthcare provider familiar with the concepts presented here will help ensure the best care for chronic pain and other symptoms of IBS.

About IFFGD

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Key Points

- Brain imaging shows that people with IBS feel more pain than other people
- Sensations travel from the gut through the spinal column to the brain where they are felt as pain
- The brain can modify the sensation of pain, either increasing or decreasing it
- Therapy and medications can help reduce or prevent the pain from IBS