Taming Irritable Bowel Syndrome

By Sue Russell | Posted October 6 2011

IBS, Wellness, Women's Health

Irritable Bowel Syndrome, or IBS, affects as many as one in six American women. It is embarrassing as well as debilitating, so many suffer in silence. Happily, a growing array of tools may help bring relief.
Using Math to Predict Best Treatment for Acetaminophen Overdose

Each year, 56,000 Americans end up in emergency rooms due to acetaminophen overdoses. However, there are effective treatments for acetaminophen overdoses, which cause toxic hepatitis. The problem is deciding—very quickly—which treatment is best in each case.

Can Even Mild Thyroid Problems Cause Depression?

If you've been feeling blue for a while, it's a good idea to talk to your doctor. Doctors usually evaluate a patient's overall health before recommending psychological or psychiatric treatments. One area to consider is your thyroid.

Building an Electronic Thinking Cap

We've looked for years at ways to stretch our thinking beyond everyday boundaries by putting on the proverbial "thinking cap." Remarkably, the once far-fetched fantasy is rapidly moving out of the lab and into our lives.

IBS is the second top cause of absenteeism in the U.S. after the common cold. Yet it is so rarely discussed that many patients feel isolated and depressed. Symptoms include diarrhea, constipation, bloating, gas, cramping, and abdominal distention and pain. For some these are mild. Others' lives are severely disrupted.

IBS, which is chronic and has no cure, can be diarrhea-predominant (IBS-D), constipation-predominant (IBS-C), or a combination of both (IBS-M).

But categories have their limits, says Alaa Abousaif, M.D., a board-certified gastroenterologist and GI specialist from St. Joseph Hospital in Orange, CA, who treats many IBS patients. Sometimes, other symptoms like pain or bloating are most troublesome. “It’s a dynamic condition,” he says, “and no two IBS patients have the same symptoms. A lot of IBS patients also have what we call increased hypersensitivity of their guts.”

IBS used to be considered psychologically-based, yet more recent evidence points to physiological causes. Either way, stress and food are major triggers. And patients for whom stress is an issue, says Dr. Abousaif, "often have very good insight into this. When they go on a vacation and feel relaxed and comfortable their symptoms
Diet and lifestyle modifications help many. Dr. Abousaif recommends patients keep a detailed food journal for at least a month to identify possible food triggers. Writing down everything they eat and how they felt each day is very helpful, he says: “It’s like an ‘aha’ moment. People come back and say I really didn’t realize I ate so much of x, y or z.” While cutting down or avoiding problematic foods can help, many of his patients also need medications, such as Amitiza (lubiprostone) for IBS-C patients. Antispasmodics like Bentyl (dicyclomine) or Levsin (hyoscyamine) that relax the gut, can be used to help with cramping.

Dr. Abousaif notes that research has shown that small intestinal bacterial overgrowth (SIBO) may play a role in bloating, diarrhea and IBS. This year, the results of two wide-ranging trials involving more than 1,250 non-constipation IBS patients were reported. 40.2% of all patients who received it found the antibiotic rifaximin helpful in reducing bloating during the first four weeks after treatment. Long-term benefits are unknown and long-term use can induce antibiotic resistance.

A 2010 review by Ohio State University’s College of Medicine of 58 IBS medication trials concluded that fiber supplements, probiotics and such medications as antidepressants (tricyclics and SSRIs), antispasmodics and antibiotics all may relieve symptoms.

Promising remedies:

* Peppermint: It’s long been a tummy soother. Now, research from the University of Adelaide, Australia, has discovered that it works by activating an “anti-pain” channel in the colon. That makes sense to Dr. Abousaif: “The inner nerves that supply the intestines are more sensitive in people who have IBS than people who don’t have it.
So that’s a very intriguing thought that may explain some of the discomfort and pain that these patients may suffer from.”

* Mindful Meditation: Preliminary findings show promise in an ongoing study at the University of North Carolina at Chapel Hill. Based on a Buddhist meditative technique, mindful meditation led to a 38 percent reduction in women’s symptoms against an 11.8 percent reduction in those attending a traditional support group. Mindful meditation training is offered in more than 200 U.S. hospitals.

* Cognitive Therapy: Swedish research looked at Internet-delivered Cognitive Behavioral Treatment tailored to IBS patients. The web-based therapy developed by the researchers is still being studied. But after six months, 65 percent of those receiving it reported their symptoms were under control, compared to only 44 percent of those receiving generalized online stress management therapy.

* Trigger Foods: Symptoms may be eased by using trial and error to identify foods that may be aggravating IBS.

* Probiotics: Supplements containing ‘good’ bacteria may ease symptoms according to a 2009 UK review of fourteen trials. Dr. Abousaif suggests Align and Bio-K Plus, or VSL#3, which is especially helpful with bloating.

* Antispasmodics: A review in the Journal of the American Academy of Physicians Assistants reported that 1,778 patients in twenty-two studies found antispasmodics beneficial. The medications relax the colon. Only scopolamine (hyoscine) and otilonium were consistently effective, however.

* Psyllium: A 2009 Dutch study of 275 patients concluded that soluble fiber products like Metamucil may improve symptoms while insoluble fiber (bran) may worsen them.

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Network online at: Irritable Bowel Syndrome Self Help and Support Group. Learn more about IBS at the NIH’s National Digestive Diseases Clearing House, the International Foundation for Functional Gastrointestinal Disorders, the National Center for Complementary and Alternative Medicine, and Medscape’s IBS and Chronic Constipation Center.