

IRRITABLE BOWEL SYNDROME (IBS)

INFORMATION FOR CWU MEMBERS



WHAT IS IRRITABLE BOWEL SYNDROME (IBS)

Irritable bowel syndrome (IBS) is a common, long-term condition of the digestive system. It can cause bouts of stomach cramps, bloating, diarrhoea and/or constipation. The symptoms vary between individuals and affect some people more severely than others. They tend to come and go in periods lasting a few days to a few months at a time, often during times of stress or after eating certain foods.

- IBS is thought to affect up to one in five people at some point in their life, and it usually first develops when a person is between 20 and 30 years of age. Around twice as many women are affected as men.
- The condition is often life-long, although it may improve over several years.

Causes of Irritable Bowel Syndrome

The exact cause of irritable bowel syndrome (IBS) is unknown, but most experts think that it's related to problems with digestion and increased sensitivity of the gut.

Symptoms of Irritable Bowel Syndrome

- The symptoms of irritable bowel syndrome (IBS) can often be managed by changing your diet and lifestyle, and understanding the nature of the condition.
- You may find some of the symptoms of IBS ease after going to the toilet and opening your bowels.

Diagnosing Irritable Bowel Syndrome

- There are no specific tests for IBS, as it does not cause any obvious detectable abnormalities in your digestive system.
- In most cases, a diagnosis will be based on whether you have typical symptoms of IBS.

Your GP will consider assessing you for IBS if you have had any of the following symptoms for at least six months:

- abdominal (stomach) pain or discomfort
- bloating
- a change in bowel habit – such as passing stools more frequently, diarrhoea and/or constipation

A diagnosis of IBS will then be considered if you have stomach pain or discomfort that is either relieved by passing stools, or is associated with a need to go to the toilet frequently or a change in the consistency of your stools.

This should be accompanied by at least two of the following four symptoms:

- a change in how you pass stools – such as needing to strain, feeling a sense of urgency or feeling you have not emptied your bowels properly
- bloating, hardness or tension in your stomach
- your symptoms get worse after eating
- passing mucus from your back passage

How Diet can help with Irritable Bowel Syndrome

People with IBS are often advised to modify the amount of fibre in their diet. There are two main types of fibre: soluble fibre (which dissolves in water) and insoluble fibre (which doesn't dissolve in water).

Foods that contain soluble fibre include:

- oats
- barley
- rye
- fruit – such as bananas and apples
- root vegetables – such as carrots and potatoes
- golden linseeds

Foods that contain insoluble fibre include:

- wholegrain bread
- bran
- cereals
- nuts and seeds (except golden linseeds)

If you have diarrhoea, you may find it helps to cut down on the insoluble fibre you eat. It may also help to avoid the skin, pith and pips from fruit and vegetables.

If you have constipation, increasing the amount of soluble fibre in your diet and the amount of water you drink can help.

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You can see more information on IBS using the following links:

<http://www.nhs.uk/conditions/irritable-bowel-syndrome/pages/introduction.aspx>

<http://www.nhs.uk/Conditions/Irritable-bowel-syndrome/Pages/Treatment.aspx>

https://en.wikipedia.org/wiki/Irritable_bowel_syndrome

Treatment of Irritable Bowel Syndrome

A number of different medications can be used to help treat IBS, including:

- antispasmodics – which help reduce abdominal (stomach) pain and cramping
- laxatives – which can help relieve constipation
- antimotility medicines – which can help relieve diarrhoea
- low-dose antidepressants – which were originally designed to treat depression, but can also help reduce stomach pain and cramping independent of any antidepressant effect.

There is no cure for IBS. Treatment is carried out to improve symptoms. This may include dietary changes, medication, probiotics, and counselling. Dietary measures include increasing soluble fiber intake, a gluten free diet, or a diet low in fermentable oligosaccharides, disaccharides, monosaccharides, and polyols (FODMAP). The medication loperamide may be used to help with diarrhea while laxatives may be used to help with constipation. Antidepressants may improve overall symptoms and pain. Patient education and a good doctor-patient relationship are an important part of care.