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Treatments and Remedies to Ease Irritable Bowel Syndrome (IBS)

Afflicting one in seven women, the symptoms of IBS are rampant, but correct diagnoses are not.

By Janis Graham

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Some things just hit you in the gut: Rumors are heating up in your office that there are going to be more layoffs, or the principal calls (your eighth grader is acting up again), and your belly suddenly tightens. You may even need to dash to the bathroom. "The gut and bowel are very sensitive to stress," explains Jeffrey M. Lackner, Psy.D., director of the Behavioral Medicine Clinic at the University at Buffalo School of Medicine. When tense, your body is flooded with adrenaline and other hormones, which can set your tummy churning and trigger the intestines to suddenly empty. Or the opposite may happen: "For some, stress slows down digestion, leading to pain and constipation," says Lackner.

If these upsets get you only once in a while, it's easy to write them off as small annoyances. You may want to reach for an OTC medicine - Pepto-Bismol, Imodium - if diarrhea is disrupting your life. Ditto if stress causes uncomfortable constipation - try Colace or Phillips'. And while you can't always control the things that cause turmoil in your tummy, you can learn to tame your response to them. Especially effective: controlled breathing and progressive muscle relaxation (for how-tos, go to goodhousekeeping.com/stress).

But for as many as one in seven women, it's not so simple. Pain, gas, bloating, and diarrhea or constipation hit frequently or for long stretches - or

both. Stress doesn't cause these symptoms, which are known as irritable bowel syndrome (IBS), but tension can make them worse. You won't die from IBS or suffer serious health consequences, but it can make life miserable.

Melissa Brunner of Cheektowaga, NY, knows all about it. Now 35, she was in college when she had her first flare-up - an episode of severe diarrhea and terrible stomach pain that lasted for three months. Her doctor ordered a series of tests, which all turned up normal, at which point he diagnosed IBS. As for treatment, "he told me there was nothing I could do about it," she says.

For the next dozen years, IBS dominated Brunner's life. She often passed up on dining out with friends for fear she might not make it to a restroom in time: "The cramping sometimes came out of nowhere. I could be shopping, then suddenly doubled over in pain, trying to get a grip so I could reach the ladies' room." Then, about two years ago, Brunner found help at the Behavioral Medicine Clinic at the University at Buffalo and was able to reduce symptoms through behavioral techniques and stress management, along with diet changes. Today she pronounces herself "85 percent cured."

In one sense, Brunner is lucky - she knew what was troubling her and she (finally) got effective care. "Many doctors still don't recognize IBS as a real condition," says Lin Chang, M.D., co-director of the UCLA Center for Neurobiology of Stress. Lots of women are in the dark as well: A survey of 5,009 adults found that as many as 76 percent of IBS sufferers may be undiagnosed. Which also means they're not getting the help that could change their lives.

Bad Connections

Though it's not known for sure, experts believe that when you have IBS, there's a breakdown in the

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normal communication between your gut and your brain. Nerves in your GI tract shoot pain signals to the brain when there's nothing really wrong - just a little gas passing through, for instance. Or garbled messages may get sent from the brain to the muscles in the intestines, causing them to overcontract so food is forced through with lightning speed, triggering diarrhea. In other cases, muscle contraction slows almost to a standstill, leading to constipation.

Genes seem partly to blame for these faulty links. Hormones probably play a role, too; women with IBS outnumber men about two to one. What is clear: Though your intestines don't work right when you have IBS, they look perfectly normal if they're checked with X-rays, ultrasounds, or colonoscopies. That's why a battery of tests isn't necessary for a diagnosis - just a good medical history and physical exam - concludes a recent report from the American College of Gastroenterology.

Your symptoms are considered IBS if you have pain with bothersome bowel habits lasting for at least three months. Not every day will be bad. The ups and downs are determined, in good part, by how stressed you are, what you eat, and your menstrual cycle - about 70 percent of women say their IBS gets worse around their periods. Identifying your triggers is a crucial step to reducing flare-ups. But there are also many other ways to help yourself.

Going Natural

There are a number of Rx medications for IBS, but they work only about 30 to 40 percent of the time, says Gerard E. Mullin, M.D., director of Integrative GI Nutrition Services at the Johns Hopkins Hospital in Baltimore. Plus, "some have serious side effects," he adds. No wonder alternative therapies have gained experts' attention - research is finding that they can be highly effective. They're safe to try on

your own, either individually or several at once.

Peppermint oil: This works by relaxing the smooth muscle in the intestines, reducing painful spasms. Many IBS sufferers get significant relief from the minty supplements (available in natural foods stores); they're more likely to help if you suffer from diarrhea, but "still worth a try if you have constipation," says Nicholas J. Talley, M.D., Ph.D., professor of medicine at the Mayo Clinic in Jacksonville, FL, and one of the authors of a multicenter review of peppermint oil. The dose found helpful in most studies was about a 0.2 ml gel capsule two to three times a day. It may take a week to feel better, says Dr. Talley, who also notes that if you tend to have frequent heartburn, peppermint oil may make it worse. (If so, simply stop taking.)

