Irritable bowel syndrome
IBS

presenters:
Esraa Bataineh
Raghad Aweisat
Mais Alnajar

Irritable Bowel Syndrome (IBS)

• Functional bowel disorder characterized by intermittent and chronic abdominal pain associated with changes in bowel habits.

Epidemiology

• 10-15% Prevalence in Western World

• Worldwide phenomenon
• Likely very underdiagnosed
• Most commonly diagnosed gastrointestinal disorder
• Onset in young adulthood

Associated Conditions

• Fibromyalgia, Chronic Fatigue Syndrome, GERD, MDD,anxiety and somatization

IBS: Pathogenesis

Etiology

- Unknown
- No organic cause, functional bowel disorder
- Gastrointestinal motility disturbances
- Visceral hypersensitivity and altered perception
- Psychiatric symptoms can precede onset of GI symptoms

Other factors

- Intestinal Inflammation
    - Increased lymphocytes and mast cells
- Fecal microbiome disruptions
    - Bacterial overgrowth
- Food sensitivity
- Post-Infectious (E. Coli (0157:H7), Campylobacter)

IBS: Signs & Symptoms

Main Features:

- 1) Abdominal pain associated with defecation
  - "Cramping“ pain, variable intensity and location
  - Pain can be exacerbated by meals and stressors
- 2) Change in stool frequency and/or consistency (Diarrhea/Constipation)

Diarrhea: Most often occurs in the morning or after eating; preceded by lower abdominal pain and sense of urgency (possibly with tenesmus)

Constipation: Pellet-shaped, can also have sensation of tenesmus

Other Associated Symptoms:

- Straining, tenesmus
- Passage of mucous
- Bloating and abdominal distension

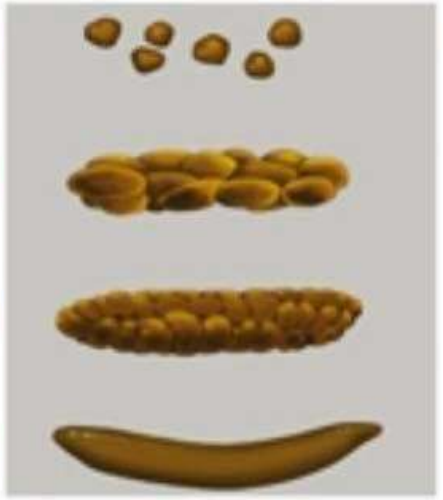
Note:

Symptoms can be altered by emotional (ex: stress), social and cultural factors.

Complications:

- **Perforation**
- **Pericolic abscess**
- **Acute rectal bleeding in NSAIDs & Aspirin users.**

IBS: The "Bristol Stool Chart"



Type 1 — Separate hard lumps, like nuts

Type 2 — Sausage-shaped, but lumpy

Type 3 — Sausage-shaped, with cracks on surface

Type 4 — Like a sausage or snake, smooth and soft

Type 5 — Soft blobs with clear-cut edges

Type 6 — Fluffy and mushy, with ragged edges

Type 7 — Watery, entirely liquid

The higher the number, the more "water content" the stool has

IBS: Diagnosis

1. This is a clinical diagnosis, and a diagnosis of exclusion.

2. Rome III diagnostic criteria: recurrent abdominal pain/discomfort ≥3 days per month in the last 3 months, and ≥2 of the following:

a. Pain/discomfort improves with defecation.

b. Symptom onset is associated with a change in the frequency of the stool.

c. Symptom onset is associated with a change in the form of the stool.

3. Initial tests that may help exclude other causes include CBC, renal panel, fecal occult blood test, stool examination for ova and parasites, erythrocyte sedimentation rate, and possibly a flexible sigmoidoscopy. Order these tests only if there is suspicion of other causes for the symptoms.

Other Symptoms Supporting the Diagnosis:

Change in frequency: More than 3 times per day (diarrhea-type), or less than 3 times per week (constipation-type)
Change in consistency: More than 25% of bowel movements
Change in sensation (urgency, tenesmus): More than 25% of bowel movements
Passage of mucous: More than 25% of bowel movements Sensation of bloating

Rule Out Red-Flag Symptoms: Onset after age 50, Anemia, Fever, Melena/Hematochezia ,Nocturnal defecation, Unexplained Weight Loss, Laboratory Abnormalities

INVESTIGATIONS:

- **Barium Enema.**
- **Flexible Sigmoidoscopy.**
- **CT scan of the abdomen.**
- **Colonoscopy**

IBS: Types

IBS with predominant diarrhea (IBS-D)

Primarily diarrhea

- More than 25% of bowel movements are Bristol Types 6 and 7

- Less than 25% of bowel movements are Bristol Types 1and 2

IBS with predominant constipation (IBS-C)

Primarily constipation

- More than 25% of bowel movements are Bristol Types 1 and 2

- Less than 25% of bowel movements are Bristol Types 6 and 7

IBS with mixed bowel habits (IBS-M)

Alternating diarrhea and constipation

- More than 25% of bowel movements are Bristol Types 6 and 7

- More than 25% of bowel movements are Bristol Types 1 and 2

IBS unclassified

Change in stool consistency insufficient to categorize

IBS: Management

Goals Common for All Types of IBS

- 1) Increase fiber to 30g/day
  - Bran or psyllium
- 2) Low FODMAP diet
  - **F**ermentable **O**ligo-, **D**i-,

    and **M**onosaccharides **A**nd **P**olyols
- 3) Avoid lactose, gluten, excess caffeine
- 4) Increase physical activity
- 5) Stress Reduction

IBS with diarrhea

- Loperamide
- Cholestvramine

IBS with constipation

Linaclotide

Laxatives (Lactulose, PEG)

Bloating and flatus

Alpha galactosidase

Probiotics

Antibiotics

Simethicone

IBS-RelatedPain

Tricyclic antidepressants (ex. amitriptyline)

Rifaximin (if unresponsive to other treatments)

IBS: management

- **Asymptomatic: No treatment.**
- **Constipation: Fiber diet +/- bulking laxative**
- **Treatment of Diverticulitis:**
- **Surgery for severe hemorrhage or perforation**

IBS: Other Considerations

Alternative Treatments:

1) Hypnosis
2) Relaxation therapy
3) Biofeedback
4) Probiotics

Prognosis:

- Symptoms appear to improve with increasing age
    - 80% have improvement of symptoms over time
- IBS subtype may change over time

Thank you