

Gastroenterology

Irritable Bowel Syndrome (IBS)

What is Irritable Bowel Syndrome (IBS)?

IBS describes a range of symptoms that are caused by your bowel moving in a disordered way. Normally your bowel contracts (squeezes) smoothly and regularly to push stools along. In people with IBS the bowel can move too slowly, resulting in constipation, or too quickly, resulting in diarrhoea, or you may experience both. The bowel is also more sensitive than normal. Sometimes eating can result in gas and bloating. Bloating stretches the bowel wall and this can cause pain.

Common symptoms are:

- Diarrhoea, constipation or both.
- Low abdominal pain, which eases after opening the bowels, or accompanied by a change in bowel habit or stool appearance.
- Feeling a need to open the bowels just after having gone to the toilet.
- A feeling of urgency to open the bowels.
- Passing mucus. (Slime)
- Feeling bloated.
- Feeling symptoms are worse after eating.

The causes of IBS are varied and not well understood. IBS can start for no reason, e.g. after a stressful event or it may happen for a few months after having food poisoning*.

Some women develop IBS after pregnancy, surgery for reproductive disorders, and during the menopause; it can sometimes run in families. It is possible that there are also causes that we are not yet aware of.

You may have had lots of tests, which have all been negative. This experience can be very frustrating and may make you feel that the diagnosis of IBS has been made because the doctors don't know what is wrong with you, this is not the case. The tests are needed to ensure that no other serious condition is causing your symptoms.

However, should you have any of the following symptoms, consult your doctor immediately to rule out other medical conditions:

- Unintentional or unexplained weight loss.
- Rectal bleeding (bleeding from the back passage).
- Family history of bowel cancer or ovarian cancer.
- If you are over 60 years old and have a change in bowel habit (looser and/or more frequent stools for more than six weeks.)

Is IBS serious?

Fortunately, it is not serious. One in seven people get symptoms once in a while. Some people may get more trouble than others and sometimes it can be a great nuisance. The bowel looks completely normal to the naked eye, on x-rays or under the microscope. IBS never develops into anything more serious and it is not linked with colitis or bowel cancer. However this does not mean that symptoms are dismissed as trivial by doctors or health professionals.

People often feel that the diagnosis of IBS means that it is “all in the mind”. Symptoms are genuinely coming from the bowel. However people notice that their symptoms are worse when they are anxious, worried, under stress or just by having a busy lifestyle. This is because the bowel is sensitive to various hormones produced at such times. Any techniques which help stress can also help with IBS.

*Some individuals who have had food poisoning can experience a temporary intolerance of lactose – a natural sugar found in some dairy foods, such as milk. Discuss this with your consultant or GP, if this applies to you and ask for a referral to a Dietitian, if the intolerance is confirmed by tests.

What can I do to help?

There are lots of changes that may help. It is better to try to change slowly in a stepwise manner, so that you can easily see if the change you have made has helped your symptoms.

Stage 1 – Lifestyle changes

Some changes you may be able to make are connected with lifestyle, check which ones apply to you:

- Not eating regular meals.
 - Skipping meals.
 - Eating late at night.
 - Rushing meals.
 - Eating “on the go”.
 - Not chewing food well.
 - Lack of exercise.
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- Try to eat three meals per day, taking time to eat, ensuring you chew your food well.
 - Reduce caffeine intake slowly eg coffee, tea and soft drinks to no more than 3 cups.
 - Include exercise in your daily life, take some time to relax and take part in activities that you enjoy.
 - Reduce alcohol consumption to two units or less per day and include alcohol free days.

Stage 2 – Getting the balance right

You may find that looking at your diet can also help with symptoms. Remember having a balanced, varied diet is very important; to enable your body to gain all the nutrients it needs to keep you healthy. Having a healthy diet may be the only dietary change you need to make, to help with your symptoms, so try this first. Look at the “eatwell plate” below, which represents the food groups you should include in your diet on a daily basis.

