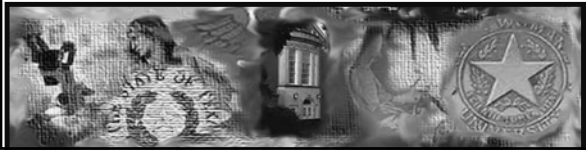


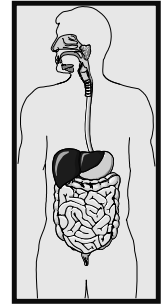
IRRITABLE BOWEL SYNDROME

Dr. Susan Chaney
NURS 5415 – Women's Health III



Definition

- Disturbance of intestinal motility marked by symptoms which include abdominal pain & alternating bouts of constipation and diarrhea
- 1 of > 20 functional GI disorders



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Definition (continued)

- Normal response to severe stress; no indication that emotional factors are a primary cause of this disease
- Probably an abnormal or uncontrolled, genetically determined immunologic or inflammatory response to an environmental trigger, possibly a virus or bacterium

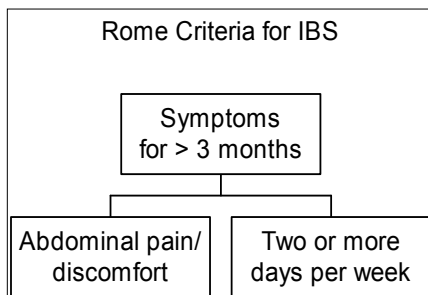
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Rome Criteria for IBS

- In 1980, experts known as the Rome Multinationa Working Teams defined functional GI disorders
- A variable combination of chronic or recurrent GI symptoms attributed to the pharynx, esophagus, stomach, biliary tree, small or large intestine, or anorectum not explained by structural or biochemical abnormalities

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Rome Criteria for IBS



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Rome Criteria Symptoms

- Abdominal pain (at least 1 of the following must be present:
 - relieved with defecation, and/or
 - with change in stool frequency, and/or
 - with change in stool consistency
- *and*
- Two or more days per week:
 - altered stool frequency (> 3 BM's/day or < 3 BM's/week
 - altered stool form
 - altered stool passage (straining)
 - passage of mucus
 - bloating; distension

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Epidemiology

- Widely distributed in all societies; estimated 9-23% of world's population
- Onset usually before age 40
- Women more than men (in the US over 75% are female)
- Accounts for over 2.5 million health care visits per year; most common (50%) GI diagnosis made in primary care

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Pathophysiology

- Dysregulation of the nervous system
- Abnormal intestinal motility
- Enhanced pain sensitivity (visceral hypersensitivity)
- Changes in sensory activity
- The brain-gut axis and the role of 5-hydroxytryptamine

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Clinical Presentation

- Lower abdominal pain often related to meals
- Does not awaken patient at night
- Changes in bowel function



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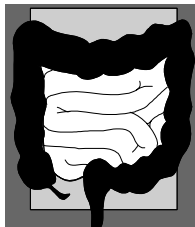
Clinical Presentation

- No bleeding, weight loss, or nocturnal diarrhea
- In children:
 - Share many features resulting from bowel inflammation, such as diarrhea
 - pain
 - fever
 - blood loss

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Diagnosis of IBS

- Functional disorder-based on clinical presentation
- Patient profiles fit a pattern: begin in early adulthood (late teens to early 20s) and are gradual & vague
- Conservative diagnostic testing to exclude organic causes



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Initial Evaluation of IBS

- Physical exam; exclude organic causes
- Complete blood count
- Erythrocyte sedimentation rate
- Stool testing
 - occult blood
 - leukocytes
 - ova & parasites
 - culture; sigmoidoscopy

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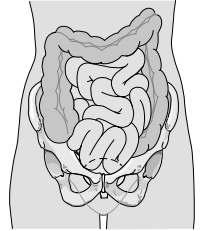
Alert Symptoms in IBS

- Physical exam
 - Abnormal exam
 - Fever
 - Positive occult blood in stool
- Initial labs
 - Decreased hemoglobin
 - Increased WBC
 - Increased ESR
 - Abnormal chemistries
- Historical
 - Weight loss
 - Onset-older patients
 - Nocturnal awakening
 - FH cancer or IBD

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Differential Diagnosis

- Ulcerative colitis
- Gastroenteritis
- Parasitic infections
- Lactose deficiency
- Laxative abuse



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Treatment Guidelines

- Perform a cost-effective examination
- Identify the patient's concerns & reassure as needed
- Explain the basis for the symptoms
- Involve the patient in the treatment plan
- Provide continuity of care
- Set realistic goals for treatment

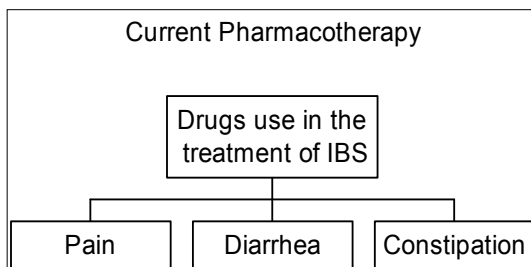
15

Treatment

- Avoid foods that cause symptoms: food diary
- Stress reduction and exercise
- High fiber diet 20-30 g/day
- Trial of lactose free diet to exclude lactose intolerance
- Annual rectal/sigmoidoscopy after age 40
- Patient education and reassurance

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Current Pharmacotherapy



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Current Pharmacotherapy: IBS

- Pain
 - Antispasmodics
 - Anticholinergics (Dicyclomine)
 - Peppermint oil (other countries)
 - Antidepressants; Opioid-like agents
- Diarrhea
 - Loperamide
 - Cholestyramine

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Current Pharmacotherapy: IBS

- Constipation
 - Fiber
 - Osmotic laxatives
 - Cisapride by manufacturer protocol only
 - Misoprostol
 - PEG solution
- Antidepressants
 - Desipramine or imipramine 25-50 mg HS
 - SSRIs: Sertraline or Fluoxetine

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Psychological Therapy

- Somatization, depression, anxiety, and chronic pain are common in patients
- Consider psychotherapy, relaxation, or referral as appropriate
- Although psychological factors do not cause IBS, they influence prognosis
- Patients with IBS have more absenteeism from work and school

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Follow Up

- Have patient RTC every 2 weeks until improved
- Then FU every month
- Then FU every 6 months

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Prognosis

- Majority of patients learn to cope with symptoms
- Majority of patients lead productive lives

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Summary

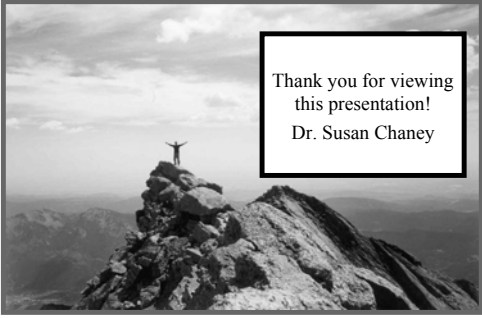
- IBS is one of the most common GI disorders; affects 23% of world population
- Leading cause for visits to primary care providers
- IBS is characterized by persistent or recurrent symptoms of abdominal pain with diarrhea and/or constipation

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Summary

- IBS is a multifactorial disorder
- IBS is persistent and affects quality of life
- Therapy is directed at predominant symptoms; newer drugs are directed at receptor sites

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Thank you for viewing
this presentation!
Dr. Susan Chaney