

## **IBS: A Gut-Wrenching Problem**

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Just as surely as the thigh bone's connected to the hip bone, so the gut is connected to the brain. It's this brain-gut connection that causes much of the distress and misunderstanding associated with irritable bowel syndrome (IBS).

It's all too familiar: a big test, a traumatic event or the wrong food throws your gut into high gear, triggering stomach cramps and diarrhea. The crisis passes, and your system returns to normal. But for those with IBS this type of cramping, pain and bowel distress becomes chronic, often interfering with every day work and social activities.

The gut-brain connection is believed to be mediated by serotonin. A well-known neurotransmitter that regulates appetite and mood, serotonin is also produced in the gut. Researchers increasingly believe that disturbances in serotonin levels may be linked to IBS. With too much serotonin, diarrhea is the dominant symptom. Too little serotonin creates the opposite effect, constipation. Both are symptoms of IBS.

IBS is common, affecting an estimated 10 to 15 percent of Americans, the majority of them women. There's no single, identifiable cause; for that reason, IBS is considered a functional disease. Yet it's symptoms are no less real.

A diagnosis of IBS requires that a patient has experienced at least 12 weeks of abdominal pain or discomfort over the preceding 12 months with at least two of the three following conditions:

- abdominal pain relieved by a bowel movement;
- a change in the frequency of bowel movements;
- a change in the appearance of stool.

### **Treatment Requires Patience**

IBS is a complex condition. Just as there's no single treatment, there is no single cause. Patients and physicians need to be willing to work together to identify patterns of illness and potential triggers.

Treatment options include changes in lifestyle and overall eating patterns, avoiding specific foods, adding bulking agents to the diet, stress management techniques and, for some patients, medication. Surgery is not a treatment for IBS, although some patients undergo surgery when IBS mimics other causes of abdominal pain.

**Food triggers** seem to play a role for some patients. Common offenders are high-fat foods, very large meals, dairy products, caffeine, nicotine, and excessive amounts of alcohol, chocolate and foods that create gas such as beans, cabbage, broccoli and cauliflower.

It's important not to eliminate whole categories of foods without advice from a dietitian. Start a food diary and note when symptoms occur, then eliminate only one item at a time. It's essential to maintain a well-balanced diet with adequate bulk.

If constipation is a major symptom, it's important to increase dietary fiber in order to speed the passage of matter through the colon and soften the stool. Gradually increasing the amount of fruits, vegetables, whole grains and bran can help. Some physicians also recommend a soluble fiber supplement such as psyllium (Metamucil) and methylcellulose (Citrucel.) If fiber is increased too rapidly, one may experience increased gas and bloating.

**Stress reduction techniques** can help alleviate symptoms triggered by job stress, personal conflict and anxiety. There are many strategies for controlling life stress including exercise, learned relaxation techniques, yoga, meditation and biofeedback. Combining exercise, which helps release stress, with a more inner-directed method such as learned relaxation or meditation can help patients feel more in control of their physical and psychological selves.

Some studies indicate that persons with IBS tend to have a more passive personality style. Learning how to be more assertive in social and work situations may help some patients feel more in control of their lives. One 30-year-old woman with IBS took up judo and is working up to her black belt. She feels it's changed her attitude, making her physically fitter and more confident about her body, but also more assertive in every day situations.

If stress seems to trigger IBS, talk to your physician about treatment options. It's important to find something that appeals to you.

**Medications** prescribed to treat IBS are targeted to specific symptoms and are believed to be effective in about 25 percent of patients.

Antispasmodic drugs such as dicyclomine (Bentyl) and hyosycamine (Levsin) are prescribed to help dampen intestinal spasms that cause pain, bloating and cramps. The medications work best when taken

shortly after meals but studies show they have limited effectiveness.

For patients who suffer from diarrhea, antidiarrheal medications such as loperamide (Imodium) may help.

Tricyclic antidepressants given in low doses are effective for some patients in controlling pain and diarrhea.

A new medication, tegaserod (Zelnorm), the only drug developed specifically to treat IBS, was approved by the FDA in 2002. Zelnorm, which is approved to treat women only and for short-term use, is the first in a new class of drugs known as serotonin-4 receptor agonists that are designed to treat gastrointestinal disturbances.

Zelnorm has been effective in improving symptoms for women with constipation-predominant IBS. It speeds up passage through the bowel but diarrhea is a common side effect.

Another drug approved for women only is alosetron (Lotronex), a serotonin-3 receptor agonist. It is designed to treat severe diarrhea but has to be carefully monitored as a number of severe side effects including hospitalizations and even five deaths have occurred in patients taking Lotronex.

Although it's a distressing and frustrating condition, patients with IBS need to understand that it doesn't cause any permanent damage to the colon and is not associated with an increased risk of cancer. Patients with IBS need to find a physician willing to work with them to find the best combination of treatment options to keep IBS under control.

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