



Introduction (Dr Azmy Birdi, GP Cookham Medical Centre)



12% of all patients that are seen by their GP have come for gut related problems, and the majority of those have Irritable Bowel Syndrome. That's a high percentage, so clearly IBS is a real issue with a lot of sufferers. About 10-15 % of the population has IBS which accounts for 4.7 million patients in primary care. By contrast the prevalence of inflammatory bowel disorders (Crohn's disease / Ulcerative colitis) in the general population is 250,000 patients so by comparison these are far more rare.

What is IBS?

Irritable Bowel Syndrome is a disorder of the lower gut (colon) in the absence of any structural or microscopic changes. It is termed a 'Functional Disorder', which means there is nothing clinically wrong, but the patient is experiencing symptoms of pain or discomfort. There is no test for it, so it is usually diagnosed by excluding more serious complaints. Up to 1 in 5 people in the UK develop IBS at some stage in their life. IBS can affect anyone at any age, but it commonly first develops in young adults and teenagers. IBS is twice as common in women as in men.

Symptoms

Pain and discomfort may occur in different parts of the abdomen. Pain usually comes and goes. The length of each bout of pain can vary greatly. The pain often eases when you pass stools (motions or faeces) or wind. Many people with IBS describe the pain as a spasm or colic. The severity of the pain can vary from mild to severe, both from person to person, and from time to time in the same person.

Bloating and swelling of your abdomen may develop from time to time. You may pass more wind than usual
Stools (sometimes called motions or faeces): Some people have bouts of diarrhoea, and some have bouts of constipation. You may have a feeling of not emptying your rectum after going to the toilet. Some people have urgency, which means you have to get to the toilet quickly. A 'morning rush' is common.

Often patients with IBS have non bowel related symptoms such as pelvic pain & this can result in referral to gynaecology /urology with the patient being subjected to a battery of investigations & procedures most of which turn out to be normal. This can be frustrating and demoralising to both the patient as well as the Doctor.

Treatment

Just as there is no specific diagnostic test for IBS, there is no specific treatment either. Treatment needs to be tailored to each individual patient and often focuses on dietary advice. Although there is a common belief that fibre is effective in treatment, there is actually very little evidence for this and in fact some insoluble varieties may make matters worse.

Dr Sue Cullen (Consultant Gastroenterologist, Wycombe General Hospital)



Dr Sue Cullen sees patients in her clinic for all colon conditions. 41% of all the patients seen in gastroenterology practice involve the care of patients with functional gastrointestinal disorders, such as IBS.

IBS or Something more serious?

Extensive research has shown that for each of the following symptoms, one third of patients might have a serious complaint, but **two thirds** will be suffering from IBS. Also the more symptoms patients have, the more likely the diagnosis is to be IBS.

Symptom

Feeling of distension -
Relief of pain with bowel movement
More frequent bowel action with onset of pain
Looser bowel action with onset of pain

Organic Disease

One third
One third
One third
One third

IBS

Two thirds
Two thirds
Two thirds
Two thirds

In organic diseases, the symptoms also tend to be more specific. For example, Bowel Cancer, Colitis, and other serious conditions, **pain is usually specifically in one place**, and the symptoms more constant, whereas **in IBS the pain or discomfort often moves around**, is of different intensity, or changes.

Food Intolerance

20% of IBS sufferers believe Food Intolerance to be the cause of their problems, however, when tested, only **5% of patients actually experience this**. Dairy products and Grains are most commonly identified as causing the problem for these few people.

Are people with IBS more sensitive?

Research has shown that IBS sufferers are indeed more sensitive to bowel pain, and seem to be more 'in-tune' with their body in that area. They can detect pressure in that area more sensitively than other people.

How much does it affect lifestyle?

Research has shown that IBS sufferers can feel their lifestyle to be almost as badly affected as people with Clinical Depression. This is perhaps surprising, and shows how debilitating this complaint is. It is a common reason for being absent from work, and affects people's feeling of vitality considerably.

When should you be concerned?

If you are experiencing any of the following symptoms, you should go to see your GP as soon as possible.

- Rectal Bleeding
- Bowels open at night
- Weight loss
- Anaemia (if you are post menopausal)
- Gut related or bowel problems and you are a man (men are less likely to be suffering from IBS than women)
- You are over 50 when gut or bowel problems started

Referral to the Gastroenterologist

When the Gastroenterology clinic receives an initial referral from your GP they are likely to reassure the patient that they are most likely to have IBS. They may do one or more of the following tests to exclude any organic diseases.

- Blood tests (anaemia, coeliac disease, inflammation)
- Stool culture
- Stool test for pancreatic function
- Sigmoidoscopy/Colonoscopy/CT scan
- U/S abdomen and pelvis

What other conditions are there to consider?

Other than IBS, conditions that your Gastroenterologist will consider are:

- Microscopic colitis
- Small bowel bacterial overgrowth
- Bile salt malabsorption
- Coeliac disease
- Giardia
- Thyroid disease
- Chronic pancreatitis
- Constipation and overflow

Medical Treatments

For Pain:

- Anticholinergics (bowel muscle relaxants) – these work well, and have few side effects.
- Antidepressant-type drugs – work by reducing perception of pain
- Psychological interventions - Hypnotherapy, Relaxation, Psychotherapy and Cognitive behavioural therapy

For Constipation:

- Laxatives (e.g. Movicol and magnesium salts). Stimulant laxatives in long term use are not a good idea as they can produce a cathartic bowel

For Diarrhoea:

- Loperamide or Codeine salts

To summarise treatments available:

All Patients will start by being offered a therapeutic relationship, continuity of care, education and reassurance. For many, that is enough help to see their symptoms improve. For patients with mild symptoms, advice on dietary and lifestyle changes may help. For people with moderate pain, gut acting agents and Psychological treatments are available, and for people with severe pain, Antidepressants and referral for pain management are available.

