

Irritable bowel syndrome

Definition

Irritable bowel syndrome (IBS) is the most frequent functional gastrointestinal disorder characterized by chronic (more than 3 months) abdominal pain or discomfort and altered bowel habits in the absence of specific organic pathology. IBS can be divided into four subtypes:-

- (1) IBS with constipation (IBS-C), (2) IBS with diarrhoea (IBS-D), (3) IBS mixed type (IBS-M), and (4) IBS un-subtyped (IBS-U).

Epidemiology (Incidence)

The lifetime prevalence of IBS is 10-15%. Women are more affected than men. Patients aged 50 and older are less likely to have IBS than younger patients.

Clinical Features, natural history and prognosis

Intensity of symptoms and associated restrictions of quality of life largely vary between people affected with IBS. There are persons with IBS symptoms who live a normal life without using medical help (Non-patients). On the other end of the IBS spectrum are patients with severe symptoms and severe restrictions of daily activities. IBS symptoms can vary over time. Up to 50% of patients have constant IBS symptoms for their whole life. Up to 50% of patients report that symptoms decreased or completely disappeared over the years. Life expectancy of IBS patients is normal.

Etiology and Pathophysiology (Causes)

IBS originates from a combination of biological (e.g. gastrointestinal infection) and psychological (e.g. anxiety, stressful life events) factors. Minimal inflammatory changes in the colon and altered processing of bowel nerve impulses by the spine and the brain can be found in most persons affected with IBS.

Diagnosis/Differential Diagnosis

Diagnosis of IBS is based on a history of a typical cluster of symptoms and normal results in a physical examination, laboratory tests and endoscopy of the colon. Gastroenterology guidelines give clear advices to physicians which examinations should be carried out in every patient with suspected IBS to exclude other potential causes of abdominal pain and bowel problems. Additional diagnostic workups are recommended for the different symptoms, e.g. diarrhoea. Persons with IBS symptoms should be screened for anxiety, depression and stressful life events.



Therapy

Treatment starts by reassuring the patient that the symptoms are real, even if examinations had been “normal”, and are not life-threatening. IBS patients who are negatively affected by the symptoms in everyday life should be treated by a stepwise approach with dietary, pharmacological and psychological interventions tailored to the symptoms (pain, diarrhoea, constipation, anxiety), used alone or in combination depending on IBS severity and individual preferences. If nutritional intolerance is suspected, an exclusion diet should be carried out for 4 weeks. This should be continued if there is substantial relief of symptoms. Phytotherapeutics, probiotics, spasmolytics, tricyclic antidepressants and serotonin reuptake inhibitors can relieve IBS pain in some patients. Opioids should not be used in IBS. Psychological interventions such as relaxation training, cognitive behavioural therapy (CBT) and gut-directed hypnosis have solid clinical support in treating IBS symptoms. These modalities have a success rate comparable with medical treatment and do work in some patients who are unresponsive to drug treatment. Treatment strategies should be adapted accordingly, based on patient self-report and IBS diary.

References

- Andresen V, Keller J, Pehl C, Schemann M, Preiss J, Leyer P. Irritable bowel syndrome--the main recommendations. Dtsch Arztebl Int 2011; 108(44):751-60.
- American College of Gastroenterology Task Force on Irritable Bowel Syndrome, Brandt LJ, Chey WD, Foxx-Orenstein AE, Schiller LR, Schoenfeld PS, et al.: An evidence-based position statement on the management of irritable bowel syndrome. Am J Gastroenterol 2009; 104(Suppl 1): 1–35.

Internet Resources

[UNC Center for Functional GI & Motility Disorders. http://www.med.unc.edu/ibs](http://www.med.unc.edu/ibs)
<http://www.patient.co.uk/health/Irritable-Bowel-Syndrome.htm>

