

Irritable Bowel Syndrome

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Irritable bowel syndrome (IBS) is one of the most commonly diagnosed conditions affecting the gastrointestinal tract (GIT). Globally, approximately 15% of people suffer from IBS, while in South Africa the estimated prevalence is less than 10%. Despite advances in understanding this condition, it still remains a clinical challenge, and a common complaint in the pharmacy. Patients with IBS may be managed with lifestyle interventions and/or medicine, however, therapy should be individualised.

An overview of IBS

IBS is defined as “recurrent abdominal pain or discomfort at least three days per month in the last three months with two or more of the following: improvement in symptoms after passing a stool, symptoms associated with a change in frequency of stool, or symptoms associated with a change in form (appearance) of stool.”

Symptoms of IBS

In most cases, IBS begins in young adulthood and is more common in women than in men. The most common symptoms of IBS are summarised in Table I.

Causes of IBS

The exact cause of IBS is not fully understood. Some studies suggest that the muscles of the colon may be hypersensitive, causing the muscles of the bowel to go into a spasm. This could be the cause of the diarrhoea or constipation. Other theories suggest that IBS may involve chemicals, certain gut bacteria and hormones.

Table I. Common symptoms of IBS

Lower gastrointestinal tract symptoms (typical symptoms)

- **Abdominal pain** is the primary symptom of IBS and presents as a cramp-like pain, with varying intensity, usually in the lower half of the stomach. Factors that may worsen the pain include (but are not limited to):
 - Emotional stress
 - Eating certain foods
 - Menstrual cycle
- **Changes in bowel habits** where the patient may experience diarrhoea, constipation or alternating diarrhoea and constipation
- **Bloating** and a distended stomach
- **Flatulence** (gas)

Upper gastrointestinal tract symptoms (often occur)

- Nausea
- Gastro-oesophageal reflux disease

Managing IBS

Given that IBS is a chronic condition with no cure, treatment should be aimed at alleviating symptoms. For patients with mild and intermittent symptoms which do not interfere with their quality of life, lifestyle and dietary changes are recommended. However, for patients with mild to moderate symptoms who fail to respond to initial lifestyle interventions, and for patients with moderate to severe symptoms that affect quality of life, medication may also be needed.

Lifestyle interventions

Monitor symptoms: This is the key step in the management of IBS. In addition to monitoring symptoms, daily bowel habits should be monitored. The purpose is to identify any factors that may aggravate symptoms such as lactose, stress and other foods. A thorough dietary history may reveal a pattern of IBS symptoms if symptoms are triggered by certain foods.

Make dietary changes: Where feasible, patients should be advised to eliminate the foods that aggravate IBS. However, patients should discuss drastic dietary changes with their treating doctor. Temporarily avoiding milk products may help

alleviate symptoms since lactose can cause symptoms in lactose-intolerant patients. By knowing the foods which cause symptoms, one can easily identify potential triggers and avoid these. Reading food labels is also important as many prepared foods and cook-in sauces may contain trigger foods.

Avoid foods that cause gas: Many foods may only be partially digested in the small intestine. Therefore, when they reach the colon, further digestion can take place resulting in gas and cramps. The most common gas-producing foods include legumes (such as beans), and cruciferous vegetables (cabbage, cauliflower, broccoli, brussel sprouts). Additionally, celery, onions, carrots, raisins, bananas, prunes, wheat, caffeine and alcohol may affect some patients.

Consider fibre intake: Increasing dietary fibre can help improve symptoms of constipation. Fibre may also help improve the consistency of stools in patients with diarrhoea, but in some patients, increased fibre intake may contribute to feelings of bloatedness and discomfort.

Stress management: Stress and anxiety can worsen symptoms of IBS in some people. Such patients should discuss this with their treating doctor to determine the best course of action in managing stress and anxiety i.e. formal counselling with or without medication. Daily exercise has been shown to be helpful in maintaining a general sense of well-being.

Medicines for IBS

For patients requiring medicine for their IBS, treatment should be based on the main symptoms.

Antispasmodic agents are most frequently used for IBS. Owing to their direct effect on gastrointestinal smooth muscle, mebeverine or hyoscine butylbromide may improve symptoms of abdominal pain, gas and bloating. These medications should be used on an as-needed basis and the dose reduced once the desired relief has been achieved.

Mebeverine should be taken as one tablet three times a day before meals as needed.

Hyoscine butylbromide should be taken as one to two tablets four times a day as needed.

Antidiarrhoeal agents such as loperamide and diphenoxylate-atropine slow the movement of stool through the GIT. Although recommended for IBS-related diarrhoea, treatment with antidiarrhoeal agents should only be used as needed rather than on a continuous basis.

Probiotics: Recent advances in research have also identified the impact of disturbances in the intestinal flora in the GIT in IBS, prompting the use of probiotics in the treatment thereof. Studies have found that probiotics may benefit some patients with IBS, without being harmful. However, there is insufficient evidence to suggest it as a standard of therapy as well as the use of specific strains. Should it be considered an option, treatment should be for at least four weeks at a dose recommended by the manufacturer.

Herbal preparations are becoming increasingly popular for improving symptoms of IBS. However, studies supporting these preparations are limited and therefore, definitive conclusions are not possible.

When to refer

The following alarm features should be identified as reasons for referral, even in patients with an established diagnosis of IBS:

- Rectal bleeding
- Weight loss
- Unexplained iron-deficiency anaemia
- Symptoms occurring at night
- Family history of colorectal cancer, inflammatory bowel disease or coeliac disease

Conclusion

The chronic nature of IBS and the challenge of controlling the symptoms can be frustrating for both patients as well as healthcare professionals. The association between diet, stress and psychological factors and IBS symptoms highlights the need to focus on these factors to help alleviate symptoms. Despite lifestyle factors often being ignored, it remains key in the management of IBS.

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