

General notes about IBS

What is IBS?

The British Medical Association describes IBS as “one of the most common gastrointestinal disorders, but it is puzzling for those who have it and for doctors who treat it ... there is no laboratory test X-ray, scan or endoscopic investigation that can show whether or not you have IBS.”

It is known that the discomfort experienced by patients in the muscles in the intestine is caused primarily by stress. This discomfort may be experienced in various combinations of the three main symptoms;

- pain
- diarrhoea
- constipation.

While these symptoms are uncomfortable, even worrying, patients can rest assured that if they have been told they have IBS, the disorder is not likely to develop into a long-term illness such as cancer or ulcerative colitis.

How common is IBS?

A study in the USA found that, in one year, as many as 70% of the general population had problems associated with abnormal bowel function.

Points to ponder ...

- IBS is a syndrome, not a disease, affecting about 20% of adults in industrialised countries.
- Doctors see twice as many women as men with the condition.
- IBS has a major social impact, leading to frequent days off work and restriction of social activities.

British Medical Association report.

Although men and are equally likely to develop IBS, research shows that women tend to consult their doctor more than men. The BMA reports that “anxiety, depression and stress are known to occur more often in women, and this may play a part in triggering symptoms”. It is also possible that hormonal differences may contribute to the differences between the sexes.

What are the symptoms?

Recently, an international team of gastroenterologists listed several symptoms known as the ‘Rome criteria’. These criteria recommend that a diagnosis of IBS be made when someone has had abdominal discomfort or pain for at least 12 week in the previous 12 months and the pain or discomfort includes two of the following features;

- The pain is relieved by defecation.
- The onset of pain is associated with a change in frequency of passing stools.
- The onset of pain is associated with change in form (appearance) of stools.

Other symptoms seen in IBS

- A range of gastrointestinal features.
- Non-gastrointestinal features.
 - gynaecological symptoms.
 - urinary symptoms.
 - other physical symptoms
 - psychological symptoms
- Quality of life.
- Avoidance of activities.
- Additional anxiety.
- Lowered self-esteem

Try this...

Contact me for an IBS questionnaire to carry out a personal and confidential assessment.

What can aggravate IBS symptoms?

The BMA observe that various factors can play a part in aggravating IBS symptomatology; some are related to the IBS condition itself, while others relate to the patient's personal circumstances. These include;

- Your personality
- The form your condition takes
- Your life history and personal circumstances

Try this ...

1. Complete my *Stress Cascade*. This helps identify the various external stressors in your life.
2. Carry my *Working Styles Questionnaire*. This helps identify a range of 'internal' stressors.

Psychological traits in IBS

The BMA report that between 8%-15% of people who consult their GP about their IBS symptoms have psychological symptoms, "which is only slightly a higher percentage than among people without IBS.

The most common psychological disorders accompanying IBS are **depression** and **generalised anxiety**. Some of your symptoms such as sleep disturbance, low mood and changes in energy may suggest that you are depressed and this is a condition that may require appropriate short term medication.

It has been observed that when you are **depressed** the movement of waste matter through the gut is likely to be delayed. However, anxiety is often associated with accelerated movement of waste through the small bowel. Hyperventilation associated with anxiety and panic attacks is likely to make you more susceptible to pain.

Research has shown that the pain associated with IBS can be relieved by **deep relaxation** and **hypnosis**.

For your information ...

Training in *mindfulness* and learning to access your *Alpha State* offered in the IBS Multi-modal Programme is a unique modern and approach to the treatment of IBS.

Diagnosing IBS

If you consult your doctor about abdominal pain you will be asked a range of questions about the symptoms, psychological and emotional state, social circumstances and family history.

Your doctor may follow this with a full examination or refer you to a gastroenterologist based in a hospital. Some of the examinations open to these medical advisors are;

Sigmoidoscope

Your GP will invite you to lay on a couch with knees bent. The instrument, with its own light source, is carefully inserted in the rectum where the doctor may see any abnormalities in the rectum or lower abdomen.

Colonoscope

Prior to the procedure, the colon is emptied using a choice of laxatives, flushing and drinking large quantities of water. The patient may be given a mild sedative and asked lie on the side with knees bent. A flexible tube is inserted slowly along the colon where a small internal camera, connected to a video, allows the consultant to carry out an appropriate investigation.

Management of IBS

Medical & dietary treatment.

IBS symptoms vary from one patient to another and treatment may include medication and alterations in your diet. Your GP is best placed to advise you on treatment for pain and inconsistent bowel motion. Some medications include;

- Anti-diarrhoeal medication
- Laxatives for constipation
- Anti-depressants can be used to relieve diarrhoea and associated pain.

Psychological therapies

Many patients with IBS also have an underlying anxiety connected with panic which makes their condition worse and there may also be underlying psychological issues that need to be treated. There are a number of therapies available to IBS sufferers including;

- Relaxation therapy.

This is the simplest form of 'psychotherapy' and is readily taught by a hypnotherapist who will usually give you a back-up CD for home use.

- Mindfulness.

In addition to teaching relaxation, this treatment also helps you to 'connect' with and correct some of your symptoms.

- Psycho-dynamic therapy.

This provides you with insights into how your life history may have caused you to become hyper-vigilant.

- *EMDR treatment.*

This form of treatment helps resolve childhood issues such as abandonment, neglect, rejection and various forms of abuse that often lead to hyper-vigilance.

- *Hypnotherapy.*

Hypnotherapy, in addition to helping you to develop deep relaxation, works with the unconscious mind where deep and lasting change begins. Old beliefs are challenged and replaced with new ones, unhelpful repeating patterns from the past are altered and a 'gut-focused' hypnosis for IBS is employed.

About hypnosis ...

We have one mind that seems to be divided into two compartments known as the *conscious* and *subconscious*. During our waking hours, the conscious mind assumes the dominant role as it absorbs and analyses information from the world around us via the five senses. It proceeds to test it for acceptability against our beliefs, values and innate sense of self. Information then goes through a process of *generalisation*, *distortion*, and *deletion* prior to being stowed away in the memory bank.

The task of the subconscious mind is to maintain consistent and reliable patterns of behaviour as well as to reproduce previously learned skills such as driving, writing and using utensils and tools. Some think that the subconscious mind achieves ascendancy during REM sleep (rapid eye movement) when it processes experiences and information normally held at an unconscious level. This is a process which has been described as 'sorting out the clutter in the attic'.

Hypnosis helps to reduce the amount of stimuli from the environment entering the conscious part of the mind. This enables the subconscious mind to focus like a narrow beam of light onto a given subject of the client's choice.