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Irritable bowel syndrome is characterised by abdominal discomfort, bloating and a change in bowel habits (constipation or diarrhoea). There is no single cause for this condition, but environmental factors – such as changes of routine, emotional stress, infection, toileting behaviours and diet – can trigger symptoms. Treatment options include careful changes to diet, laxatives, anti-diarrhoea medications, antispasmodics, psychological therapies and physical and behavioural therapies. Around one in five Australians experiences the unpleasant symptoms of irritable bowel syndrome (IBS) at some time. These include abdominal pain, bloating, mucus in the stools, and either diarrhoea, constipation or a mixture of both. Irritable bowel syndrome is a condition commonly referred to as a functional gastrointestinal disorder. A new description of this condition is that IBS is a disorder of brain gut interaction, highlighting the importance of the brain and its relationship with gut function. More women than men are prone to IBS, and symptoms tend to first occur in early adulthood. There is no one cause for Irritable Bowel Syndrome. Each individual will experience symptoms of IBS due to their own unique factors. These factors include changes of routine, emotional stress, infection, psychological distress, inappropriate toileting dynamics and diet. Other important factors include neurotransmitters, gut microbiota and intestinal motility. Irritable bowel syndrome doesn't cause lasting damage and doesn't contribute to the development of serious bowel conditions, such as cancer or colitis. Symptoms of IBS Some of the more common signs of irritable bowel syndrome include: Abdominal pain or cramping that is often relieved by passing wind or faeces Diarrhoea and constipation (which may occur together) A sensation that the bowels are not fully emptied after passing a motion Abdominal bloating and distension None of these symptoms are exclusive to IBS. It is uncommon for IBS to produce these symptoms, for the first time, after the age of 40. Main IBS categories Irritable bowel syndrome can be subdivided into three major categories: Constipation-predominant – the person tends to alternate constipation with normal stools. Diarrhoea-predominant – the person tends to experience loose stools which may occur frequently. The need to go to the toilet can be urgent and cannot be delayed. Incontinence may be a problem. Alternating constipation and diarrhoea. Causes of IBS The underlying cause of irritable bowel syndrome is likely to be explained by many different factors, unique to each individual. Certain factors have been found to "trigger" attacks in susceptible individuals. These include: Infection – an episode of gastroenteritis will often result in persistent bowel symptoms, long after the offending bacteria or virus has been eliminated. Food intolerance – Foods which are poorly absorbed (such as the the carbohydrates which are referred to as "FODMAPS" – fermentable oligosaccharides, disaccharides, monosaccharides and polyols) are the most common dietary trigger for IBS. These carbohydrate "sugars" include fructose, lactose and sorbitol. Emotional stress – strong emotions, such as anxiety or stress, can affect the nerves of the bowel in susceptible people. Inappropriate regulation of signalling between the brain and the gut. Sometimes this is referred to as "visceral hypersensitivity" (sensitive gut) Medication – certain types (such as antibiotics, antacids and painkillers) can lead to constipation or diarrhoea. Diagnosis of IBS If you suspect you have irritable bowel syndrome, it is important to seek medical advice to make sure your symptoms aren't caused by any other illness, such as diverticulitis, inflammatory bowel disease. Coeliac disease (an immune intolerance to gluten, present in wheat and other grains) may produce symptoms commonly seen in IBS. Lactose intolerance may produce bloating, cramps and diarrhoea. Most people can be diagnosed with IBS without the need for invasive testing. Diagnosis methods include: full medical check-up blood tests, including blood tests for coeliac disease stool tests to exclude inflammatory bowel disease investigation of the stomach or bowel under sedation (Gastroscopy /colonoscopy). Treatment for IBS IBS can be successfully managed with treatments which are tailored to the individual. Clinicians will often recommend identifying and avoiding triggers. Treatment options may include: An increase in dietary fibre, together with clear fluids Moderating common gas-producing foods, or undertaking a diet with a trained dietician, such as a low "FODMAP" diet – Fructose, Lactose, Sorbitol. Antidiarrhoea medication, such as loperamide – for those with diarrhoea-predominant IBS Laxatives for constipation Antispasmodic drugs, which may ease cramping – examples include mebeverine, hyoscine and peppermint oil capsules Tricyclic antidepressants – These are effective in treating pain, bloating and bowel frequency in IBS. Use of these medications does not mean that IBS is caused by depression or anxiety. Psychological therapies, including cognitive behavioural therapy and gut directed hypnotherapy. These treatments involve a trained psychologist or can be delivered through online platforms. Behavioural and pelvic floor therapies. Often symptoms of IBS can be caused by inability to effectively defecate, trained pelvic floor physiotherapists can treat this effectively. Specific treatments for IBS are not approved for use A small number of medications have been developed to treat IBS and have been shown to be effective in