Irritable Bowel Syndrome

- Clinical features
  - Presentation
    - Typically 20 - 40 years; female predominance
  - Symptoms
    - Abdo pain (relieved by defecation); bloating; altered bowel habit; tenesmus; muscus PR
    - Less commonly: nausea; dyspareunia; pain in back / thigh / chest; change in urinary frequency; depression
    - Chronic > 6 months, exacerbated by stress, menstruation, or gastroenteritis
  - Signs
    - Examination often normal, although generalised tenderness is common
    - Insufflation of air during sigmoidoscopy may reproduce pain
  - Red flags
    - Factors suggesting disease other than IBS
      - Age > 40 yrs; history < 6 months
      - Anorexia; weight loss; waking at night (pain / diarrhoea)
      - Mouth ulcers; abnormal investigations; PR bleeding
- Diagnosis of Exclusion
  - Aetiology
    - Heterogeneous group of abdo symptoms with no found organic cause
    - Probably due to disorders of intestinal motility or enhanced visceral perception (brain gut axis)
  - Exclude other diagnoses
    - Young with classic history
      - FBC, ESR, LFT, coeliac serology
      - Urinalysis, sigmoidoscopy
    - Patient aged > 45 years or evidence of organic disease
      - Colonoscopy
    - Prominent diarrhoea
      - LFT, stool culture, B12 & folate
      - TSH, antiendomysial antibodies (coeliac) barium follow through
    - Further investigation guided by symptoms
      - Upper GI endoscopy (dyspepsia)
      - Duodenal biopsy (coeliac)
      - Small bowel radiology (CD)
      - ERCP (chronic pancreatitis) or MRCP (active pancreatitis)
  - When to refer
    - Changing symptoms in known IBS
    - To dietician with food intolerance
    - For psych input with pronounced depression
    - For gynae with cyclical pain
- Management
  - Rarely 100% effective
    - Particularly medical therapy
    - Be pragmatic
  - Food intolerance
    - Try exclusion diets
      - Although may lead to obsessions
  - Constipation
    - Increase fibre intake gradually
    - Non fermentable fibre (Fybogel) is better than fermenting (Lactulose) - increased gas production adds to bloating
  - Diarrhoea
    - Bulking agent +/- loperamide after each loose stool
  - Colic & bloating
    - Anti spasmodics may help
  - Dyspeptic symptoms
    - Antacids
  - Psychological therapy
    - Emphasise positive prognosis
      - 50% improve after one year
    - Tricyclics in low dose can be helpful