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IBS: The Elusive Epidemic

By Kay Daly

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Do you have a tummy ache that never seems to go away? Do you wish your gu would just calm down and let you live your life? If so, you're not alone. You may suffer from a widespread but often overlooked ailment: Irritable Bowel Syndrom or IBS.

IBS is an intestinal-based "syndrome," a collection of symptoms that can vary fr patient to patient. These symptoms can include:

- abdominal pain
- cramping
- bloating
- flatulence
- nausea
- diarrhea or constipation, or both in alternation
- a persistent need to evacuate the bowels
- irregular stools that are too loose, too hard, or accompanied by mucus

Symptoms also vary in intensity. For some, IBS is incredibly severe and interfer with normal life. Sufferers avoid extended errands like shopping trips because tl never know when they'll need to run to the bathroom or be incapacitated by pai For others, the symptoms are milder but still aggravating.

According to the **International Foundation for Functional Gastrointestinal Disorders (IFFGD)**, IBS affects an estimated 10 to 20 percent of the population Experts estimate that 60 to 70 percent of sufferers are women.

Unfortunately, despite the fact that it's so widespread, IBS has proven difficult to diagnose and treat. According to IBS sufferer and expert **Heather Van Vorous**, average IBS patient sees three physicians over a three-year period before receiving a diagnosis but may have suffered symptoms for many years prior to even seeking medical help.

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Funky malfunctions

Part of what makes IBS so hard to deal with is that it's a "functional disorder." When the intestines of an IBS sufferer are examined, doctors don't find biologic biochemical, or structural problems. Things look normal. But despite this appearance of good health, the gut doesn't function correctly.

A normally functioning intestine moves food along with regular, gentle, rhythmic contractions. These contractions are triggered by a variety of stimuli. In an IBS sufferer, the colon is too sensitive and overreacts to these stimuli. As a result, the colon contractions are out of order, either too slow, too fast, or too violent, which leads to wide-ranging and often unpredictable symptoms. If the contractions are too slow or prolonged, or the colon holds tension, constipation and cramps can result; too fast, and you've got violent diarrhea with cramping. Or the contraction can be mistimed, trapping gas in the gut, which causes pain and bloating.

To make matters worse, it's not always clear which stimulus causes any given attack of IBS. In many cases, specific foods can be a trigger. Some common triggers include fatty foods, alcohol, and dairy products. Many female sufferers report that symptoms worsen before or during their menstrual cycle, suggesting that hormonal fluctuations may act as a trigger as well.

Stress is also believed to be a trigger, but experts agree that one shouldn't assume that IBS is "all in your head." Current diagnostic standards characterize IBS as a "brain-gut dysfunction," meaning that IBS is a result of a malfunction of the connection between the brain and the intestines. The nerves become stimulated too easily, which leads to a miscommunication between the brain and the gut. The bottom line: IBS is a physiological problem that needs to be viewed as a medical issue, not a psychological problem.

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Getting a diagnosis

So, you suspect you may suffer from IBS. What next?

According to Van Vorous, the first step is a trip to the doctor. "You can't self-diagnose," she warns. "There are too many serious disorders that can mimic IB. Your doctor needs to rule them out." These serious conditions include:

- Colon cancer
- Inflammatory bowel diseases (Crohn's and Ulcerative Colitis)
- Bowel obstructions
- Diverticulosis/diverticulitis
- Gallstones
- Food allergies
- Celiac (an allergy to gluten that causes serious health disorders)
- Bacterial infections
- Intestinal parasites
- Endometriosis
- Ovarian cancer

When you see your doctor, make sure that he or she rules out each of these disorders before considering IBS.

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Get thee to an expert

Next, you'll want to be referred to a board-certified gastroenterologist, a doctor who specializes in the digestive tract. Your gastroenterologist will need to give you an exam, which may include a variety of tests, such as:

- Full blood test
- Stool review for ova, parasites, and blood
- Urinalysis
- Liver function tests
- Rectal exam
- Abdominal x-rays
- Colonoscopy
- A gynecological exam including a test for ovarian cancer

The diagnosis of IBS is thus a "diagnosis of exclusion." Once other possible causes are ruled out, your GI specialist can focus on identifying your ailment as IBS. From there, most specialists turn to a set of diagnostic criteria called the **Rome II Guidelines**. These guidelines provide a **list of criteria** that the doctor uses to determine if IBS is a correct diagnosis.

There are some warning signs that your gut troubles are not IBS, but may instead indicate a more serious illness. These indicators include:

- Pain and/or diarrhea that often interferes with sleep
- Blood in your stool
- Weight loss
- Fever
- Abnormal physical examination
- Joint pain

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What to do next

You may think that once a diagnosis has been made, your troubles are over. But actually, the party's just begun. IBS is a complicated disorder, and requires a similarly complex response.

To find the solution that works for you, you'll need to do your own research. Your doctor can provide some insight into helpful drug therapies, but total therapy will require that you take the initiative. "You need to get your own information," advises Van Vorous. "Nobody will manage your IBS for you."

Van Vorous should know. After nearly a decade of IBS, she began exploring changes in diet and lifestyle to help manage her condition. The result is **Help For IBS**, a website of advice on how to deal with IBS. She's also published several books, including [Eating for IBS](#) and [The First Year: IBS](#), and teaches courses on IBS management.

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Strategize

According to Van Vorous, managing IBS involves **five key strategies**:

- Diet**
While most doctors will recommend "more fiber" to IBS sufferers, Van Vorous distinguishes between "soluble fiber" (found in foods such as pa rice, potatoes, cooked carrots, and white bread) and "insoluble fiber" (roughage such as fresh raw veggies, whole wheat, and bran). Soluble fiber is soothing to the gut, and should form the foundation of ev meal. Insoluble fibers should be eaten with care, in small amounts, and later in the meal. Van Vorous also recommends avoiding fats and a vari of "trigger foods" that cause nearly all IBS sufferers trouble. Visit Van Vorous' website for **IBS Dietary Strategies**.
- Stress Management**
Keeping relaxed can help minimize the effect of IBS attacks. Van Vorou recommends regular exercise, good sleep habits, meditation, **yoga**, and chi as ways to keep calm and relaxed.
- Prescription Medications**
Your doctor can suggest prescriptions that will help relieve some of the symptoms of IBS, such as antispasmodics to slow bowel contractions a antidepressants for extreme pain.
- Alternative Therapies**
Studies have suggested that **gut-directed hypnosis** has been effective treating the symptoms of IBS. Acupuncture is also worth considering.
- Supplements**
Most doctors recommend regular supplements of soluble fiber, such as Citrucel or Benefiber, to soothe the gut. A variety of **herbal teas**, **enzym and other supplements** can also help alleviate symptoms.

The key, Van Vorous advises, is to view your treatment holistically. "There is no simple cure to IBS. It's really all about lifestyle management."

Want more information? Visit:

Heather Van Vorous' **Help for IBS**

The IBS Self Help and Support Group: the largest online community for sufferers

About IBS: informational site published by the International Foundation fo Functional Gastrointestinal Disorders



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