selected groups in clinical trials. These work on the interaction between serotonin and nerve cells of the colon. They include alosetron, cilansetron and tegaserod. Safety concerns with these three medications has led to their withdrawal from the market, or restricted use only, and none are presently licensed in Australia. Microbiota altering therapies such as faecal microbiota transplantation are considered experimental and preliminary clinical studies have not shown this therapy to be clearly effective. Find an experienced health professional People with IBS can become frustrated and feel their symptoms are not treated seriously. These frustrations, along with sometimes inappropriate therapy, can often make the symptoms worse. Finding a therapist with experience in the successful treatment of IBS is important. Being treated by a multidisciplinary team is optimal. Where to get help Moleski S 2013. 'Irritable bowel syndrome (IBS) ', The Merck Manual of Diagnosis and Therapy, Merck & Co. Tack J, Fried M, Houghton LA et al. 2006. 'Systematic review: the efficacy of treatments for irritable bowel syndrome – a European perspective ', Alimentary Pharmacology and Therapeutics, vol. 24, no. 2, pp. 183-205. Evans BW, Clark WK, Moore DJ, Whorwell PJ 2008. 'Tegaserod for the treatment of irritable bowel syndrome ', The Cochrane Database of Systematic Reviews, vol. 1, CD003960. Heading R, Bardhan K, Hollerbach S et al. 2006. 'Systematic review: the safety and tolerability of pharmacological agents for treatment of irritable bowel syndrome – a European perspective ', Alimentary Pharmacology and Therapeutics, vol. 24, no. 2, pp. 207-236. Low FODMAP diet for irritable bowel syndrome , Medicine, Nursing and Health Sciences, Monash University. This page has been produced in consultation with and approved by: This page has been produced in consultation with and approved by: Content on this website is provided for information purposes only. Information about a therapy, service, product or treatment does not in any way endorse or support such therapy, service, product or treatment and is not intended to replace advice from your doctor or other registered health professional. The information and materials contained on this website are not intended to constitute a comprehensive guide concerning all aspects of the therapy, product or treatment described on the website. All users are urged to always seek advice from a registered health care professional for diagnosis and answers to their medical questions and to ascertain whether the particular therapy, service, product or treatment described on the website is suitable in their circumstances. The State of Victoria and the Department of Health shall not bear any liability for reliance by any user on the materials contained on this website. Topic Resources Your bowels are your intestines, which are part of your digestive system. Your bowels are where food is digested and nutrients are absorbed (taken into) your body. The part of food that isn't taken into your body becomes stool (poop). IBS is a common disorder that is uncomfortable but not dangerous IBS changes your bowel movement (pooping) patterns and makes your lower belly hurt Your bowels may move more (diarrhea) or move less (constipation) Foods you eat and your emotions can sometimes trigger (set off) symptoms Taking medicine and changing the foods you eat may help your symptoms Doctors don't know what causes IBS. People with IBS seem to have a sensitive digestive system. Tests on people with IBS don't show any particular problems. Certain foods you eat and your eating habits may trigger or worsen your symptoms, such as: Fatty meals, including fried foods Foods that your body can't easily break down, such as wheat, dairy (like milk or cheese), beans, chocolate, coffee, tea, artificial sweeteners, or certain fruits (like apricots) and vegetables (like asparagus or broccoli) Eating too quickly or waiting too long to eat Other factors can also trigger your symptoms, including: Emotions, such as stress, anxiety, depression, and fear You may not always get symptoms after a usual trigger. Symptoms often appear without any known trigger. Symptoms come and go. Sometimes you'll feel fine, and sometimes you'll have symptoms. Symptoms often include: Dull aching or cramps in your lower belly that get better after you poop Feeling that your belly is bloated or swollen A change in the texture of your stool (poop that is lumpy and hard if you have constipation or soft and watery if you have diarrhea) Slimy substance (mucus) in your stool A feeling that you're not getting all the stool out of your body There is no test for IBS. Doctors will diagnose IBS based on your symptoms. However, doctors will usually do tests to make sure your symptoms are not caused by other, more dangerous, problems. Treatment differs from person to person. If certain foods seem to cause your symptoms, doctors may tell you to change your diet. If you have diarrhea or constipation, eat low-fat foods If you have gas, avoid beans and cabbage Limit your use of sorbitol (an artificial sweetener in some foods, medicines, and gum) Limit how much fructose (the sugar in fruits and some plants) you eat If you get constipated, eat more fiber (fiber is in certain foods or in a powder you buy and mix with water) Doctors may also tell you to: Eat smaller meals more often (such as 5 small meals, not 3 large meals, a day) Take medicines to help with your symptoms NOTE: This is the Consumer Version. DOCTORS: CLICK HERE FOR THE PROFESSIONAL VERSION CLICK HERE FOR THE PROFESSIONAL VERSION



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