



Irritable Bowel Syndrome (IBS)

Reviewed: June 2023
Next review: June 2024
Version 4

> About this leaflet

The purpose of this leaflet is to tell you about Irritable Bowel Syndrome, its causes and treatments.

> What is Irritable Bowel Syndrome (IBS)?

Irritable Bowel Syndrome (IBS) is also called spastic colon, nervous colon or irritable colon. IBS is very common, and affects about one in six people (mostly women). It is thought to be caused by abnormal movement of the muscles in the bowel wall.

- In some patients, the muscles work faster than normal. This means they push the waste through more quickly. Less water is absorbed from the food, which makes your stools soft and watery (diarrhoea). You may need to go to the toilet a lot and feel you need to go urgently.
- In other patients, the muscles may push the waste along more slowly. This means that waste can stay in your bowels for a long time. If this happens, too much water is absorbed from the waste. Your stools then become hard and going to the toilet is uncomfortable (constipation). You may go to the toilet but feel that you haven't completely finished emptying your bowels.
- In many patients, the muscles may go into spasm. You get spasms when your muscles suddenly contract. The contraction is very strong and can cause painful cramps. If you have spasms, waste or gas from food may get trapped in your bowels (bloating).

> What are the treatments for IBS?

Many people are reassured that their condition is IBS, and not something more serious. Simply understanding IBS may help you to be less anxious about the condition, which may ease the severity of symptoms, which often settle for long periods without any treatment. In some cases, symptoms are mild and do not require treatment. If symptoms are more troublesome or frequent, one or more of the following may help.

Food, drink and lifestyle

- It may help to keep a food and lifestyle diary for two to four weeks to monitor symptoms and activities. Note everything that you eat and drink, times that you were stressed, and when you took any formal exercise. This may identify triggers, such as a food, alcohol, or emotional stresses, and may show if exercise helps to ease or prevent symptoms.
- Some people with IBS find that one or more foods can trigger symptoms, or make them worse. Food intolerance is more common in people with IBS who have diarrhoea as a main symptom. Some people say that they can control their symptoms by identifying one or more foods that cause symptoms, and then not eating them. The foods that are most commonly reported to cause IBS symptoms in the UK are wheat (in bread and cereals), rye, barley, dairy products, coffee (and other caffeine-rich drinks such as tea and cola), and onions. Some people report an improvement in symptoms when they cut down from drinking a lot of alcohol or stop smoking.
- Regular exercise may also help to ease symptoms.
- Stress and other emotional factors may trigger symptoms in some people. Cognitive Behavioural Therapy (CBT) can be useful and stress management incorporating relaxation and mindfulness techniques.

Constipation

Constipation is sometimes a main symptom of IBS. If so, it often helps to eat foods with plenty of fibre, and to drink plenty of fluids (two litres of per day or more) - to keep the stools moist. Fibre (roughage) is the part of the food which is not absorbed into the body. You can eat plenty of fibre by eating fruit, vegetables, cereals, fruit juice, wholemeal bread, etc. Sometimes a fibre supplement is required; your GP can provide further assistance with this.

Diarrhoea

An antidiarrhoea medicine may be useful if diarrhoea is a main symptom. Loperamide is the most commonly used antidiarrhoea medicine for IBS. You can buy this at pharmacies or get it on prescription, which may be more cost effective if you need to take it regularly. The dose of Loperamide needed to control diarrhoea varies considerably. Many people use loperamide 'as required' but some take it regularly. Many people learn to take a dose of Loperamide in advance when they feel diarrhoea is likely to be a problem. For example, before going out to places where they know it may be difficult to find a toilet.

Antispasmodic medicines

These are medicines that relax the muscles in the wall of the gut. Your doctor may prescribe these if you have spasm-type pains. There are several types of antispasmodics, and they work in slightly different ways. Therefore, if one does not work well, it is worth trying a different one. If one is found to help, then you can take it 'as required' when pain symptoms flare-up. Many people take an antispasmodic medicine for a week or so at a time when bouts of pain flare-up, other people take a dose before meals if pains tend to develop after eating. Pains may ease with medication, but may not go away completely.

Other treatments

There may be a role for probiotics and peppermint oil. There are other medications which may benefit, your GP can provide further information. The FODMAP diet, which is reducing or avoiding certain foods containing hard to digest carbohydrates, can be useful for IBS.



➤ Further information

You can find out more at:

- <https://gutscharity.org.uk/>
- <https://www.ibsgroup.org/>

➤ Contact

If you have any problems or questions, please contact the day unit via the switchboard on 0141 951 5000. The day unit operates Monday to Friday 7.30am to 8pm but please only telephone the unit between the hours of 8am and 7pm. Outwith these hours you should contact the Senior Nurse via the switchboard as well.

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