



This questionnaire has been developed by the World Gastroenterology Organisation, with Danone support.

Q&A for HCPs

Some questions patients may have about IBS ...

How can my doctor be sure I have IBS? Shouldn't they run more tests?

If the doctor makes a diagnosis based on a good history and the application of validated criteria, it is very unlikely that the symptoms are caused by any other condition. Additional tests or examinations will not usually be necessary if your doctor follows recent guidelines developed by the World Gastroenterology Organisation (WGO).

References:

World Gastroenterology Organisation Practice Guidelines 2009. Irritable Bowel Syndrome – A Global Perspective. Available at www.worldgastroenterology.org/guidelines

Paterson WG, et al. Predictive value of the Rome criteria for diagnosing the irritable bowel syndrome. *Am J Gastroenterol* 1999;94:2912-7.

If it's not IBS, what else could it be?

A number of other conditions may have symptoms such as abdominal pain or discomfort, or a change in the frequency and appearance of your stool that are similar to IBS. However, your doctor will base his/her clinical assessment on a number of factors, including your medical history, age, gender and where you live.

Reference:

World Gastroenterology Organisation Practice Guidelines 2009. Irritable Bowel Syndrome – A Global Perspective. Available at www.worldgastroenterology.org/guidelines

Is it a common disease in the world?

Yes, IBS is surprisingly common throughout the world and appears to be becoming more common. In developed countries it may affect up to 1 in 5 adults – an average figure based on a number of surveys is approximately 1 in 10 people (11%).

References:

McFarland LV. State-of-the-art of irritable bowel syndrome and inflammatory bowel disease research in 2008. *World J Gastroenterol*. 2008;14(17):2625-9.

Hungin APS, Whorwell PJ, Tack J, Mearin F. The prevalence, patterns and impact of irritable bowel syndrome: an international survey of 40 000 subjects. *Aliment Pharmacol Ther*. 2003; 17(5):643-50.

Is diet a causative factor?

Diet is not the cause of IBS but there is evidence that dietary factors may exacerbate symptoms. The prevalence of IBS has increased in countries which have introduced Western style diets and these diets often contain more refined foods and additives. The impact of diet and other factors on the bacterial gut flora may play a role in the increased incidence of IBS.

References:

Alpers DH. Diet and Irritable Bowel Syndrome. *Curr Opin Gastroenterol.* 2006;22(2):136-139.
Dapoigny M, Stockbrugger RW, Azpiroz F, et al. Role of alimentation in irritable bowel syndrome. *Digestion.* 2003;67(4):225-33.

Is there a relationship between IBS and food allergies?

No, there is no evidence suggesting food allergies cause IBS. However, people often believe that food allergies exacerbate their IBS symptoms - food allergy testing or exclusion diets have not been shown to affect IBS symptoms so their routine use is not recommended. It is more important to adopt a healthy balanced diet, as advocated by the WGO.

References:

Brandt LJ, Chey D, Foxx-Orenstein AE et al. An evidence-based systematic review on the management of Irritable Bowel Syndrome. American College of Gastroenterology Task Force. *American Journal of Gastroenterology.* Vol 104. Supplement. 2009.
World Gastroenterology Organisation Practice Guidelines 2009. Irritable Bowel Syndrome – A Global Perspective. Available at www.worldgastroenterology.org/guidelines

What is irritable bowel syndrome?

IBS is one of the most common digestive disorders, affecting a significant proportion of the world's population. Typically, people with IBS experience symptoms which include abdominal pain, bloating, constipation and/or diarrhoea. The symptoms are often chronic (long-term) and recurrent (episodic). IBS is a condition that is taken seriously because it has a significant impact of people's ability to work productively or lead normal lives.

References:

Spiller R, Aziz Q, Creed F, et al. Guidelines on the irritable bowel syndrome: mechanisms and practical management. *Gut.* 2007;56(12):1770-98
McFarland LV. State-of-the-art of irritable bowel syndrome and inflammatory bowel disease research in 2008. *World J Gastroenterol.* 2008;14(17):2625-9.
Hungin APS, Whorwell PJ, Tack J, Mearin F. The prevalence, patterns and impact of irritable bowel syndrome: an international survey of 40 000 subjects. *Aliment Pharmacol Ther.* 2003; 17(5):643-50.

What are the risk factors for IBS?

There is a strong association between intestinal infection and IBS and the risk substantially increases (6-fold) after an acute gastrointestinal infection – this is one reason why probiotics are being investigated for managing IBS symptoms. Women have a 2-3 fold higher prevalence of IBS than men and recurrent abdominal pain as a child is a risk factor for IBS as an adult. A Western style diet may also be a risk factor

as there is an increased prevalence of IBS in countries that adopt Western cuisine. Stress is also a risk factor for IBS.

