

IRRITABLE BOWEL SYNDROME

It affects one in seven Australians yet IBS is often misdiagnosed. **Liz Beavis, Debbie Kertesz** and **Milena Katz** explain its causes, symptoms and treatments – and how to prevent it.



Accredited practising dietitian (APD) and nutritionist Milena Katz has a special interest in digestive problems.



Liz Beavis is an APD and nutritionist with extensive experience in food intolerances and weight management.



APD and nutritionist Debbie Kertesz specialises in inflammatory conditions. See page 95 for article references or go to www.healthyfoodguide.com.au.

SARAH RETURNED FROM her dream holiday in Vietnam with more than just souvenirs and fond memories. Sarah had a bout of “gastro” while she was away, but even once the infection had cleared up, she still experienced bloating and abdominal (stomach) pain several times a week and attacks of diarrhoea on an all-too-regular basis. After doing some tests, her doctor diagnosed her with irritable bowel syndrome (IBS).

And Sarah is not alone; about 12-15 per cent of Australians have IBS, with twice as many women affected as men. Symptoms vary

from person to person and include bloating, abdominal pain (which is often relieved by going to the toilet), diarrhoea and constipation.

There are three types of IBS. Some people experience mainly diarrhoea, others are constipated, while a third group has alternating episodes of diarrhoea and constipation. Some people experience ongoing symptoms, while others experience symptoms intermittently.

Many people self-diagnose IBS, but there are other medical conditions that can have similar



FREQUENTLY ASKED QUESTIONS ABOUT IBS

What exactly is IBS?

IBS is a disorder of the digestive tract with a range of symptoms and a variety of causes, some of which may be related to diet.

Who gets IBS and why?

IBS can affect anyone, from children to the elderly. It is twice as common in women as in men.

How do I know if I have it?

There are no specific diagnostic tests for IBS, however it is important to see your doctor for a diagnosis so any other possible causes for your symptoms can be excluded (see box overleaf).

What foods does someone with IBS need to eat?

IBS sufferers need to consume a healthy balanced diet that includes fibre-rich foods.

What foods does someone with IBS need to avoid?

Some people may find individual foods or food groups can aggravate their symptoms, such as fatty or spicy foods, carbonated soft drinks and windy vegetables.

Are there other treatments for IBS?

Hypnotherapy, relaxation techniques, probiotics and medications can help relieve some symptoms.

What can aggravate IBS?

Stress can worsen IBS symptoms. Although having IBS can be stressful, worrying about it can make things worse. Your gut and brain are strongly linked by nerves, so your gut will respond to stress.

Can IBS be cured?

IBS is a syndrome, rather than a disease so it cannot be cured, however some people are able to improve their symptoms considerably once they know their individual triggers (certain foods, stress, and so on).

Can IBS be inherited?

There does seem to be a tendency within families to develop IBS, although the symptoms and triggers may be different for each family member.

What can I do to avoid developing IBS?

Eat a healthy, balanced diet, and follow our tips for good digestion (see panel overleaf).

symptoms, so it's important to see your doctor to rule these out first (see box overleaf).

IBS is known as a functional disorder, which means there is a change to how your gut operates (or functions), without a corresponding change in structure, so it all appears normal with investigations (such as biopsy, X-ray and so on).

Many factors are thought to cause IBS, and one person may have more than one of these factors. Some people have a super-sensitive gut, which means they are aware of normal movement in the gut that most people can't feel. If you are super-sensitive, something as gentle as a leaf lightly brushing past your skin may cause an uncomfortable, or even painful reaction.

For others, the message between brain and gut can get a little confused, so your gut may respond inappropriately to normal stimuli (such as diarrhoea after eating), or your nervous system may provide the wrong response (such as pain).

Like Sarah, many people notice that their IBS symptoms started after another gut condition, such as a bacterial, viral or parasitic (for example, Giardia) infection.

TREATMENT OPTIONS

Treatments fall into three main categories – pharmaceutical, stress management and dietary and often a combination of these will be required. There is no one approach that will benefit

everyone – it may take some trial and error to find the best option.

