IRRITABLE BOWEL SYNDROME (IBS)

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WHAT IS IT?

Irritable bowel syndrome is a very frequent functional complaint of the gastrointestinal apparatus, 15% of the population is affected.
The main symptoms are: abdominal pain, irregularity of the alvus, meteorism, varying consistency of stools, with chronic progress characterized by dormant periods and periods of relapse. Symptoms can be associated in various ways.
The majority of people affected by this disorder (about 3 out of 10) initially consult their own doctor and 1 out of 10 consults a gastroenterologist.
The patient affected by Irritable bowel syndrome, due to the absence of organic pathologies must not be considered either with superficiality or as a hypochondriac.

POSSIBLE CAUSES

The causes of IBS have still not been defined. Excessive visceral sensibility is considered one of the major factors in the history of the causes of this disease, in particular in those patients whose main complaint is abdominal pain determined by the abnormal liberation of chemical substances from the bowels (potassium, ATP, bradykinin, prostaglandin E2.)That would in turn, liberate the chemical, mediators from the nervous endings. There is also an alteration of factors that regulate the activity of the smooth or involuntary musculature of the bowel.

PSYCHOSOMATIC HYPOTHESIS

A psychic complaint causes the same symptoms of IBS; this is another hypothesis of the history of the causes of this disease. A strong link between IBS and some psycho- social factors and psychiatric disorders has been pointed out.
It is doubted that among the sufferers of this disorder, there be a major incidence of anxiety, depression and feelings of hostility. Moreover it has been noticed that stress and emotions can alter the motility of the colon, and this occurs both in normal people and in people affected with IBS.The fact that psychiatric symptoms are present also in patients of other chronic painful syndromes leads to the doubt that psychological complaints may be a consequence and not the cause of the symptoms of IBS:

DIET

The sufferers of IBS cannot tolerate some specific foods and they can be responsible for the worsening of the symptoms. In such case it is necessary to identify the specific foods and exclude them from diet even if there is an exaggerated tendency on behalf of the subject to consider food as the cause of symptoms. Of course diet of the western world, for the most part, lacks in fibre in the quantity sufficient to the well functioning of the bowel and this can worsen costiveness and increase painful symptoms.

ALTERATION OF MOTILITY

This hypothesis moves from the assumption that at the roots of IBS, there is an intestinal motor disorder. In sufferers, food tends to produce a hyper motility of the colon, which is responsible for some of the symptoms that occur after meals, like meteorism, abdominal pain, costiveness and diarrhea. Recently some typical motor disorders have been identified, but they still need to be confirmed by ulterior studies.

SYMPTOMS

The majority of sufferers refer to a change in the habits of the alvus**,** which took place during adolescence or young age. The changes take place progressively and tend to stabilize alternating costiveness with diarrhoea; one of these symptoms prevails on the other.
Costiveness moreover can be defined as objective or subjective. His/her doctor can define a person as affected by constipated alvus when he has fewer than three bowel movements per week. However the same person can define himself as costive because passing stools is painful and/or difficult.
Costiveness is usually present initially as occasional. It becomes then progressively continuous and resistant to laxatives and enemas. This is combined often to abdominal pain, which gradually lightens after evacuation or the discharge of air.
Stools of reduced consistency and volume distinguish **diarrhoea**. Its onset is usually sudden and occurs especially in the morning or after meals, and normally does not wake the patient during his sleep. Even with diarrhoea, abdominal pain often appears and typically becomes better after evacuation.
Abdominal pain appears in different ways: in the form of cramps, burning, and with a feeling of something heavy. Also the intensity and the location are variable from one person to another. Often it is caused by eating and lightened by evacuation. Generally it doesn't involve waking up during the night either. **Meteorism**, **flatulence** and **burping** are common symptoms to its sufferers too. Another sign of IBS is the presence **of mucus in the stools** that isn't however a sign of inflammation of the colon.
Psychological alterations such as **depression, anxiety, and difficulty to concentrate** have been noticed in 70%-90% of sufferers. In addition to stress and emotional tension, stress and emotion can set up an increase in intestinal motility both in normal people and people who suffer from IBS but the latter seem to be more prone.

