

Irritable Bowel Syndrome (IBS), is a chronic condition characterised by abnormalities in the contractions moving food through the intestinal tract, causing symptoms such as cramping, abdominal pain, bloating, diarrhoea/constipation - ranging from mild discomfort to severe.

Unlike Crohns and Colitis which are inflammatory conditions, IBS does not cause changes in bowel tissue and can often be controlled by managing diet, lifestyle and stress which contribute to 'flares' of symptoms.

What are the usual symptoms?

- ∂ Abdominal pain or cramping
- ∂ A bloated feeling
- ∂ Gas
- ∂ Diarrhoea/constipation – often alternating
- ∂ Mucus in the stool

The signs and symptoms vary from person to person and are often characterised by flares in response to common triggers, such as certain foods and stress. Symptoms often mimic those of other conditions, which may also be present, making a certain diagnosis difficult.

Causes

The exact cause of IBS is unknown, but may relate to abnormalities in the gastrointestinal nervous system causing poorly co-ordinated signals between the brain and intestines which make the body overreact to normal digestive signals. Common triggers are:

- ∂ **Food intolerances** – a wide variety of foods are implicated, including chocolate, spices, fats, fruits, beans, cabbage, cauliflower, broccoli, milk, carbonated beverages and alcohol (and many more).
- ∂ **Stress** – can aggravate existing symptoms or increase frequency
- ∂ **Hormonal changes** – IBS affects twice as many women as men, often worsening at menstruation
- ∂ **Bacterial overgrowth** in the intestines
- ∂ **Other illnesses** such as gastroenteritis

Impacts

IBS can result in wide impacts, including:

- ∂ **Lower quality of life**, which can lead to discouragement or depression
- ∂ **Haemorrhoids** from constipation/diarrhoea
- ∂ **Malnourishment** either from avoiding certain foods, or frequent diarrhoea

Risk factors

These factors are associated with a higher risk of IBS:

- **Age:** Most people with IBS are young (under 45).
- **Gender:** About twice as many women as men have IBS.
- **A mental health disorder:** anxiety, depression, a history of childhood sexual abuse or domestic abuse are risk factors
- **A family history of IBS:** Studies suggest that people with a family member with IBS are more at risk of developing it too, which may be due to genes, shared environment or both.

What should I do if I think I have IBS?

Use this quiz to help you decide if you need to seek medical advice:

- ☐ Have you had abdominal pain and discomfort lasting at least three days a month in the last three months?
- ☐ Is your pain relieved by a bowel motion?
- ☐ Have you been to the toilet more often? Or less often?
- ☐ Do you regularly have diarrhoea and/or constipation?
- ☐ Are your bowel motions incomplete?
- ☐ Do you have mucus in the stool?

If you're experiencing these sorts of symptoms, discuss these with your GP who can make an assessment and perhaps refer you for tests or specialist appointments to eliminate other possible conditions.

You should also see your GP if you have any other concerning bowel symptoms such as rectal bleeding, fever, weight loss, nausea or recurrent vomiting, anaemia or abdominal and pelvic pain.

What can help?

Eliminating or reducing foods that are potential triggers may help to relieve the discomfort of IBS. Keeping a food diary may help identify suspect trigger foods to discuss with your GP or specialist.

Suggested Reading:

- Wikipedia and Mayo Clinic articles found by searching for IBS.

Source: Adapted from information from the Mayo Clinic website

For more information: visit www.InsightEndometriosis.org.nz or [www.Facebook.com/InsightEndometriosis](https://www.facebook.com/InsightEndometriosis) or contact our Educator, Annette ph 07 8555 123 | email info@InsightEndometriosis.org.nz | FB message.
