Irritable Bowel Syndrome 22

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Ask Your Patients...

"How long have you been experiencing gastrointestinal distress?"

If Your Patient Asks...

"Are my bowel habits normal?"

UNDERSTAND the problem

Irritable bowel syndrome (IBS) is characterized by recurrent abdominal pain associated with disordered bowel habits (constipation, diarrhea, or a mix of constipation and diarrhea); abdominal bloating/distention is typically present. The symptoms must not have an organic, metabolic, or drug-induced basis.[1] IBS and other functional GI disorders are now understood as disorders of the gut-brain axis that arise through complex, bidirectional interactions of biopsychosocial factors.

IBS is the most frequently diagnosed GI condition, accounting for 41% of patients with functional GI disorders.[2] The lifetime prevalence of IBS in adults is 10% to 20%, but only 5% to 7% have been diagnosed. Of all persons with IBS symptoms in the United States, only around 30% seek primary care medical attention.[3]

WHO is at risk

The global prevalence of IBS is 14% in women and 8.9% in men, meaning the rate is 67% greater in women than men.[3] In addition, IBS prevalence decreases with age, with patients 50 years of age and older showing the lowest IBS prevalence.[4]

IBS is also highly comorbid with certain psychiatric disorders, including major depression, anxiety, and panic disorder. Major depressive disorder is the most frequent psychiatric comorbidity in IBS. Patients with major depressive disorder show a 27% to 47% prevalence of IBS.[5]

WHAT are the types of IBS

IBS is categorized into subtypes based on stool characteristics. The four subtypes are:[1; 6]

- IBS with predominant constipation (IBS-C): >25% of bowel movements with hard or lumpy stools AND <25% of bowel movements with loose or watery stools
- IBS with predominant diarrhea (IBS-D): >25% of bowel movements with loose or watery stools AND <25% of bowel movements with hard or lumpy stools
- Mixed-type IBS (IBS-M): >25% of bowel movements with hard or lumpy stools AND >25% of bowel movements with loose or watery stools
- IBS unclassified (IBS-U): Patients who meet diagnostic criteria for IBS but whose bowel habits cannot be accurately categorized into one of the other three groups.

HOW is IBS Treated

Treatment of IBS should be directed at the dominant symptom type and severity.[1] IBS treatment begins by explaining the condition, providing reassurance of the benign natural history, and educating the patient about the benefits and safety of diagnostic tests and treatment options.[1]

Limited data suggest that IBS symptoms may be improved by lifestyle modifications that include exercise, stress reduction, and good sleep habits.[1] Greater evidence supports dietary interventions. Dietary fiber supplementation has long been the foundation of treatment in all patients with IBS, and dietary restriction of gluten may improve symptoms in some patients.

Numerous short-chain carbohydrates, collectively termed FODMAPs, can provoke IBS symptoms.[7] Dietary FODMAP restriction is associated with reduced fermentation and significant symptom improvement in some patients with IBS. The most common sources of FODMAPs in the western diet are wheat, onions, fruit in which fructose exceeds glucose (e.g., apples, pears), and processed food.

Psychologic interventions, such as cognitive-behavioral therapy, are also helpful, particularly for those with comorbid mental health issues.[8] Pharmacotherapy will depend on the IBS subtype, underlying pathophysiology, and patient response, but may include laxatives, bile acid binders (sequestrants), or antispasmodics.

WHERE to find resources

American College of Gastroenterology
http://gi.org

American Gastroenterological Association
https://www.gastro.org

International Foundation for Functional Gastrointestinal Disorders
https://www.iffgd.org
http://www.aboutibs.org

National Institute of Diabetes and Digestive and Kidney Diseases
https://www.niddk.nih.gov/health-information/digestive-diseases/irritable-bowel-syndrome

North American Society for Pediatric Gastroenterology, Hepatology, and Nutrition
http://www.naspghan.org

The Rome Foundation
http://theromefoundation.org

Society of Gastroenterology Nurses and Associates
https://www.sgna.org

1 Lacy BE, Mearin F, Chang L, et al. Bowel disorders. *Gastroenterology*. 2016;150:1393-1407.

2 Chey WD, Kurlander J, Eswaran S. Irritable bowel syndrome: a clinical review. *JAMA*. 2015;313(9):949-958.

3 Canavan C, West J, Card T. The epidemiology of irritable bowel syndrome. *Clin Epidemiol*. 2014;6:71-80.

4 Riedl A, Schmidtmann M, Stengel A, et al. Somatic comorbidities of irritable bowel syndrome: a systematic analysis. *J Psychosom Res*. 2008;64(6):573-582.

5 Fadgyas-Stanculete M, Buga AM, Popa-Wagner A, Dumitrascu DL. The relationship between irritable bowel syndrome and psychiatric disorders: from molecular changes to clinical manifestations. *J Mol Psychiatry*. 2014;2:4.

6 Mearin F, Ciriza C, Mínguez M, et al. Clinical practice guideline: irritable bowel syndrome with constipation and functional constipation in the adult. *Rev Esp Enferm Dig*. 2016;108(6):332-363.

7 Malagelada JR, Malagelada C. Mechanism-oriented therapy of irritable bowel syndrome. *Adv Ther*. 2016;33(6):877-893.

8 Van Oudenhove L, Levy RL, Crowell MD, et al. Biopsychosocial aspects of functional gastrointestinal disorders: how central and environmental processes contribute to the development and expression of functional gastrointestinal disorders. *Gastroenterology*. 2016;150(6):1355-1367.

Released: June 2017