Fiber supplements: Soluble-fiber products that contain the plant husk psyllium (Metamucil, Fiberall, Perdiem Fiber) can reduce pain and make bathroom visits more regular. Psyllium is like a sponge - it draws water into hard stools, softening them in cases of constipation. But it also absorbs water in loose stools, firming them if you suffer from diarrhea. So that you don't become bloated and gassy, start with one-quarter of the dose on the package, then work your way up to the full measure over the course of four to eight weeks.

Probiotics: These "good" bacteria help restore a healthy intestinal environment, reducing gas, bloating, and pain. One strain - Bifidobacterium infantis - appears to be especially beneficial, studies involving more than 1,350 men and women have shown. You can find B.infantis in capsules at most pharmacies and natural foods stores. Certain kinds of yogurt - Dannon's Activia, and Stonyfield Farm - contain probiotics, too, and may be worth a try, although they don't claim to help IBS.

Stress control: Learning to cope with tension can

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make a huge difference. Therapy is one way, but using stress-busting skills like muscle relaxation and learning to control negative thoughts worked about as well in a 10-week University at Buffalo study. These reduced pain and other symptoms in over 70 percent of participants. (For info, visit aboutIBS.org.)

Exercise: In an English study of IBS sufferers, those who walked or did other moderate workouts for 30 minutes five times a week reported a significant improvement in constipation symptoms. Exercise stimulates contractions of the bowel, encouraging the passing of gas and wastes.

And don't forget diet: For up to 65 percent of IBS patients, flare-ups are linked to food - especially fatty and greasy items, chocolate, carbonated beverages, and alcohol. Still, because different foods kick up symptoms in different sufferers, there's no one-size-fits-all "IBS diet plan." To see what sets off your troubles, keep a food and symptom diary for several weeks, then confirm any suspicious item by eliminating it from your diet for a few weeks. You might want to do the same with dairy products; about 35 percent of IBS sufferers are lactose-intolerant and develop IBS-like symptoms after eating dairy.

When You Need Something Stronger

If OTC and natural strategies aren't helping enough, ask your doctor about prescription medications.

Antispasmodics for cramping: These drugs act on the smooth muscle of the colon, easing intestinal spasms and pain for about one in five IBS sufferers, a recent review of 22 trials showed. The antispasmodic that had the best record was hyoscine. Since it's not generally available in the U. S., try the similar hyoscyamine (Anaspaz, Levsin). Downsides: Antispasmodics can make you dizzy and blur your vision, so don't drive until you know how

you react.

Antidepressants for pain: About 25 percent of IBS patients find that antidepressants (usually given at lower doses than those prescribed for mood disorders) relieve pain. The best type, says Dr. Talley, depends on your major symptom: If you suffer from diarrhea, you may do better with an older tricyclic (Elavil, Norpramin, Tofranil), but if you have constipation, a newer SSRI (Prozac, Lexapro, Zoloft) may be more effective.

Antidiarrheal drug: If the runs are severe, your doctor can prescribe alosetron (Lotronex), which blocks the action of the brain chemical serotonin on the intestine, reducing cramping, pain, and urgency. Because in rare cases the drug can cause a serious drop in blood flow to the intestine, it's prescribed under a closely monitored FDA program.

Constipation Rx: The laxative lubiprostone (Amitiza) increases the flow of salty fluids into the intestine, resulting in easier bowel movements and less stomach pain for about 18 percent of IBS sufferers.

The takeaway: Many IBS treatments - whether dietary shifts, exercise, alternatives, or prescription drugs - work for only a fraction of patients. But trying different ones, and combinations, can significantly boost the odds you'll be helped.

Double Trouble

Enjoying a meal without a backlash of unpredictable cramps and bathroom needs isn't the only challenge for IBS sufferers. Up to 79 percent also cope with painful heartburn - stomach acids backwashing up the esophagus and into the throat. Experts increasingly suspect this twofor isn't just bad luck, but rather one big, interconnected GI disorder. To lessen the blow:

Try an Acid Blocker

Proton pump inhibitors (Nexium, Prilosec, Prevacid)

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turn off stomach acid, reducing heartburn. They also may relieve IBS symptoms: In one Greek study, 41 percent of IBS patients reported significant relief after three months of using an acid blocker.

Cap the Coffee and Cocktails

Both can irritate the lining of the GI tract, triggering heartburn and IBS symptoms. If cutting back on your morning brew (to one cup) and alcoholic drinks doesn't provide relief, eliminate them.

Eat on Time

For IBS, you need to watch what you eat; for acid reflux, when is also key. Schedule dinner for at least two hours before bed, to allow time for food to travel down through the esophagus to the stomach; that way, acids won't wash back up.

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