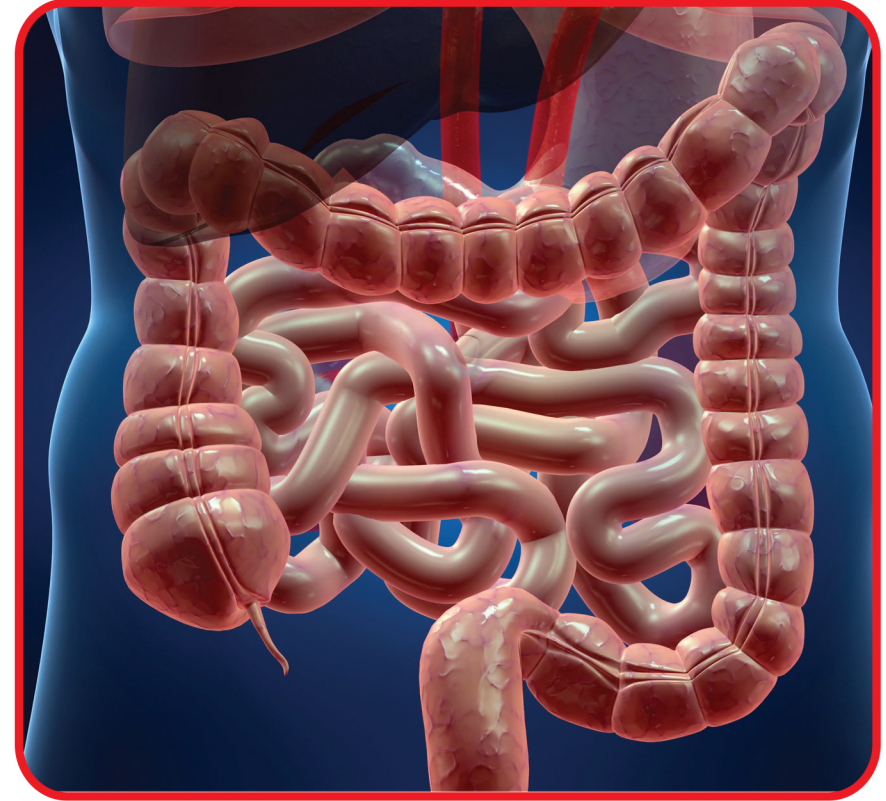


IRRITABLE BOWEL SYNDROME



For further information:

Section of Gastroenterology

Department of Medicine
Aga Khan University Hospital, Karachi
P.O. Box 3500, Stadium Road
Karachi-74800, Pakistan
Tel: 92 21 3486 4660
Fax: 92 21 3493 4294, 3493 2095
Email: gastroenterology@aku.edu
hospitals.aku.edu/karachi

April 2014 ICN # 215602



آغا خان یونیورسٹی ہسپتال، کراچی

The Aga Khan University Hospital, Karachi.



What is Irritable Bowel Syndrome (IBS)?

Irritable Bowel Syndrome is the most common disorder of function of gastrointestinal track. About 15-20 percent of the general population throughout the world suffers from IBS, including all racial/ethnic subsets and adult/adolescent age groups. IBS accounts for enormous cost of treatment as well as work absenteeism. It is one of the most common diagnoses in general practice.

How is IBS Produced?

IBS is not explainable on the basis of structural damage to the intestine. Various mechanisms for its production have been proposed:

- 1 Abnormal function of the intestinal muscle.
- 1 Enhanced sensitivity of the intestine.
- 1 Abnormal brain processing of painful stimuli.
- 1 Local intestinal factor, such as infection, stress and childhood development experiences.

Diagnosis

IBS usually can be diagnosed confidently by a typical history and limited laboratory evaluation. Careful attention to the description of pain and bowel habit is critical. A set of symptoms has been described which help in the diagnosis.

Abdominal discomfort or pain that has two of the following features:

- 1 Relief with passing stool.
- 1 Onset associated with change in stool frequency (diarrhoea or constipation).
- 1 Onset associated with change in appearance of stool.
- 1 Recurrent abdominal pain discomfort for at least 3 days in a month in the last 3 months.
- 1 Abnormal stool passage (straining, urgency, feeling of incomplete evacuation).
- 1 Passage of mucus.
- 1 Bloating or feeling of abdominal distention.

The classical symptoms alone do not always differentiate IBS from other diseases, an inquiry should be made about medication use and potential dietary factor, such as caffeine, fructose in fruit juice and sorbitol in artificially sweetened candy. Psychosocial factors, including recent stress, may influence the clinical presentation. Importantly, warning ("alarm") signs that are not attributable to IBS should be sought: weight loss, bleeding in stools, fever, frequent night time symptoms.

Physical examination reveals no explanation for the symptoms. Diagnostic testing is individualised according to the patient's age, predominant symptoms, severity and duration of symptoms and presence of psychosocial factors.

In young patients, only basic blood tests, such as a complete blood count and erythrocyte sedimentation rate (ESR), is considered. Other tests, especially large bowel endoscopy or barium enema, may be needed. More sensitive tests like abdominal ultrasound, upper bowel barium series may also be required.

Management

Establishing an effective doctor-patient relationship is probably the most beneficial treatment for patients with IBS. The following steps are often helpful in establishing such a relationship:

Acknowledgement of symptoms by the doctor.

- 1 Educate and reassure the patient.
- 1 Set reasonable goals.
- 1 Use of symptoms diary by the patient.

70 percent of the patients with IBS have mild symptoms and little or no psychological difficulties. A positive diagnosis coupled with education, reassurance, dietary and lifestyle changes are often sufficient. Patients should be advised to eat well-balanced, regular meals, avoid excess fat and reduce irritants such as caffeine, sorbitol and alcohol. Regular exercise and efficient management of stress should be encouraged.

25 percent patients with moderately severe symptoms often require drug treatment. Some may be interested in psychological treatment to help manage associated emotional distress, when present.

5 percent patients with severe symptoms commonly have psychological complaints and are more often seen by psychiatrist. For these patients, strong reassurance of the correct diagnosis is necessary to reduce concerns and health-care resource use. Antidepressants may be helpful to reduce pain and treat psychiatric disorders. Referral to a mental health professional to help manage symptoms and reduce stress can be useful.

Medications for IBS are typically directed toward the predominant symptom, such as pain, diarrhoea or constipation.