Pharmaceutical management:

The types of medications used to treat IBS depend on the symptoms. For those with constipation-predominant IBS, osmotic laxatives may be used. These work by drawing water into the bowel to soften the stool. They also cause swelling of the large intestine, which helps with the movement of stools through the system.

For those with diarrhoea-predominant IBS, the anti-diarrhoeal Imodium is used as first-line treatment.

Antispasmodics may also be prescribed for treating pain, bloating and flatulence.

Sydney gastroenterologist Jeffrey Engelman adds, "These measures are all appropriate as long as other possible conditions have been excluded. Alarm symptoms should always justify further investigation."

Stress management: While stress doesn't cause IBS, it can certainly make the symptoms worse or cause a relapse. A 2002 study found that about half of IBS

IBS SYMPTOMS INCLUDE:

- heartburn
- early feeling of fullness (satiety)
- nausea
- bloating
- abdominal pain
- diarrhoea
- constipation
- alternating constipation and diarrhoea

sufferers who seek medical care are either depressed or anxious. Tricyclic antidepressants or selective serotonin reuptake inhibitors, a different type of antidepressant, are usually prescribed for IBS sufferers where depression and/or anxiety are also present. As well as having a positive effect on one's psychological state, these medications are also thought to increase the pain threshold.

It's also important that any management strategy helps sufferers to identify potential stressors in their lives and ways of avoiding or at least dealing with them. Meditation, regular

exercise, yoga, aromatherapy, hypnotherapy and psychological counselling can all assist with stress management.

DIETARY MANAGEMENT

Common food triggers: While individual foods are not thought to cause IBS, certain foods can trigger symptoms. Exactly which foods cause problems varies between individuals and keeping a food and symptom diary, a comprehensive record of the amounts and types of food and drink consumed each day and the symptoms that occur, will help you identify any problem foods. Some common culprits include fatty foods, spicy foods, dairy products, wheat, caffeine, chocolate, alcohol, artificial sweeteners and windy vegetables such as onion and cabbage. Any food suspected of causing problems should be excluded for at least a month. It's best to remove one food at a time to avoid confusion about which food is causing problems. It may take several attempts to identify problem foods so you'll need to be patient.



Photography: istockphoto





Food intolerances: Some people with IBS may be intolerant to naturally occurring food chemicals, including salicylates, amines and glutamates, which give our food flavour. It can be difficult to pinpoint food triggers as these food chemicals occur in a range of foods, including fruits and vegetables. You may find that you can manage a small amount of these foods, but you may get symptoms when levels accumulate in your body over the day, or even over a week. Sensitive people vary in their reactions to different foods and food chemicals, which

STATISTICS

12-15% of Australians have IBS

IBS is twice as common in women

means there's no one diet that suits everyone. To identify food intolerances, it's best to see a dietitian with experience in this area. A dietitian will put you through two stages to test for food intolerances:

1 The first is to follow a strict chemical-free elimination diet

until symptoms disappear (at least two weeks). During this time, you will be allowed only foods indicated on a list provided.

2 Next, you'll be asked to take a series of challenge tests by introducing different foods into your diet to find out which foods and chemicals in your diet cause reactions. Again, you'll be asked

to keep a food diary of foods, symptoms and challenges.

Once the problem substances have been pinpointed, your dietitian will advise you on how to change your diet to avoid recurrence of symptoms.

Fructose/fructan malabsorption:

Malabsorption of fructose, a single unit sugar, and fructans, molecules consisting of many fructose units joined together, may trigger IBS symptoms in certain individuals. Several studies have shown a reduction in IBS symptoms when foods high in

10 TIPS FOR GOOD

1 Understand how your gut works. Its main purpose is to absorb nutrients and clean out solid waste from the body. The path of the digested food through the bowel is not always smooth and it is normal to have some gas, bloating, diarrhoea and constipation at times.

