Irritable bowel syndrome at a glance

Disease mechanisms and epidemiology

Irritable bowel syndrome is very common, accounting for up to 50% of patients referred to gastrointestinal outpatient clinics

The cause is unknown

Trigger factors include acute enteritis, stress, anxiety and food intolerance

The pain is caused by abnormal gut motility and, in some patients, visceral hypersensitivity

Investigation

The diagnosis is made positively when there is at least a 3-month history of defecation-related abdominal pain with a change in stool frequency or stool form

Supporting features include a sensation of incomplete evacuation of stool, and bloating relieved by defecation

Haematology

- *FBC:* normal
- *ESR:* normal

Diagnostic imaging

Sigmoidoscopy: normal

Management

Therapy includes explanation, dietary modification, anti-spasmodics and antidiarrhoeals

In some cases antidepressants, alternative medicine approaches and other treatments aimed at underlying psychological problems are successful

Supportive treatment

Reassurance and explanation

Specific treatment

Diet

- Avoid dietary precipitants, but there is usually no place for a formal exclusion regimen
- High-fibre diet for constipation

Drugs (avoid if possible)

- Antispasmodics (e.g. mebeverine, cyclomine)
- Antidiarrhoeals (e.g. loperamide)
- Antidepressants (e.g. amitriptyline) if necessary

Other

Psychiatric referral occasionally

Hypnosis if refractory

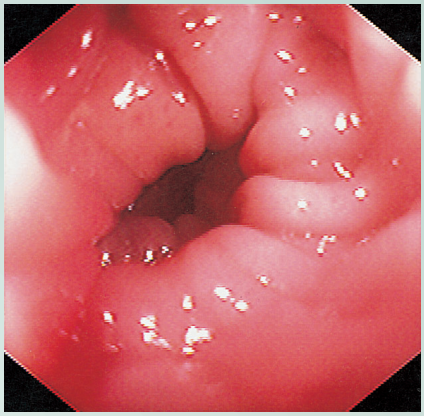

Fig. A Sigmoidoscopic appearance in IBS. Note the normally glistening mucosa with some spasm in sigmoid colon.