

The
Pulse

Irritable Bowel Syndrome

"I know where every bathroom is in town." "I'm afraid to leave the house for fear of not being near the bathroom." "I never eat out anymore."

These are frequent comments by people, mostly women, who suffer from irritable bowel syndrome. Termed IBS since 1966, the syndrome has been recognized since the early 19th century by such names as spastic colon or mucous colitis.

Abdominal pain, diarrhea, constipation, bloating, urgency and a feeling of incomplete evacuation characterize IBS. Symptoms are usually made worse by stress.

IBS was long dismissed as a psychosomatic condition. However, research is changing the attitude of physicians and their patients.

Although up to 20 percent of the U.S. population reports symptoms consistent with IBS, only one in four of these individuals seek medical attention. Many have received unsatisfactory treatment in the past or have learned to accept a reduced quality of life characterized often by a restricted social life, absenteeism from work and a reduced sense of well being.

Before a diagnosis of IBS can be made, other problems need to be ruled out, such as inflammatory bowel

disease (ulcerative colitis or Crohn's), malabsorption, gynecologic disorders or infection.

After diagnosis, patients need to be reassured that their symptoms are indeed real and they are not suffering from a serious organic disease. There are currently 4 theories surrounding the causes of IBS:

- Altered pain perception. In the 1990's researchers found that gut pain was experienced at a much lower threshold in many IBS patients. Drugs were then given to alter pain receptors at the gut level.

- Altered levels of serotonin. Serotonin is secreted by cells that line the gut when food is ingested. Too much or too little can alter bowel habits. A new class of drugs was then discovered that could block or augment the sites of action of serotonin. Examples include alosetron to block and tegaserod to augment.

- Post infectious diarrhea. Food poisoning or traveler's diarrhea can be the precipitating factor in about 20% of IBS sufferers.

- Bacterial overgrowth. Gas and bloating are common symptoms of IBS with patients producing 5 times more gas than those without IBS. Rather than the expected bacteria

being in the colon, the overgrowth is found in the small intestine. This can be diagnosed by the use of a Lactulose breath test. Specific antibiotics can reduce symptoms. Rifaximin is best as it is not absorbed systemically and thus there are fewer side effects than most antibiotics. It currently is approved by the FDA for traveler's diarrhea but not yet for IBS.

IBS is a condition that can be managed not cured, and education is the key to helping patients. Diets low in fat, caffeine or lactose (found in dairy products) and high in fiber are helpful.

Charlottesville Medical Research in conjunction with Dr. Daniel Pambianco, are currently conducting an IBS research study for individuals who experience abdominal pain associated with their IBS symptoms (diarrhea & constipation). If you desire information about the study, contact us at: (434) 817-2442. To date, CMR has performed over 20 IBS research trials with over 300 subjects.

-Nancy D. Bolton, A.N.P., CCRC

April is IBS Awareness Month

20% of a given population is affected by IBS.

TWICE as many women as men seek treatment for IBS.

3 MILLION physician visits occur in the United States every year for IBS.

(Source: International Foundation for Functional Gastrointestinal Disorders)

Charlottesville Medical Research Current and Future Research Studies

- Pediatric Meningitis Vaccine
- Osteoarthritis of the knee
- Osteoarthritis of any joint
- Migraine
- Irritable Bowel Syndrome
- GERD (starting in May)

