

Irritable bowel syndrome

Irritable bowel syndrome (IBS) is one of the most common. Approximately 12% of adults in the United State report classic symptoms of IBS. IBS accounts for 3.5 million office visits and is a leading cause of workforce absenteeism.

It occurs more commonly in women than in men, and the cause remains unknown. Although no anatomic or biochemical abnormalities have been found that account for its common symptoms, various factors are associated with the syndrome: heredity, psychological stress or conditions such as depression and anxiety, a diet high in fat and stimulating or irritating foods, alcohol consumption, and smoking. The diagnosis is made only after tests confirm the absence of structural or other disorders.



Pathophysiology

IBS results from a functional disorder of intestinal motility.

The change in motility may be related to neuroendocrine dysregulation, especially if there are changes in serotonin signaling, which regulates intestinal motility. Changes in intestinal motility may also result from infections or other inflammatory disorders or vascular or metabolic disturbances. The peristaltic waves are affected at specific segments of the intestine and in the intensity with which they propel the fecal matter forward. There is no evidence of inflammation or tissue changes in the intestinal mucosa.



Clinical manifestations

There is wide variability in symptom presentation. Symptoms range in intensity and duration from mild and infrequent to severe and continuous. The primary symptom is an alteration in bowel patterns; constipation, diarrhea, or a combination of both. Pain, bloating, and abdominal distention often accompany changes in bowel pattern. The abdominal pain is sometimes precipitated by eating and is frequently relieved by defecation.



Assessment and diagnostic findings

Specific diagnostic criteria established through international consensus conferences have led to improved diagnosis of IBS. Criteria include recurrent abdominal pain or discomfort for at least 3 days a month in the past 3 months, including two or more of the following: 1- improvement with defecation; 2- onset associated with change in frequency of stool; and 3- onset associated with change in appearance (form) of stool.

A definite diagnosis requires tests that confirm the absence of structural or other disorders. Stool studies, contrast x-ray studies, and proctoscopy may be performed to rule out other colon disease. Barium enema and colonoscopy may reveal spasm, distention, or mucus accumulation in the intestine. Manometry and electromyography (EMG) are used to study intraluminal pressure changes generated by spasticity.



Medical management

The goals of treatment are relieving abdominal pain, controlling the diarrhea or constipation, and reducing stress.

Restriction and then gradual reintroduction of foods that are

Possibly irritating may help determine what types of food are acting as irritants (eg, beans, caffeinated products, corn, wheat, dairy lactose, fried foods, alcohol, spicy foods, aspartame). A high-fiber diet is prescribed to help control the diarrhea and constipation. Exercise can assist in reducing anxiety and increasing intestinal motility. Patients often find it helpful to participate in a stress reduction or behavior modification program. Hydrophilic colloids (ie, bulk) and antidiarrheal agents (eg, loperamide) may be given to control the diarrhea and fecal urgency. Antidepressants can assist in treating underlying anxiety and depression but also have secondary benefits. They may affect serotonin levels, thus slowing intestinal transit time and improving diarrhea and abdominal comfort. Anticholinergics or antispasmodics (eg, propantheline [pro-Banthinel]) may be prescribed to decrease smooth muscle spasm, decreasing cramping and constipation.

Other alternatives for IBS management include probiotics and alternative medicines.

Probiotics are bacteria that include Lactobacillus and Bifidobacterium that can be administered to help decrease abdominal bloating and gas. Complementary medicine approaches to treatment of IBS include artichoke leaf extract, peppermint oil, and caraway oil. They reputedly diminish IBS symptoms; however, formal studies are needed to examine their effectiveness.

Nursing management

The nurse's role is to provide patient and family education. Teaching and reinforcement of good dietary habits (eg, avoidance of food triggers) are emphasized. A good method for identifying problem foods involves keeping a symptom and food diary for 1 to 2 weeks. Patients are encouraged to eat regular times and to chew food slowly and thoroughly. They should understand that although adequate fluid intake is necessary, fluid should not be taken with meals because this results in abdominal distention. Alcohol use and cigarette smoking are discouraged. Stress management via relaxation techniques, yoga, or exercise can be recommended.



Thank You