Dietary Advice for People with Common gastro-intestinal problems (Lorraine Knibbs, Dietician)



If you have some gastro-intestinal symptoms, it is important to rule out other medical conditions and have a diagnosis established before attempting to manage symptoms via diet.

As detailed above, there are few people who are actually intolerant to certain foods, but you may find it helpful to try excluding foods, one at a time, (with the help of your dietician so that your diet stays nutritionally balanced) and see if your symptoms improve. There is no convincing evidence to support any of the commercially available food intolerance tests. It can be helpful to keep a food and symptom diary to see if diet affects your symptoms.

Symptoms may not be caused by the food you have **just** eaten, but what you ate earlier that day or the day before. If you do make changes to your diet, give your bowel time to adjust to any changes that you make.

Lifestyle

There are several things you can do to help your digestive system:

- Eat regular meals (don't skip meals). Try not to eat too late at night, and sit down to eat and chew food well
- Take regular exercise – eg walking, cycling or swimming
- Make sure you have a regular fluid intake
- Recognise that stress levels affect symptoms and you need relaxation time

Diet hints for specific problems

For Wind and Bloating:

- Limit fruit to 3 portions a day (including up to 1 portion of dried fruit if wanted). Remember that if you cut down on fruit, you need to make up the recommended '5 a day' with vegetables. (1 portion = 80g approx of fresh fruit or vegetables, or 25g of dried fruit).
- Limit fruit juice to 1 small glass (150ml) a day. Instead, drink plenty of water-based, caffeine-free drinks.
- Avoid Fructose, which has been found to be malabsorbed in 52% of patients with marked GI distress.
- Try reducing your intake of resistant starches (starches in food that are not completely digested by the body.) They enter the bowel where they ferment and produce gas. Ready made meals are usually high in resistant starches.
- Reduce your intake of pulses, wholegrains, sweetcorn, green bananas and muesli that contains bran
- Avoid undercooked or reheated potato or maize/corn – instead eat them freshly cooked and still hot
- Avoid oven chips, crisps, potato waffles, fried rice – choose baked potatoes or boiled rice instead. Use fresh pasta instead of dried.

- Add Oats and Golden linseeds
- Try Probiotics – take for at least 1 month, and switch brands if they don't appear to work, or stop being so effective. These should be taken twice a day

For Diarrhoea:

- Drink at least 8 cups a day of water or non-caffeinated drinks (e.g. herbal teas or sugar free squash). Limit fizzy drinks and restrict intake of caffeinated drinks (including 'energy' drinks). Limit alcohol to 2 units per day at most.
- Limit insoluble fibre from wholegrain bread, bran, cereals, nuts and seeds
- Avoid skin, pith and pips from fruit and vegetables. Limit fresh and dried fruit to 3 portions a day and fruit juice to 1 small glass of 150ml /day, and make up the remainder to 5 portions with vegetables or salad
- Limit intake of foods high in resistant starches
- Avoid Sorbitol (in sugar free gum and mints)
- Avoid fatty foods – stick to a low-fat diet instead
- Try Probiotics

For Constipation:

Dietary fibre may help with constipation but tends to generate gas, stimulate contractions and make pain, bloating, flatulence and diarrhoea worse. If you do increase your fibre intake, do so very gradually.

Oats and golden linseeds are good sources of soluble fibre, which help soften the stool and make it easier to pass; they may also help with symptoms of wind and bloating. Again, Probiotics may help, and keep your fluid intake up.

Diverticular Disease

Keep stools soft and bulky to reduce the risk of hard pellets lodging within the 'pouches'. Diet should be high in plant fibres, with at least 1 high fibre meal per day. Bran aggravates some people, and is not routinely recommended.

Inflammatory Bowel Disease (Crohn's Disease and Ulcerative Colitis)

Both of these conditions result in chronic inflammation of the bowel wall (Crohn's usually the small bowel, whereas UC is confined to the large bowel), and incur a high risk of nutritional depletion. It is essential that you seek specific dietary advice.

<h3>Question and Answers</h3>

Q: "Do many young people have IBS?"

A: Yes. Most people who have IBS start when they are in their late teens, or adolescent.

Q: "Which is better White Bread or Brown?"

A: For people with Diarrhoea, white bread. It's lower in bran content. (Not cheap sliced white bread, if possible!)

Q: "Is any yogurt with live bacteria as good as Probiotics?"

A: "No. Probiotics, twice a day, are the only things that have any actual effect on these particular gut symptoms"

Q: "Is Colonoscopy screening widely available and worth doing?"

A: It's used when there is a high enough risk factor assessed (e.g. a 1st degree relative dies aged 45 or younger)

Q: "How much does fresh food really help?"

A: It can make a great deal of difference, particularly cutting out modified starches. Home cooked food seems to be much better for IBS sufferers than ready-meals".

Q: "Where else can I go for help and information?"

A: The Gut Trust www.theguttrust.org NICE www.nice.org.uk The British Dietetic Association www.bda.uk.com CORE – the working name for the Digestive Disorders Foundation www.corecharity.org.uk