Change your diet to include the following:

Fruit and vegetables

Aim for 5 portions a day, a portion is any fruit you can hold in your hand:

- A pear
- 2 satsumas
- A small handful of dried fruit
- A small glass of fruit juice
- 2-3 tablespoons of vegetables
- A small salad also count.

Bread, cereals, rice, pasta or potatoes

Have at least one choice at every meal.

Meat, fish, eggs, beans and pulses

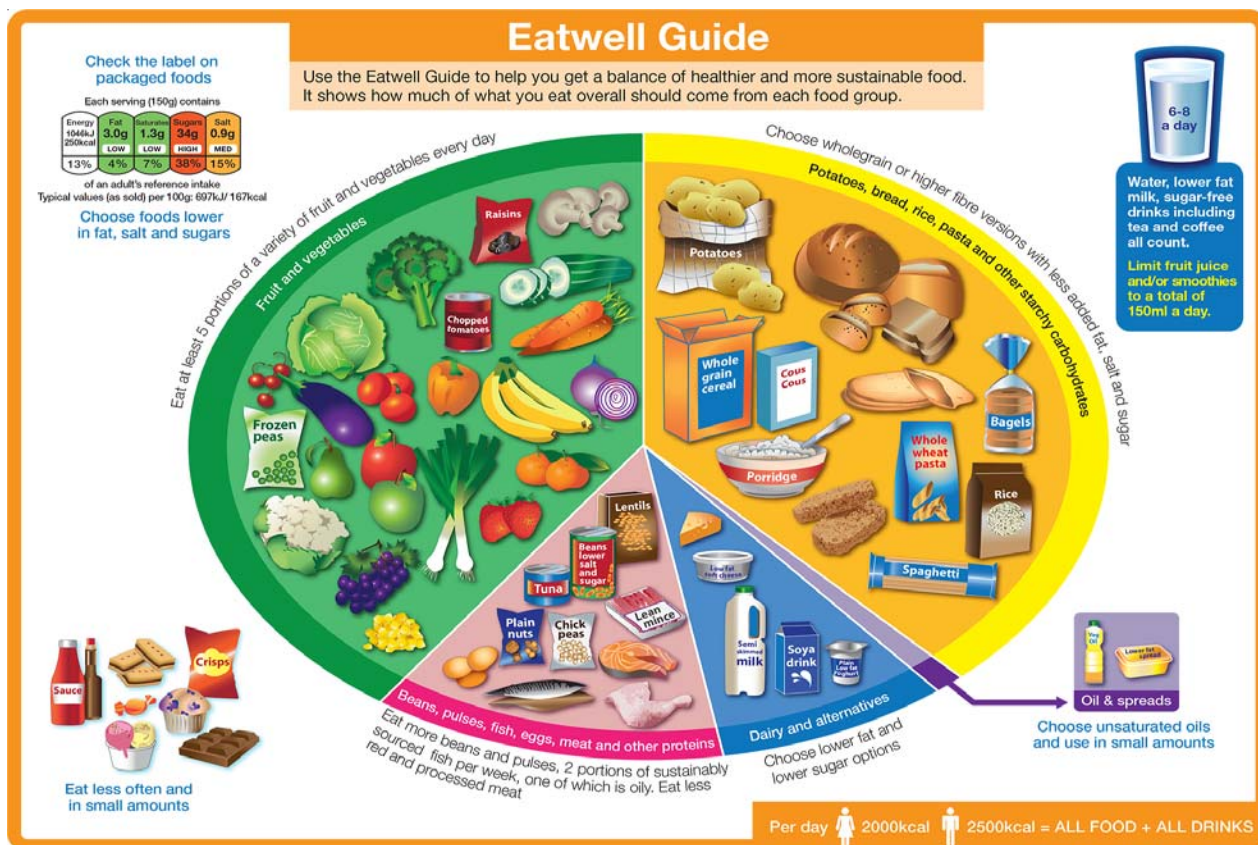
Aim for 2-3 portions per day. Choose lean/low fat varieties.

Milk and dairy products

Try to have 2-3 portions per day.
Choose low fat versions.

