

Irritable bowel syndrome (IBS)



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An overview of Irritable bowel syndrome (IBS)

Irritable bowel syndrome (IBS) is a chronic, often debilitating, and highly prevalent spectrum of symptoms arising from dysfunctions of the gut-brain axis. IBS is characterized by gastrointestinal (GI) symptoms including recurrent abdominal pain, disordered defecation (abnormal stool form, stool frequency, or both) and bloating. Non-GI symptoms include back pain, gynaecological and bladder symptoms, headache, and fatigue.

IBS is one of the most common GI disorders, accounting for 12% of all primary care visits, and is the most common reason for visiting a gastroenterologist.

The causes of IBS are complex and not fully understood. Evidence suggests that genetic factors, abnormal serotonin metabolism, chronic infection, low-grade mucosal inflammation, immune activation, increased sensitivity to internal organ pain, changes in GI microbiome and psychosocial factors may play a role. IBS occurs more frequently in females than in males.

Currently, there is no cure for IBS. The majority of the treatment involves pharmaceutical drugs, non-drug interventions (exercise and diet) and psychological therapy.

Diagnosis

Rome IV Diagnostic criteria

Recurrent abdominal pain on average at least 1 day per week in the last 3 months, associated with 2 or more of the following criteria:

- Relief or worsening of pain related to defecation
- Association with a change in stool frequency
- Associated with a change in stool form (appearance)

Subtypes of IBS

The subtypes of IBS are based on the predominantly experienced bowel habits – based on stool form on days with at least 1 abnormal bowel movement.

- IBS with constipation (IBS-C)
- IBS mixed (IBS-M)
- IBS with diarrhoea (IBS-D)
- Unclassified IBS (IBS-U)
- Post-infectious IBS (PI-IBS) occurs frequently after GI infections.
- The symptoms of each subtype overlap and the predominant symptoms may change periodically or any individual.

Note: The Bristol Stool Form Scale (available online) is used to assess stool form/appearance.

Risk and aggravating factors

External factors

- Certain foods (e.g. food additives)
- Acute GI infection
- Abdominal or pelvic surgery
- Menstruation

Internal factors

- Life stress
- Anxiety or depression
- Poor coping skills
- Poor social support
- Maladaptive cognitions
- Abuse

Long term holistic treatment aims

Improve quality of life by addressing the predominant symptoms of IBS (abdominal pain, diarrhoea, constipation or bloating)

Dietary recommendations

- Please contact your health professional for the prescription of herbal and nutritional remedies.

V. Education

General dietary advice

- Eat three regular, smaller meals a day. Do not skip meals or eat late at night.
- Limit alcohol intake to no more than two units per day. Include at least two alcohol free days a week.
- Reduce intake of caffeine-containing drinks e.g. no more than two mugs (three cups) a day.
- Reduce intake of fizzy drinks.
- Drink at least eight cups of fluid per day, preferably water or other non-caffeinated drinks, for example herbal teas. Cut down on rich or fatty foods including fries, fast foods, pies, batter, cheese, pizza, creamy sauces, snacks such as chips, chocolate, cake and biscuits, spreads and cooking oils, and fatty meats such as burgers and sausages.
- Reduce your intake of manufactured foods and cook from fresh ingredients where possible.
- Limit fresh fruit to three portions per day (one portion is 80g).
- Seek advice from a healthcare professional about the amount of dietary fibre that is right for you. Avoid bran fibre and include psyllium husks. Increase fibre intake gradually.

Specific dietary changes

If symptoms include constipation

- Gradually increase fibre intake. Sources include wholegrains, oats, vegetables, fruit and linseeds.
- Try adding one tablespoon per day of brown or golden linseeds (whole or ground) to breakfast cereal, yoghurt, soup or on salad. Have around a small glass/teacup (150ml) of fluid with each tablespoon of linseeds taken.

If symptoms include diarrhoea

- Replace lost fluids by drinking plenty.
- Limit caffeine intake (tea, coffee and soft drinks) to three drinks per day.
- Reducing intake of high-fibre food (such as whole-wheat breakfast cereals and breads).
- Avoid sugar-free sweets, mints, gum and drinks containing sorbitol, mannitol and xylitol.

If symptoms include bloating and wind

- Limit intake of gas producing foods e.g. beans and pulses, Brussels sprouts, cauliflower, and also sugar-free mints/ chewing gum.
- Eat oats (such as oat-based breakfast cereal or porridge) and linseeds (up to one tablespoon/day).

Low FODMAP diet

A diet restricted in short-chain fermentable carbohydrates (also known as a low FODMAP diet) might be beneficial for some individuals. Consult a professional healthcare practitioner to help you with this decision/implementation. More details on a low FODMAP diet can be found online.



Herbal & nutritional recommendations

Please contact your health professional for the prescription of herbal and nutritional remedies.

Mentha x piperita (Peppermint) oil

Improves abdominal pain, discomfort and bloating. 1–2 capsules (180mg each) three times daily, 15–30 minutes before food.

Curcumin & Foeniculum vulgare (Fennel) oil

42 mg curcumin and 25 mg fennel essential oil, 2 capsules twice daily before meals.

St John's Wort

Iberogast® (STW 5) has been proven to reduce abdominal pain and global IBS symptoms.

Probiotics

Combination (broad spectrum) probiotics for up to 12 weeks. Discontinue treatment if symptoms do not improve.

General recommendations

- Exercise, stress reduction, adequate daily fluid intake, and improved sleep can all help to improve the symptoms of IBS. Keep a food and symptom diary whilst you are making changes so you can see what has helped.
- Make one change at a time so that you can see what has helped.
- Cognitive behavioural therapy and gut-directed hypnotherapy may be beneficial if dietary and lifestyle interventions are not helping.

Disclaimer: This is not an all-inclusive comprehensive list of information. Consult a qualified healthcare provider before starting any therapy. Application of clinical judgement is necessary.