

Irritable Bowel Syndrome

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Abstract

This paper reviews the guidelines for IBS with the aim to make clinicians aware of signs and symptoms of irritable bowel syndrome, and how to manage these in the community.

Key words: Irritable bowel syndrome

Aim of study

Irritable Bowel Syndrome is a highly under diagnosed condition in general public. It is a common disorder that occurs in 10-15% of the general population. However, many who are affected don't seek medical advice. It is estimated that up to three quarters of the cases go undiagnosed. The aim of this study is to make clinicians aware of signs and symptoms of irritable bowel syndrome, and how to manage these in the community.

Definition:

If a patient has abdominal pain, bloating and change in bowel habits for at least 6 months, then we can classify it irritable bowel syndrome. Red flags should be ruled out in this case.

Red flags to rule out for irritable bowel syndrome:

- 1 Ovarian cancer: In females age 50 years and over, along with symptoms of weight loss and family history of ovarian cancer.
- 2 Bowel cancer: Symptoms include weight loss, altered bowel movements, age 60 year and above, iron deficiency anaemia and positive FIT test.
- 3 Coeliac disease : Look for signs of diarrhoea, steatorrhea, weight loss, acid reflux
- 4 Inflammatory bowel disease : Symptoms include blood in stool, bloating, positive fecal calprotectin, raised inflammatory markers and weight loss.

Associated symptoms of irritable bowel syndrome:

It varies from diarrhea, constipation or mixed bowel habits.

Patients can have:

- Urgency, straining and feeling of incomplete evacuation
- Abdominal bloating and distension
- Mucous production
- worsening of symptoms after meal

Extraintestinal features:

IBS can present with various extraintestinal features like:

- Lethargy
- Nausea
- Back pain
- Headache
- Urinary urgency

Diagnosis**1-Taking history:**

Ask for symptoms including onset and duration, severity of symptoms and asking about triggers.

Give patient Bristol stool forming scale to help them explain about type of stool.

2- Arranging blood test and stool sample to rule out alternative diagnosis.

Bloods including FBC, ESR, CRP, coeliac screening, stool for fecal calprotectin and stool for FIT test.

Examination

Examination includes checking weight and height, abdominal examination and rectal examination

Triggers for IBS:

- 1 Viral gastroenteritis
- 2 Anxiety symptoms
- 3 Medications
- 4 Less Physical activity level

Management of IBS

Management includes,

1- Reassurance: Explain to the patient about the nature of IBS, that it is a chronic condition and can be triggered by food, medication, illness and stress.

2- Aim to improve symptoms of IBS. Explain to the patient that IBS is a long term condition and the aim should be to improve the symptoms and quality of life.

3- Dietary advice: Advise patient to eat regular meals, balanced diet and high fibre diet.

For diarrhea, advise patient to reduce fibre intake. For constipation, advise to increase intake of fibre.

4- Adequate fluid intake: Advise patients to stay hydrated and drink adequate amount of water.

5- Physical activity: Advise patients to do at least 30 minutes of physical activity at least 5 days a week.

6- Manage stress: Advise patients to look for stress in life and manage it accordingly. Refer patient to counselling, CBT and can use medications to manage stress.

7- Medications: Certain medications are found helpful in IBS like :

- Amitriptyline
- Buscopan
- Peppermint oil
- Mebeverine
- Probiotics: Patients can be advised to try a 12 weeks course of probiotics and review afterwards.

8- Local support groups:

Refer patients to local support groups like:

- IBS network
- IBS society
- NHS self-help leaflets
- Eat well guide
- Dietician support

Follow up after initial treatment:

1- Individualized management of IBS symptoms keeping in mind patient psychosocial aspect and symptoms.

2- Referral to specialist dietician: Dietician can advise about LOW FODMAP diet like fermented oligosaccharides.

High FODMAP diet includes fruits like (apple, cherry, peach and nectar), artificial sweeteners, lactose diet and some green vegetables like broccoli, cabbage and peas.

3- If symptoms of constipation persist, consider trial of laxative like linaclotide.

4- If symptoms of diarrhea persist, consider trial of antimotility drug like loperamide.

5- For ongoing bowel spasm, consider trial of buscopan and amitriptyline.

6- Refer to gastroenterologist in case of diagnostic uncertainty.

7- Refer to local mental health services for counselling and psychological support.

8- Look for alternative diagnosis.

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