Foods containing fat, foods containing sugar

e.g. cakes, biscuits, chocolate, sweets, margarine, butter, cooking oils. Keep these foods to a minimum.



Source: Public Health England in association with the Welsh Government, Food Standards Scotland and the Food Standards Agency in Northern Ireland

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Stage 3 - Changing foods to help with symptoms

If you have tried to change your diet to healthier eating and this has not proved effective, then the following advice may be useful. Trying to find out which foods cause symptoms can be a complicated process! Keeping a diary of foods eaten and symptoms may be very helpful, but remember symptoms may not be caused by the food you have just eaten, but by foods eaten a few hours earlier or maybe even the previous day, or not food but your lifestyle.

Make changes according to your current symptoms, check your symptoms and try the following:

If you suffer from wind and bloating

- Limit fruit to three portions a day (including a small handful of dried fruit if desired), and fruit juice to one small glass per day. Include more vegetables to make up your '5 a day'.
- Oats and golden linseeds may also help with symptoms of wind and bloating. Aim to include a tablespoon of golden linseeds per day, added to breakfast cereal, yoghurt or soups. Start with a smaller amount and give your bowel time to adjust, ensure you drink plenty of fluid during the day. Golden linseeds are available from health food shops and large supermarkets. This might take a few weeks to have an effect.
- Reduce the amount of foods eaten containing resistant starches (see page 5).
- You could also try 'probiotic' foods (see page 5).
- Some foods increase wind and bloating including cabbage, cauliflower, sprouts, lentils and pulses, eg beans. If these are problematic replace with other vegetables.

If you suffer from diarrhoea

- Ensure you drink plenty of fluids per day to replace lost fluids, non-caffeinated, non-fizzy options are the best to choose.
- Limit consumption of fizzy and caffeinated (tea, coffee or cola) drinks to no more than 3 cups per day.
- Reduce alcohol to 2 units per day and do not drink every day.
- Limit insoluble fibre intake from wholegrain breads, bran, cereals, nuts and seeds (except golden linseeds).
- Avoid skin, pips and pith from fruit and vegetables.
- Limit fruit to three portions a day (including one small handful of dried fruit if desired), and fruit juice to one small glass per day. Include more vegetables to make up your '5 a day'.
- Reduce the amount of foods eaten containing resistant starches (see page 5).
- Avoid sugar free sweets containing sorbitol or mannitol. Check the ingredients list, found on the packaging (such as mints or gum).
- Diarrhoea can be caused by a high intake of fatty foods, reduce the amount of foods high in fat such as chips, fast foods, burgers, sausages, crisps and cakes. Try low fat versions, avoiding 'diet' foods sweetened with sorbitol or mannitol.
- You could also try 'probiotic' foods (see page 5).

If you suffer from constipation

- Dietary fibre may help with constipation but tends to generate gas, stimulate contractions of the bowel and may make pain, bloating and flatulence worse. Clinical guidelines advise that fibre intake should be adjusted according to its effects and reduced if necessary. If you wish to increase your fibre, do so gradually and monitor your symptoms.
- If you suffer from constipation allow time for bowel movements.
- For symptoms of constipation only, you could try wholegrains, along with fruit and vegetables, increase by no more than one extra portion in a two day period.
- Oats and golden linseeds are good sources of soluble fibre, which helps to soften the stool and makes it easier to pass; it may also help with wind and bloating.
- Ensure a good fluid intake, at least eight cups on non caffeinated fluids/non fizzy per day.
- You could also try 'probiotic' foods (see page 5).

Resistant starches

Resistant starches are starches that are not completely digested by the body. They enter the bowel where they are fermented by the bacteria that normally live in the bowel, this process results in gas and bloating, increasing pain.

Resistant starches are found in the following foods:

- Pulses, wholegrains, sweetcorn, green bananas and muesli containing bran.
- Undercooked or reheated potato or maize/corn – eat these freshly cooked and hot.
- Oven chips, crisps, potato waffles, fried rice – choose baked potatoes or boiled rice.
- Processed foods such as potato or pasta salad, or manufactured cakes or biscuits.
- Ready meals containing pasta or potato, such as lasagne, shepherds pie, macaroni cheese.
- Dried pasta – use fresh pasta instead.