References:

Heitkemper MM, Jarrett ME. Update on irritable bowel syndrome and gender differences. *Nutr Clin Pract.* 2008;23(3):275-83.

Gwee KA. Irritable bowel syndrome in developing countries - a disorder of civilization or colonization? *Neurogastroenterol Motil* 2007;17(3):317-24.

McOmber ME, Shulman RJ. Recurrent abdominal pain and irritable bowel syndrome in children. *Curr Opin Pediatr* 2007;19(5):581-5.

Jarrett M, Heitkemper M, Czyzewski DI, et al. Recurrent abdominal pain in children: forerunner to adult irritable bowel syndrome? *J Spec Pediatr Nurs.* 2003;8(3):81-9.

Thabane M, Kottachchi DT, Marshall JK. Systematic review and meta-analysis: the incidence and prognosis of post-infectious irritable bowel syndrome. *Aliment Pharmacol & Ther* 2007;26:535-544.

Living with IBS

Does IBS affect how intensely I should exercise?

No, a study revealed that occupations involving work in the open air and physical exercise were protective against bowel symptoms.

Reference:

Sonnenberg A. Occupational distribution of inflammatory bowel disease among German employees. *Gut* 1990;31:1037-1040.

World Gastroenterology Organisation Practice Guidelines 2009. Irritable Bowel Syndrome – A Global Perspective. Available at www.worldgastroenterology.org/guidelines

Will IBS cause me to lose or gain weight?

There is no clinical evidence to suggest that IBS causes either weight gain or weight loss.

Reference:

World Gastroenterology Organisation Practice Guidelines 2009. Irritable Bowel Syndrome – A Global Perspective. Available at www.worldgastroenterology.org/guidelines

Will IBS shorten my life?

No, patients with IBS have a normal life expectancy, although most individuals experience an impact of IBS on their daily lives as well as on their attitudes, fears and beliefs. However, your doctor can help you manage the condition.

Reference:

World Gastroenterology Organisation Practice Guidelines 2009. Irritable Bowel Syndrome – A Global Perspective. Available at www.worldgastroenterology.org/guidelines

Will my IBS worsen as I get older?

IBS tends to be less common in older people and there is evidence that people with IBS under the age of 50 years have a lower quality of life compared with those over the age of 50 years. This has been attributed to the older age group having a more established social network. The better quality of life could also be due to less severe disease and a greater capacity to cope with IBS.

Reference:

Minocha A, Johnson WD, Abell TL, et al. Prevalence, sociodemography, and quality of life of older versus younger patients with irritable bowel syndrome: a population-based study. *Dig Dis Sci.* 2006;51(3):446-53.

Prognosis

Am I at risk for colorectal cancer?

No, IBS does not increase the risk for colon cancer.

IBS has not been shown to be associated with the longer term development of any serious disease and there is no evidence that it is associated with higher mortality. Although many people with IBS are concerned that the condition will develop into a more worrisome disease, such as cancer, there is absolutely no evidence that this is the case

Reference:

Amouretti M, Le Pen C, Gaudin AF, et al. Impact of irritable bowel syndrome (IBS) on health-related quality of life (HRQOL). *Gastroenterol Clin Biol.* 2006;30(2):241-6.

Can IBS be cured?

There is no single treatment that will cure people with IBS but there are therapies that can improve IBS symptoms. Approximately 25-30% of people with IBS will get better over time and a number of people are symptom free within 2 years.

References:

El-Serag HB, Pilgim P, Schoenfeld P. Systematic review: Natural history of irritable bowel disease. *Aliment Pharmacol Ther.* 2004;19:861-70.

Tack J, Fried M, Houghton LA, et al. Systematic review: The efficacy of treatments for irritable bowel syndrome- a European perspective. *Aliment Pharmacol Ther.* 2006;24:183-205.

What are the complications of IBS?

There are no complications of IBS. The majority of people with IBS typically have symptoms which respond well to therapy and life-style changes, education and reassurances about the condition.

Reference:

Hammels CW, Surawicz CM. Updates on treatment of irritable bowel syndrome. *World J Gastroenterol.* 2008;14:2639-49.

What are the long-term health consequences of IBS?

Long-term follow up studies of large numbers of patients with IBS have shown that there was no difference in the long-term health of patients with IBS compared with the general population.

Reference:

Owens DM, Nelson DK, Talley NJ. The irritable bowel syndrome: long-term prognosis and the physician-patient interaction. *Ann Intern Med* 1995;15:107-12.

What is the prognosis, is there a chance it just goes away?

