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By Yella Hewings-Martin, Ph.D. on November 29, 2017 — Fact checked by Jasmin CollierWith over a tenth of the worldwide population living with irritable bowel syndrome and many more going undiagnosed, it's time to shine the spotlight on this condition, which causes abdominal discomfort, pain, or both for so many. We have your need-to-know facts.Share on PinterestFind out what the latest research says about IBS.Irritable bowel syndrome (IBS) is a widespread gastrointestinal disorder that affects around 12 percent of the population of the United States. For those affected, it can be a major burden.The main symptoms of IBS include, among other things, abdominal pain, cramping, excess gas, bloating, and a change in bowel habits.Common triggers are hormonal changes, eating, and stress, but IBS affects everyone differently. To some people IBS can be debilitating, while others have only mild or moderate symptoms.At present, nobody knows what causes IBS. As a result, diagnosis can be challenging, and treatment options are far from satisfactory.Although there are certain things that are known to increase the risk of developing IBS — such as being a woman, having a family member with IBS, and being under the age of 45 — research is only slowly beginning to lift the fog surrounding IBS.In this article, we dig into recent research findings and bring you our top five need-to-know facts about IBS.Across the globe, an average of 11.2 percent of people live with IBS. Prof. Paul Enck — who is the head of research at the Department of Psychosomatic Medicine and Psychotherapy at University Hospital Tübingen in Germany — explains in an article in Nature Reviews Disease Primers. However, this average is skewed because of a lack of data available for many countries in Africa and Asia. In fact, the rate of IBS in individual countries varies hugely; it ranges from as low as 1 percent to as high as 45 percent.At the upper end of the scale are Mexico with 40 percent, Iceland with 30.9 percent, and Pakistan with 30.5 percent, while Canada sits somewhere in the middle with 15.7 percent.Despite the millions of people affected, only about half of those with IBS symptoms go to their healthcare provider for help.“Most of these patients will initially consult primary care physicians for their symptoms, and the factors that drive this consultation are symptom severity, especially pain, the occurrence of alarm symptoms, and concerns that symptoms might indicate an underlying severe disease — for example, cancer.”Prof. Paul EnckProf. Philip S. Schoenfeld — the director of the GI Epidemiology Training Program at the University of Michigan School of Medicine Ann Arbor — explains in an article in the journal Gastroenterology & Hepatology that patients often wait for around 4 years before their IBS is diagnosed.“[...] Treatment remains unsatisfactory for most patients,” he adds.An estimated 20 percent of those affected by IBS also have symptoms of other gastrointestinal disorders. The list includes functional dyspepsia, heartburn, GERD, diarrhea, incontinence, and constipation, according to Prof. Enck.It doesn't stop there. Non-gastrointestinal syndromes, such as an overactive bladder, premenstrual syndrome, sexual dysfunction, chronic fatigue syndrome (CFS), migraine, and eating disorders, among others, also go hand-in-hand with IBS.Prof. Enck further explains that people with IBS also have higher rates of psychiatric conditions, such as anxiety, depression, and neuroticism, than people without IBS.But why would a gastrointestinal disorder be linked to the brain?Our brains and guts are intricately linked. The brain influences the movement of food through our gastrointestinal tract, our immune system, and the composition of the gut microbiome. On the flip side, changes in the gut are linked to changes in brain structure.The big question that remains is which body part is the chicken and which is the egg?“Although [research] findings have identified disease-relevant brain alterations in patients with IBS, mechanistic and longitudinal studies are required to determine the causality between these factors.”Prof. Paul EnckProf. Guy E. Boeckstaens — from the Translational Research Center for Gastrointestinal Disorders at the University of Leuven in Belgium — explains in a recent article in Scientific Reports that “up to 36 percent of patients with gastroenteritis may go on to develop post-infectious IBS (PI-IBS).”For their study, Prof. Boeckstaens and his colleagues looked at the bowels of individuals with PI-IBS, who developed the condition after being exposed to contaminated drinking water.Based on previous work by other researchers, the team expected to find low levels of inflammation — a remnant of the fight against gastroenteritis and thought to be the cause of pain — in their study subjects.