

# Irritable Bowel Syndrome How Much Do You Know

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# Definition and Prevalence of IBS

- ▶ Recurrent abdominal pain or discomfort for at least 3 days per month in the last 3 months”
- ▶ Irritable bowel symptom is the most common gastrointestinal disease diagnosed by Gastroenterologist in the western world.
- ▶ It is a chronic, relapsing and often life-long disorder
- ▶ Most often affects adults between the ages of 20–30, twice as common in women as in men

## Question

What happens around this age which could contribute to the cause?



# Prevalence of IBS

- ▶ Prevalence in general population is estimated to be between 10–20%
- ▶ Prevalence of sexual abuse in adults with IBS is thought to be between 22–50%
- ▶ Recent trends shows there is now a significant prevalence in older people so should be considered if unexplained abdominal symptoms



# Correct diagnosis is imperative

- ▶ Many adults are “labelled” with IBS and not officially diagnosed
- ▶ Often difficult to assess correctly as often its about ruling out what its not
- ▶ Consider diagnosis of IBS if following symptoms for at least 6 months

**A**

**B**

**C**

# Red Flag Indicators

- ▶ Abdominal pain is a key symptom of IBS and the site of this can vary unlike cancer related pain which is usually fixed
- ▶ However important to avoid “diagnostic overshadowing”
- ▶ Be aware of the “red flag” indicators of bowel cancer

Question

What are these?



# Diagnosis of IBS

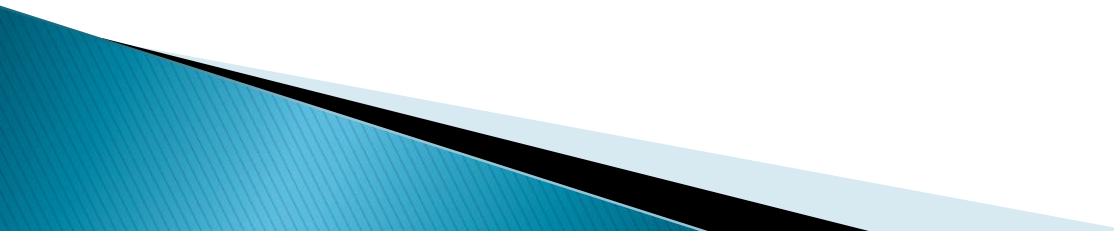
- ▶ Diagnosis of IBS should only be considered if abdominal pain or discomfort is relieved by defaecation or associated with altered bowel frequency or stool form
- ▶ Also should be accompanied by at least 2 other specific symptoms

Question

Any idea what these are?



# Diagnostic tests

- ▶ Following assessment there are 4 certain tests that need to be carried out. Any idea what these might be? There not what you think!
  - ▶ F
  - ▶ E
  - ▶ U
  - ▶ A
- 

# Potential causes of IBS

- ▶ Much research has gone into the causes of IBS and there is still a great deal of controversy over this.
- ▶ Some feel that there is a strong psychological link

Question

What are the other potential causes?



# Clinical management of IBS

- ▶ Self help effective in managing IBS
- ▶ Educating the patient about their condition
- ▶ Make time for leisure and relaxation
- ▶ Increase physical activity
- ▶ Psychological treatments to be considered such as relaxation, gut directed hypnotherapy, biofeedback and cognitive therapy
- ▶ Acupuncture and reflexology should be discouraged



# Dietary advice

- ▶ Regular meals – avoid missing meals
- ▶ 8 cups of decaffeinated fluids
- ▶ Avoid alcohol and fizzy drinks
- ▶ Reduce intake of processed foods
- ▶ Possibly reduce fibre
- ▶ If fibre needs to be increased then advice soluble fibre (such as oats) not insoluble (avoid bran)



# Dietary advice

- ▶ Avoid foods that have sorbitol if has diarrhoea dominant IBS
- ▶ If bloated eat oats and try up to a tablespoon of linseed
- ▶ Try probiotics' for 4 weeks
- ▶ Discourage the use of aloe vera
- ▶ Possible refer to dietician for exclusion diet



# Pharmacological therapy

Based on nature and severity of symptoms

- ▶ Antispasmodics
- ▶ Laxatives
- ▶ Imodium
- ▶ Consider tricyclic antidepressants such as amitriptyline at a low dose



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# Conclusion

- ▶ Patient centred care
- ▶ Diagnosed through symptom criteria profile
- ▶ Exclude “red flag” indicators
- ▶ Do not carry out unnecessary tests
- ▶ Self help management
- ▶ Dietary and medication depending on symptoms
- ▶ If previously diagnosed with IBS is it the correct diagnosis or has the patient been “labelled”

# NICE GUIDANCE 061

- ▶ Irritable bowel syndrome in adults
- ▶ Developed in 2008
- ▶ Updated as required 2–4 years if new important evidence published
- ▶ Can be downloaded from

[www.nice.org.uk/CG061](http://www.nice.org.uk/CG061)

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A close-up photograph of several layers of soft, pink rose petals. The petals are slightly out of focus, creating a dreamy, textured background. The lighting is soft, highlighting the delicate edges and veins of the petals.

**Thank You For Listening**

**Do You Have Any Questions**