HOW IS IT RECOGNIZED?

The diagnosis of IBS is based substantially on the symptoms described above, (Positive diagnosis), and on the exclusion of other pathologies of organic type, (negative diagnosis). Therefore being able to confide in one's own doctor is of great importance.
The following important information has been collected:
The presence of the following symptoms:

- Distension and abdominal pain, never at night and does not cause the patient to wake up: link between emotive stress worsening of symptoms,
- Temporary improvement of abdominal pain after the emission of gas or stools;
- Increase in evacuations in the phases of abdominal pain,
- Reduced consistency of stools throughout the duration of abdominal pain
- Symptoms that appear in a young person (20-50 years) and have lasted at least three months without a progressive worsening
- Absence of fever and loss of weight
- Periods in which costiveness alternates with diarrhoea. Mucus in the stools and absence of blood
- Particular dietetic habits
- Assumption of medicines

Medical check-up is important to exclude the presence of indicative signs of an organic illness. Generally it does not underline anything significant except an anxious state of mind, slightly spread abdominal pain, presence of colic chorda.

Laboratory tests generally carried out are: ESR and complete haemachrome that result normal. A coproculture test of faeces and parasitological test of the faeces should be taken when the prevailing symptom is diarrhoea, and a search for occult blood in the faeces.
If there are not signs of macroscopic or occult blood in the faeces anemia, leucocytosis or leucopoenia, increase of VES, fever, weight loss, or other symptoms that indicate an organic pathology, an x-ray, or endoscopy, of the bowel are not considered necessary.
In patients with diarrhoea or meteorism, a deficit of lactose, by means of a hydrogen breath test, should be excluded, or, by avoiding foods that contain this sugar (milk, yoghurt, cheese ice cream sweets.) for at least three weeks checking the positive effects on the symptoms.

IS THERE A CURE?

The treatment aims at alleviating symptoms. The foundation of the treatment is a good relationship with one's doctor. It is the doctor's task to reassure the patient in order to allow him/her to overcome stress or fear, trying to obtain information about the family history of the patient, he must know something about the patient's social and professional background, so that he can find any sources of emotional problems. It is important moreover that during talks the doctor explains to the patient that the treatment of IBS is long term, and foresees repetitive cycles of treatment, which require on behalf of the patient availability and patience.
DIET: represents the first approach to IBS. In general food restrictions aren't justified because they could contribute to psychological distress. However when the main symptom is meteorism, regardless of the fact that it is accompanied by diarrhoea, carbohydrates can be reduced because they increase the formation of gas in the colon. When there is the suspect of food intolerance, it may be useful to eliminate some foods that according to the patient worsen or flare up symptoms. In case of costiveness, it may be suggested to increase progressively the intake of fibre: bran, by-products of psyllium, glucomannans.
The most frequently used medicines are anticholinergics, antispastics, especially indicated when the principal component of IBS is pain. Medicines that are selective calcium antagonists that have a much reduced systemic effect seem to be efficient as spasmolytics without causing the paralysis of the proximal gastro enteric apparatus. The category of prokinetics has positive results on patients who suffer from costiveness and post-prandial abdominal pain. Antidiarrhea remedies, among which in particular, loperamide, because of the rare systematic effects are used in the forms where the component of accelerated intestinal tract is prevalent. Cholestyramine may be useful when there is post-prandial diarrhoea and the suspect of malabsorption of biliary acids Benzodiazepine and ant depressives can help reduce anxiety and psychological symptoms that flare up or worsen in particular moments of the life of the patient.
It is necessary to take into consideration various forms of psycho therapy (behavioral, group therapy ect) in patients with psychological problems (depressions, people who have undergone sexual abuse during childhood, continuous requests for diagnostic tests and specialist examinations).

Bibliography:

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