“To our surprise, we found no evidence for low-grade inflammation in the bowel[s] of these patients.”Prof. Guy E. Boeckstaens“However,” Prof. Boeckstaens added, “we did find clear evidence for both neuronal sensitization in PI-IBS patients and a shift in the bowel microenvironment to a pro-nociceptive state.”The team speculates that the ongoing pain experienced by individuals with PI-IBS is due to the sensitization of pain nerves in the gut environment.Not only does this finding provide an answer to the question of how pain develops, but it also suggests a novel way of treating the condition. Prof. Boeckstaens concludes. “[...] Histamine receptor blockade may represent a novel analgesic treatment for these patients.”As researchers are getting to the bottom of the trillions of microorganisms that live in our guts, we are increasingly beginning to appreciate the role that our microbial passengers play in our health.Earlier this year, we reported that researchers had transplanted gut bacteria from people with IBS into mice. As a result, the mice developed IBS symptoms. Interestingly, mice that had received microbes from people with IBS and anxiety also displayed anxiety-like behavioral symptoms.In a separate study, researchers analyzed the composition of microorganisms from the guts of people with CFS, some of whom also had IBS and some who didn't.They found distinct microbial profiles that allowed them to distinguish these two sets of individuals from control subjects without CFS and IBS.A greater understanding of how the composition of the microorganisms in the gut contribute to the pathophysiology of IBS will help us to better understand the condition and allow scientists to develop therapies specifically designed to improve gut health.However, as Prof. Enck points out, “[T]he microbiotic signature (in terms of present species) is very stable.” So, making drastic alterations to our microbiome might be challenging, but changes in diet can certainly improve symptoms in some people with IBS.Yet it seems that some of our assumptions about food and IBS are wrong.Food is a very common trigger of symptoms of IBS, but the reason for this phenomenon remains a mystery. Researchers speculate that an exaggerated physiological response to food intake by the gut, food compounds that lead to psychological symptoms, or an interaction between food and the gut microbiome is to blame.Yet IBS manifests differently in each person, and foods on the “no-go” lists tend to vary accordingly. Moreover, the fact that a particular food item has been incriminated does not necessarily mean that it truly causes symptoms.“Although patients with IBS readily incriminate specific food items as those that are especially likely to precipitate symptoms, only 11–27 percent of those are correctly identified when confirmed in formal, blinded food challenge studies.”Prof. Paul EnckThis really muddies the waters for those affected by IBS. But there is hope; more research means a better understanding of which foods to avoid.“The limitations of dietary surveys and the poor reproducibility of reported food intolerances notwithstanding, some food items are reported as being more problematic: wheat, fruit, and vegetables,” Prof. Enck explains.Living with IBS can certainly be challenging, whether you've already received a medical diagnosis or are just starting out on your journey to find what might be causing your IBS-like symptoms.For more information on how to change your diet and other practical tips for life with IBS, check out our article, “Coping with irritable bowel syndrome.” The most common symptoms of irritable bowel syndrome (IBS) are recurring abdominal pain and changes in stool consistency. While IBS is considered a functional bowel disorder, these symptoms can be frustrating and may impact your overall quality of life. It's important to understand and log the symptoms you may be experiencing and to talk to your healthcare professional about ways to manage your ongoing symptoms. Kittisak Jirasittichai / EyeEm / Getty Images The most common symptoms of IBS are: Some people may also have a range of other common symptoms. People who have IBS often describe their abdominal pain as spasms, cramping, dull aching, and overall general stomach discomfort. This pain may be mild, moderate, or severe. For some people, their IBS pain is relieved when they have a bowel movement, while others may not experience relief at all. Abdominal pain may get worse after eating or when you are under a lot of stress. Diarrhea occurs when someone has loose and watery stools. With IBS, people often experience diarrhea along with abdominal cramping and feelings of urgency. Sometimes the urgency is so significant that you may be fearful of, or actually experience, bathroom accidents. Bowel movements may occur three or more times in a single day. If diarrhea is the primary problem, the diagnosis will be diarrhea-predominant IBS (IBS-D). Constipation occurs when you have hard, dry, difficult-to-pass stools. When constipation is present, bowel movements happen less than three times per week. When constipation is the primary problem, the diagnosis becomes constipation-predominant IBS (IBS-C). Sometimes people with IBS experience alternating bouts of diarrhea and constipation. Experiencing these two extremes may happen over the course of months, weeks, or even in the same day. When this is the case, it is diagnosed