Try reducing the consumption of these foods.

Common questions

Should I avoid wheat?

Wheat based foods contain a small amount of a starch called fructans. Some people with IBS find that eating foods containing fructans can increase bloating, however with wheat based foods bloating generally happens when **large** amounts are eaten. Foods containing wheat are bread, breakfast cereals, cakes biscuits and pastry, wheat is also found in smaller amounts in processed foods and sauces. Remember, it is important to include as much variety in your diet as possible, so if you find that consuming large amounts of wheat results in bloating, use your food and symptom diary to find a level you can tolerate. If you reduce the amounts you eat, try to reduce the amount of cakes, pastry and biscuits you consume, as they can also contain resistant starches and are high in fats.

Have I got a food allergy or intolerance?

Because IBS symptoms are worse after eating, it is not surprising food is blamed. Less than 2% of people have a true food allergy (such as to nuts or shellfish) and the symptoms may not resemble the symptoms you may have with IBS.

There are food intolerance tests (IgG tests) that are promoted by alternative therapists, these tests are very difficult to interpret, are very inaccurate and are not recommended by doctors. Also other alternative treatments promoted by alternative therapists have no evidence of their effectiveness and should be avoided, such as cytotoxic food testing, ALCAT test, bioresonance, electrodermal testing (electroacupuncture), reflexology, applied kinesiology. One immune disease that can sometimes give symptoms similar to IBS is coeliac disease; you will be tested for this by your GP or Consultant, if appropriate.

Do probiotic foods help?

'Live' probiotic yogurts, supplements or fermented milk drinks can sometimes help, but results are variable. If you feel that you would like to try them you should take them as the manufacturer recommends and use them for one month. If you don't find one product useful, you could change the type you use, as different products contain different types of 'gut friendly' bacteria.

Can I take medications?

Medications can help some patients but they are not 'wonder-drugs' and they don't work for everyone. There are several different types of drug that can help – they all act by reducing the bowel wall spasm. They are worth trying if you have lots of pain or bloating, and if they work well for you they are certainly useful to keep at hand for flare-ups.

Can IBS be cured?

We cannot cure this condition, meaning we cannot give you a treatment which will make the IBS go away forever. The bowel muscle will always be oversensitive to a degree. However, by using the information contained in this leaflet many people find that they can control their symptoms well. Even after a bad spell of several months, long lasting improvements can come about.

Where can I get more help?

If you are finding it difficult adjusting your diet to improve symptoms ask your consultant or GP to refer you to a Registered Dietitian (ensure your Dietitian is a legally registered health professional - check with the HCPC for registration details on www.hcpc-uk.org, or telephone 0800 3284218)

Contact the organisation The IBS Network; this is a registered charity for people diagnosed with IBS, contact 0114 272 3253 or www.theibsnetwork.org

If you are finding symptoms of diarrhoea difficult to manage and this is limiting your lifestyle, a RADAR key is available for locked public toilets for a small charge from

RADAR

12 City Forum 250

City Road, London EC1V 8AF

Telephone 020 7250 8181 or log on to www.crm.disabilityrights.org/radar-nhs-key

You can also self refer to the incontinence service, if required:

Huddersfield

Mill Hill Health Centre

86 Dalton Green Lane, Dalton, Huddersfield HD5 9TO

Telephone 03033309975

Halifax

Continence Advisory Service

St John's Health Centre, Lightowler Road, Halifax HX1 5NB

Telephone: 01422 307321

Produced by Dr G Sobala and the gastro diet sheet group, based on IBS NICE clinical guidelines advice on IBS and diet.

If you have any comments about this leaflet or the service you have received you can contact :

Team Leader

Medical Out-Patients Department

Huddersfield Royal Infirmary

Telephone No. (01484) 342334

www.cht.nhs.uk

If you would like this information in another format or language contact the above.

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