IBS; A Matter of Food and Mood and A Case for Self Care.

Professor Nick Read, Gastroenterologist and Psychotherapist, Medical Adviser for The IBS Network

What is IBS

Irritable Bowel Syndrome is one of the commonest illnesses yet one of the least understood. As many as 15% of people, 12 million of the UK population suffer with chronic or intermittent abdominal pain or bloating and a disturbance in bowel habit, yet for most of them there is no clear pathological basis, no distinctive cause and no single effective treatment. Tests for other organic more definitive bowel diseases are frequently negative, and so in the absence of anything else, they are diagnosed with IBS.

IBS is a disease invented by committee to explain the inexplicable, define the indefinite and account for the unaccountable; the James Dean of the gut. A rebel without cause or cure, it is one an increasing number of 'functional' or 'medically unexplained' illnesses that frequently coexist to plague doctor's surgeries and hospital consulting rooms. There is a 60% overlap between IBS and functional dyspepsia, a 30% overlap with chronic fatigue syndrome or fibromyalgia. Patients with IBS suffer with headaches, backaches, irritable bladder, lassitude and aches and pains in many parts of the body. All are probably part and parcel of an overarching state of dysphoria involving the mind and body. Depression and anxiety are very common in IBS and exacerbations are often instigated by life events or situations. In the past such conditions were grouped together under such terms as hysteria, hypochondriasis, melancholia, the vapours, the spleen, neurasthenia and irritable weakness. Fashion has moved on. Medicine has become more specialised and scientific and so an irritable boundary has been drawn around unexplained bowel symptoms in the hope that this will focus research and lead to the discovery of a cause or a cure. It hasn't .... yet!

The role of the health professional

That's not to say that causes of irritated bowel do not exist. The bloating, abdominal cramps, frustrated bowel evacuation, pains relieved by defecation, inconsistent bowel habit are all non specific indicators of bowel irritation and may be found in any condition that affects the bowel; inflammatory bowel disease, infection, cancer, dietary indiscretion, malabsorption. It therefore behoves doctors working in primary care to take a careful history to identify red flag symptoms (rectal bleeding, fevers, weight loss and altered bowel habit commencing later in life for no obvious cause), take note of family history of ovarian or bowel cancer and screen out the commonest and most serious conditions, such as coeliac disease, inflammatory

bowel disease and cancer by simple and inexpensive tests of blood and stool. In the absence of red flag symptoms or positive screening tests, patients with putative IBS do not need to referred to hospital; recent guidelines suggest they are better diagnosed and managed in primary care.

But this does not mean that they need occupy the already restricted time of the busy GP. There is no reason why IBS cannot be diagnosed and managed by specially trained nurses, dietitians, counsellors or complementary therapists but monitored by the doctor with telephone/ email access to specialists in secondary care if required.

Self Care and The IBS Network

Informed self care is the new sound bite for most long term medical conditions. Patients need to be informed, advised and supported in how to manage their own illness in what is best for them. This can be done within the practice but the charitable sector can provide many of the resources necessary to support practice nurses. The IBS Network (www.theibsnetwork.org) is the national charity for people with IBS. This month it has published its own comprehensive and holistic IBS Self Care Plan (www.ibsselfcareplan.co.uk) that provides information and advice for patients, self help groups or health cqre professionals. The IBS Network also publishes a monthly newsletter (Relief), a quarterly magazine (Gut Reaction) and 'can't wait cards'. Personal advice can be obtained via a telephone helpline, staffed by IBS trained nurses, and by e-mail responses from medical specialists.

Food and Mood

The management of IBS changes with fashion and people need to be kept up to date with recent trends. 30 years ago, specialists were advocating coarse wheat bran for everything, particularly IBS. Now it seems, the wheels have fallen off the bran wagon. Dietary fibre needs to be taken advisedly. The NICE guidelines (2007) suggest that soluble fibre such as oats and linseeds would be more soothing to the gut than wheat bran which may make symptoms worse. Other studies have suggested that many fruits and some vegetables contain complex sugars and starches that escape absorption and are fermented in the colon making symptoms of pain and bloating worse, though such foods may require more fruit 'n fibre. Prune juice, for example, is a great laxative. Those with diarrhoea may be better on a low residue diet, but it depends on the individual patient. In IBS, as with many other 'unexplained' conditions, it is better to understand the patient than the illness.

Two factors tend to instigate symptoms of IBS. These are food and mood, and they often operate together. Despite popular belief, there is no good evidence that food allergy is responsible for more than 1% of cases of IBS and specific food

intolerance is also uncommon. Lactose, fructose and wheat intolerance is probably more to do with changes in bowel transit and sensitivity to gaseous distension than any specific effect of the food. So it's not so much the fault of the food, but more an intolerant gut. This might be due to a mild inflammation caused by previous infection, but is most commonly related to emotional tension. Even when IBS has been instigated by an attack of gastroenteritis, anxiety and depression and life events predict the persistence of symptoms. Food intolerance is not a life sentence; many patients report that it comes and goes according to how they are feeling. It is often more useful to direct therapy to calming the gut than avoiding specific foods.

My clinical work with people who suffer with IBS has revealed that not only the symptoms of IBS but the foods that cause them may re-enact the dominant themes in a person's life. To help people, it may be not so much a matter of selecting the right medicine or diet, but getting at the meaning (and the memory). One of my patients could never eat a meal of fish since the time her fiancé dumped over a fancy meal in a fish restaurant. Foods may carried strong connotations, that may be established by experience often early in life and are often enhanced by fashion and the media. How many of our convictions about food are established in childhood? What are the feelings around meat, shellfish, smelly cheese, milk, chocolate. I like it but it doesn't like me. If certain foods create emotional tension (fear or guilt), that will often preferentially go to the gut, which will consolidate the belief about that food.

IBS like many illnesses, does not have a single cause, but is the interaction of several factors, a previous infection, diet, lifestyle (too busy, rushed), stress, memory and meaning. Symptomatic treatment with drugs that reduce intestinal spasm and regulate bowel action may help but rarely cure. What patients often need is that confidence, belief and control that may be brought about by insight and understanding.

Contact Dr Read via his website www.nickread.co.uk or email info@nickread.co.uk