as alternating-type IBS (IBS-A), also known as mixed-type IBS. In addition to issues with the abdominal pain and bowel movements, IBS symptoms may also include indigestion as well as various sensations involving the bowels. Consequently, other primary symptoms of IBS include: Feeling that you have not completely emptied after a bowel movement (incomplete evacuation) Mucus on the stool Excessive gassiness and flatulence Bloating that may or may not worsen as the day goes on Excessive belching Feeling a lump in the throat (globus) Heartburn and acid reflux Indigestion Lessened appetite Nausea While stomach pain, diarrhea, and constipation are the primary signs of IBS, they are not the only symptoms people experience. The following can seem unrelated to IBS, but paint a bigger picture for your healthcare provider upon further examination. For this reason, it is important to document and share all of your symptoms with your healthcare provider. Pain in other parts of the body: headaches, back pain, muscle aches Sleep problems Heart palpitations Dizziness Bladder urgency Increased frequency of the need to urinate Fatigue Increased pain associated with menstruation Pain during intercourse The condition typically does not increase your risk of cancer, nor does it damage your intestines. However, the repeated bouts of diarrhea and constipation can cause you to develop hemorrhoids. What's more, if you have IBS, you are at a greater risk for dehydration, especially if you have chronic diarrhea and do not take in an adequate amount of water and electrolytes. If you struggle more with constipation, there is a risk of developing impacted bowels. There are also nutritional concerns related to the dietary restrictions associated with IBS management. For this reason, a nutritionist or dietician can help ensure you are meeting all of your nutritional needs. People with moderate to severe IBS also tend to have a poorer quality of life. For instance, their bathroom issues often cause them to cancel social engagements or force them to leave early due to the pain or the need to use the restroom frequently. Research shows they also may miss more work than people without IBS. The symptoms can be so significant and disruptive that some patients are at risk of developing mood disorders such as depression or anxiety. In fact, according to the Anxiety and Depression Association of America, 50% to 90% of those who seek treatment for IBS also struggle with an anxiety disorder or depression. Many people with IBS also worry that their healthcare provider has misdiagnosed them and overlooked a more serious disorder. If you have concerns about your symptoms, or you are depressed or anxious, talk to your healthcare provider. Everyone experiences occasional bouts of diarrhea and constipation. However, if you are experiencing repeated episodes of abdominal pain and your bowel habits have changed dramatically over the past three months, you absolutely should make an appointment with your healthcare provider. You also should see a healthcare provider if you're experiencing digestive symptoms that aren't related to IBS. For instance, the following list describes symptoms that are NOT typical of IBS and would warrant further investigation through an immediate consultation with your healthcare provider: Fever (over 102 degrees or lasting more than three days) Blood in or on the stool, (may be only from hemorrhoids, but MUST be brought to the attention of a qualified healthcare provider) Significant lack of appetite (that is not explained by a reluctance to eat trigger foods) Significant and unexplained weight loss Extreme fatigue Ongoing episodes of vomiting Anemia Symptom onset after the age of 50 (and not attributed to having your gallbladder removed) You can use our Doctor Discussion Guide below to help start that conversation. Get our printable guide for your next healthcare provider's appointment to help you ask the right questions. Because IBS shares some of the symptoms of other, more serious digestive diseases, it is essential that you see your healthcare provider for an accurate diagnosis. While you could have IBS, symptoms such as fever, blood in the stool, unexplained weight loss, or vomiting likely indicate something else entirely. Frequently Asked Questions What foods can trigger IBS symptoms? It can vary from person to person, but some foods are more likely to cause problems. These can include dairy products, fatty foods, caffeinated drinks, alcohol, or certain fruits and vegetables. Your healthcare provider may suggest keeping notes in a food diary to get an idea of which foods make your symptoms worse. What foods can help calm IBS symptoms? Adding more high-fiber foods may help, especially if you have constipation-predominant IBS. Try adding them slowly—if you increase fiber too quickly, you may feel worse with symptoms like gas and cramping. You should eventually aim for 20 grams of fiber each day. A low-FODMAP diet may also help with symptoms, but check with your healthcare provider first to make sure you're getting the nutrients you need.



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