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Irritable Bowel Syndrome

It is said that the most common reason patients see their doctor is in regards to problems with their bowels, and the most common diagnosis that is responsible for their symptoms is Irritable Bowel Syndrome (also called IBS).

Irritable Bowel Syndrome?? Yes, that's right. This name may be unfamiliar to you because the name that people commonly used for this condition in the past included: spastic colon, spastic colitis, or just plain colitis. But IBS is not colitis! Colitis is, by definition, an inflammation of the colon, and IBS does not occur with inflammation.

IBS is characterized by a wide variety of symptoms including:

- diarrhea (defined as more than five bowel movements per day, or watery or soft bowel movements)
- abdominal bloating
- abdominal pains
- excessive gas
- constipation
- nausea

These symptoms typically occur spontaneously, although often times stress can precipitate the onset of symptoms. They last from several days, to weeks or months (sometimes years). Often, they appear to be caused by food intolerance, but despite eliminating specific foods, the symptoms do not uniformly disappear and the direct connection between food and symptoms is inconsistent.

Women are more likely to develop IBS, as compared to men, but this is by no means a woman's illness. IBS often occurs in the 20's-40's, but can develop later in life.

The Mechanism of IBS:

The underlying problem in IBS is one of uncoordinated bowel activity, and is not due to a specific anatomical defect. What this means is that every possible test that is done to look at the anatomy of the intestinal tract (upper and lower

endoscopy or upper GI, lower GI, abdominal ultrasound) comes back normal and there are no changes in the anatomy that cause the problem. Instead, IBS is due to a functional problem in which the GI system does not interact harmoniously.

Let me give you an example. All of us, have at one time or another, taken our car in for repairs, only to be told that everything checks out. This means that the mechanic has run a battery of tests and the performance of the car meets specifications. But we know that despite these tests, there is a problem and that just because the testing did not reveal a defect, there is something wrong with the car. Such problems are often-times functional. That is, they are not due to a specific defective part, but rather they occur when the car parts, all "normal", do not interact correctly, thus causing the problem.

I can't tell you how many times patients have come into the office reporting a symptom that has been bothersome to them for several weeks, but much to their chagrin, the symptom has conveniently disappeared on the day of their visit--just like the noise that won't make itself known to the mechanic, but is always popping up when we are alone in the car.

The anatomy of the intestinal tract is very complicated, but the process by which digestion is coordinated is even more complex. Digesting the various foods in our diet, from mechanically breaking them down into a liquid mixture (called chyme) in the stomach, to breaking that material down into its constituent parts, and then absorbing the nutrients, is a very intensive project, and is coordinated by the nerves in the intestinal tract (called the autonomic nervous system). This nervous system is very ancient and evolutionarily dates back millions of years. It is one which we share in common with all animals, with striking similarities between our digestive systems and those of reptiles, such as alligators and crocodiles. Many scientists refer to this system of nerves as the "gut brain" in control of the intestines.

Interestingly, and not surprisingly, researchers have found many similarities between the chemicals in the "gut brain" and our own brains. There are several chemicals that help our "gut brain" nerves to communicate that were originally identified in the intestines, only to later be found in normal brain centers. Unfortunately, aside from this interesting connection, detailed understanding of the "gut brain" is lacking.

In our current understanding of IBS, the "gut brain" does not work properly. Because of this, intestinal activities are not coordinated properly, resulting in:

- variations in intestinal contraction pressure --which leads to cramping and pain
- uncoordinated peristalsis (the process of directional squeezing of intestinal muscles that propels digested food forward--causing diarrhea and bloating, or constipation).

Treatment:

Despite the fact that our understanding of IBS is rudimentary, there are some treatments that have been shown to work.

First, is the use of "bulk" agents, such as fiber (ie. High Fiber Diet, Metamucil, Citrucel). This has been shown in many studies to be the most effective treatment for IBS. By giving the intestines something to "squeeze on", fiber, which is nondigestible, reduces pressures in the intestines and leads to reduced pain. It also can add bulk to the bowel movement, resulting in less diarrhea.

Second is the use low doses of anti-depressant medications (ie. Elavil, Pamelor, Sinequan). These medications alter "nerve traffic" in the intestines (remember the common chemicals that are shared by the "gut brain" and or normal brain.) This often times will reduce pain and bloating, but is less effective on the diarrhea component. This medication has been shown to be effective in several studies.

Finally, anti-spasmodic medications (ie. Donnatal, Bentyl, Levsin) can be used with some success. By reducing intestinal contractions, some people note reduced pain and bloating.

A Last Thought:

Before leaving this subject, there is one side-issue that should be mentioned. In the latest research, there has been an increasing incidence of histories of sexual abuse in childhood and adolescence noted in patients with IBS. Although some people may feel this is just another example of "false memories" confusing another issue in people's lives, the premier researchers in this area are convinced that there is a connection in many patients between their symptoms and their psychological past.