2 Eat regularly, preferably six small meals per day.

3 Drink plenty of plain water – coffee, tea, soft drink and juice don't count as water. The larger your body, the more water you will need.

4 Keep active – exercise promotes peristalsis, the movement of food through the bowel, and helps with wind pain and constipation.

5 Practise proper food hygiene by refrigerating and heating food adequately. If overseas, drink only treated or boiled water and eat freshly prepared food that is still hot.

6 Remember fibre! Everyone has a different tolerance for

fructose and fructans were limited. Foods high in fructose include some fruits, honey, soft drinks and confectionery. Foods high in fructans include most wheat-based foods, such as breads, pasta and breakfast cereals, as well as certain vegetables, such as onions, leeks and asparagus. Management of fructose and fructan malabsorption doesn't mean these foods have to be avoided completely – before you modify your diet, it's best to consult a dietitian who can

Photography: istockphoto

DIGESTIVE HEALTH

fibre: some people need more for good bowel function, others need less.

7 Don't self-diagnose – IBS is different for everyone so get expert advice, and rule out other possible illnesses such as coeliac disease, bowel cancer and diverticulitis.

8 Keep up your intake of good bacteria by taking probiotics and/or eating yoghurt that contains live cultures – this is especially important when taking antibiotics.

9 Watch your intake of carbonated drinks and your tendency to swallow air when talking or eating – these two things can significantly contribute to bowel wind.

10 Dietary changes will depend on the main symptoms of IBS, which vary from person to person. A diet management plan by a health professional can be the key to controlling your symptoms.

help you locate suitable products, provide you with recipes and ensure your diet is balanced.

Dietary fibre: Given that IBS is a condition where either constipation or diarrhoea or both are present, a high-fibre diet with the possible addition of a fibre supplement is routinely recommended. According to the research, however, this may not be the best approach. There are two main types of fibre – soluble fibre, which helps to soften your stools, and insoluble

fibre, also known as roughage. Soluble fibre is found in fruits, oats, brown rice and legumes and studies have shown that it improves IBS symptoms. Insoluble fibre is found in wheat, wheat bran and some vegetables and research shows that it may exacerbate IBS. So while a daily diet that includes plenty of fibre (25 grams for females and 30 grams for males) from fruits and vegetables, wholegrain cereals, nuts, seeds and legumes can be beneficial for people with IBS, supplementation with wheat bran or other forms

of insoluble fibre should be avoided.

Probiotics: The human gut is inhabited by trillions of bacteria – some good, some bad – and it's thought that not enough of the good bacteria combined with too many bad bacteria may be one of the causes of IBS. There is promising evidence that probiotics, which

are good bacteria delivered either via foods, such as yoghurt, or supplements, can reduce the pain, bloating and flatulence associated with IBS. There are many probiotic preparations now on the market, including some that have been especially formulated for the treatment of IBS.

FINDING RELIEF

Thankfully for Sarah it took only a few attempts to identify the foods that provoked her symptoms. With the help of her dietitian she first removed lactose from her diet but had only minor relief from her symptoms. Next she removed high-fat foods, such as hot chips, fried chicken and hamburgers and found that this did the job. At last, no more pain and diarrhoea! She now follows a sensible meal plan consisting mainly of fresh fruit and vegetables, wholegrain cereals, low-fat dairy and lean meat.

Sarah's bout with IBS was resolved fairly quickly but many people will find that sometimes it takes months or years to settle symptoms, and experimentation with different treatments may be needed. Having a healthy digestive system is the best prevention for IBS so it's important to take care of

IF IT'S NOT IBS, WHAT CAN IT BE?

- coeliac disease
- inflammatory bowel disease such as Crohn's disease or ulcerative colitis
- parasitic infection such as Giardia
- endometriosis
- diverticulitis
- thyroid disease
- ovarian cancer
- bowel cancer
- medication side effects

your gut (see centre panel).

There is no cure for IBS and unfortunately relapses are not uncommon. But by varying diet and trying different treatments, most people will find solutions that work for them. The most important thing is to not give up and to have a positive attitude!

HFG