

Overview

Irritable bowel syndrome (IBS) is a chronic condition of the digestive system. Its primary symptoms are abdominal pain and changes in bowel habits (eg, constipation and/or diarrhea).

Symptoms

Irritable bowel syndrome (IBS) often begins in young adulthood, and is more common in women than in men. The most common symptom of IBS is abdominal pain in association with changes in bowel habits (diarrhea and/or constipation).

Abdominal pain — Abdominal pain is typically crampy and varies in intensity. Some people notice that emotional stress and eating worsen the pain, and that having a bowel movement relieves the pain. Some women with IBS notice an association between pain episodes and their menstrual cycle.

Changes in bowel habits — Altered bowel habits are the other symptom typical of IBS. This can include diarrhea, constipation, or alternating diarrhea and constipation. If diarrhea is the more common pattern, the condition is called "diarrhea-predominant" IBS; if constipation is more common, the condition is called "constipation-predominant" IBS.

Diarrhea — A person with irritable bowel syndrome may have frequent loose stools. Bowel movements usually occur during the daytime, and most often in the morning or after meals. Diarrhea is often preceded by a sense of extreme urgency and followed by a feeling of incomplete emptying. About one-half of people with IBS also notice mucous discharge with diarrhea. Diarrhea occurring during the night is very unusual with IBS.

Constipation — Constipation of IBS can be intermittent and last for days. Stools are often hard and pellet-shaped. You may not feel empty after a bowel movement, even when the rectum is empty. This faulty sensation can lead to straining and sitting on the toilet for prolonged periods of time.

Other symptoms — Other symptoms of IBS include bloating, gas, and belching.

Diagnosis

Several different intestinal disorders have symptoms that are similar to irritable bowel syndrome (IBS). Examples include malabsorption (abnormal absorption of nutrients), inflammatory bowel disease (such as ulcerative colitis and Crohn disease), celiac disease (in which the body is unable to break down a protein called "gluten"), and microscopic colitis (a condition that involves inflammation of the colon).

Because there is no single diagnostic test for IBS, many clinicians' approach involves comparing your symptoms to formal sets of diagnostic criteria. However, these criteria are not accurate in distinguishing IBS from other conditions in everyone. Thus, a medical history, physical examination, and select tests can help to rule out other medical conditions.

Tests — Most clinicians order routine blood tests in people with suspected IBS; these tests usually come back normal, but they can help rule out other medical conditions.

Some clinicians also order more invasive tests, such as sigmoidoscopy or colonoscopy, especially in people over age 40 years. These are tests that allow the clinician to see the inside of your colon using a device that is inserted into the rectum.

Treatment

First and most important step is to monitor your symptoms, daily bowel habits and any other factors that may affect your bowels.

Eliminate foods that may aggravate IBS.

Irritable bowel syndrome medications — Although many drugs are available to treat the symptoms of IBS, these drugs do not cure the condition. They are mainly used to relieve symptoms. The choice among these medications depends in part upon whether your primary symptom is diarrhea, constipation, or pain.

As a general rule, medications are reserved for people whose symptoms have not adequately responded to more conservative measures such as changes in diet and fiber supplements. If you do need medication, your health care provider will work with you to figure out the right approach for your situation.