IBS is often a long-term condition, but in a proportion of people there is a complete disappearance of symptoms during a 2 year follow up period. Long-term studies of IBS patients showed that in over two-thirds of patients IBS substantially improved after 5 years. However, there are a number of factors including stress and dietary factors that can contribute to a return of the symptoms. New approaches to managing IBS may mean that people will experience less impact of the condition in the future.

Reference:

Collins AM. The irritable bowel syndrome. *CMAJ*. 1988;138:309-15.

Harvey RF, Mauad EC, Brown AM. Prognosis in the irritable bowel syndrome. *Lancet* 1987;1: 963-5.

El-Serag HB, Pilgim P, Schoenfeld P. Systematic review: Natural history of irritable bowel disease. *Aliment Pharmacol Ther*. 2004;19:861-70.

Will I eventually need surgery for my IBS?

No, there is no evidence to suggest that surgery is ever required for IBS. Few patients with long-term IBS symptoms progress to alternative diagnoses which suggest any progression of the condition.

Reference:

El-Serag HB, Pilgim P, Schoenfeld P. Systematic review: Natural history of irritable bowel disease. *Aliment Pharmacol Ther*. 2004;19:861-70.

Will IBS turn into colitis?

No, the long-term outcome of patients with IBS is very good. Most patients will respond to appropriate therapies and many new therapies are being developed which could further improve the lives of patients with IBS.

Reference:

Spiller RC. Irritable bowel syndrome. *Br Med Bull*. 2004;72:15-29.

Symptoms

Does IBS pain move and change?

Abdominal pain is a common symptom of IBS with 86% of patients reporting pain and 46% defining their pain as severe. IBS pain has been shown to commonly move and

change and can be reduced by dietary changes and reduction in stress. The use of drugs may be beneficial in the short-term to reduce intense pain.

Reference:

Collins AM. The irritable bowel syndrome. CMAJ. 1988;138:309-15.

What are the alarm symptoms that may point to an 'organic' cause?

The main symptoms that point to an 'organic' cause include; unintentional weight loss, bleeding in the stool, persistent diarrhoea, anemia and vomiting. Patients with any of these symptoms should be investigated further to eliminate organic causes.

Reference:

Spiller RC. Irritable bowel syndrome. Br Med Bull. 2004;72:15-29.

Treatment

Can exercise help my IBS?

Yes, occupations involving work in the open air and physical exercise have been shown to offer some protective effects against bowel symptoms.

Reference:

Sonnenberg A. Occupational distribution of inflammatory bowel disease among German employees. Gut 1990;31:1037-1040

Are there medications that treat IBS?

There are several treatments available for IBS. However, as the causes of IBS are multifactorial the treatment approach is individualized to meet the specific needs of the patient. Therapy depends on the intensity of symptoms and the degree of other comorbid conditions.

Reference:

Hammels CW, Surawicz CM. Updates on treatment of irritable bowel syndrome. World J Gastroenterol. 2008;14:2639-49.

Can other types of therapy help with IBS?

In some cases, psychotherapy can help people with IBS. Two of the most common factors that exacerbate IBS or cause a relapse are anxiety and depression and obtaining counseling or psychotherapy has been shown to have a long-lasting benefit in IBS. There is a connection between the brain and the gut that is thought to contribute to the symptoms of IBS.

Reference:

Luscombe FA. Health-related quality of life and associated psychosocial factors in irritable bowel syndrome: a review. Qual Life Res 2000; 9: 161-76.

Lacy BE, Weiser K, Noddin L, et al. Inflammatory bowel syndrome: Patients attitudes, concerns and level of knowledge. Aliment Pharmacol Ther. 2007;25:1329-41.

Spiller RC. Irritable bowel syndrome. Br Med Bull. 2004;72:15-29.

Can vitamins help IBS?

Vitamins have not been shown to have a specific effect on IBS. However, a balanced healthy diet is good advice for anyone with digestive discomfort.

References:

ToriiA, Toda G. Management of irritable bowel syndrome. Intern Med. 2004;43:353-59.
WGO – www.wgo.org.

Should I practice relaxation techniques while I am sitting on the toilet?

Yes, relaxation therapy has been shown to be effective in reducing the symptoms of IBS and can be applied in all aspects of daily life.

Reference:

Spiller RC. Irritable bowel syndrome. Br Med Bull. 2004;72:15-29.

What foods should I avoid so my IBS won't worsen?

This varies so much from person to person that it is impossible to make general rules but attention should be paid to identifying those foods that upset a given individual. There are several foods that have been implicated in IBS including high intake of sugary foods, lactose intolerance and low fibre diets but clinical trials have often been inconclusive. The WGO provides advice on a balanced healthy diet that may help control the symptoms of IBS.

Reference:

Spiller RC. Irritable bowel syndrome. Br Med Bull. 2004;72:15-29.
www.worldgastroenterology.org/