

Six Things That Might Help Your IBS

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Irritable Bowel Syndrome is a common disorder, and causes a lot of grief. It's divided into three subtypes: IBS-D (diarrhea-predominant; >25% of stools are loose - [Bristol 6-7](#)); IBS-C (constipation-predominant; >25% of stools are hard - Bristol 1-2); and IBS-M (mixed; >25% are Bristol 1-2 and >25% are Bristol 6-7 - in other words, more than half the time the stools are either too loose or too hard).

IBS is diagnosed using the Rome criteria, which were [updated](#) in 2016, (full article [here](#)) but diagnosis requires a careful assessment by your physician, as a key step is ruling out other conditions. In many cases this does not require extensive investigation, but the appropriate steps need to be assessed on an individual basis. Keep in mind it is also possible to have IBS in conjunction with another gastrointestinal disorder. IBS involves recurrent abdominal pain (at least 1 day/week in the past 3 months) that has 2 of these 3 criteria: related to defecation; associated with a change in the frequency of stool; associated with a change in the consistency of stool. This symptom set has to be present for at least six months to diagnose IBS.

IBS is a great example of a chronic condition that resists a "one size fits all" approach. It used to be that physicians felt that there was nothing much to offer folks with IBS, but that's not true, and has drastically changed recently with some exciting new evidence-based therapies. There are now a lot of tools in the IBS toolbox, so I'd like to review some of them here.

1) Start with [this handout from the Canadian Digestive Health Foundation](#). I give it out to patients because it does a great job outlining what IBS is, what we think may cause it, and some of the first steps you can take. The CDHF website has lots of great resources, including an [app called Gi Body Guard](#) that you can use to track symptoms.

2) If you suffer from IBS and enjoy detail, the book ["Conquering Irritable Bowel Syndrome" by Nicholas J. Talley](#) is well worth reading. It's up to date, evidence-based, and goes through all aspects of IBS including what it is, the latest research, and lots of therapy options.

3) The Low FODMAP diet. Developed in Australia, this diet is evidence-based to improve IBS symptoms in up to 70% of people in some studies. I highly recommend [Stephanie Clairmont](#) and [Kate Scarlata](#)'s blogs for your low FODMAP-learning. Start with Kate Scarlata's FODMAPS 101 handout [here](#). Monash University, who developed the Low FODMAP diet, [also makes an app](#) that you can use to track FODMAPs. It isn't meant to be followed forever, but for a short term followed by re-introduction. It can be difficult to follow, though.

4) A trial of a probiotic -- and it probably matters which one. There are many different probiotics supplements and foods out there, but only a handful have been studied or proven to help with IBS. Two that have evidence, are easily available in Canada and are relatively inexpensive are Align (*B. infantis* 35624) and TuZen (*L. plantarum* 299v).

5) Peppermint oil. [Peppermint oil](#) reduces spasm in the gut, and has been shown in a [recent meta-analysis](#) (conducted in part here in London, Ontario) to reduce overall IBS symptoms and abdominal pain. The main side effect was heartburn, so keep that in mind if you also suffer from heartburn. Various doses have been tried, but in many studies the dose is 0.2-0.4 ml three times daily in capsule form. Like any medicine, herb, or vitamin, check with your doctor and/or pharmacist to make sure it's OK for you.

6) A low dose antidepressant. For moderate to severe symptoms, this is worth considering. An excellent information sheet about this can be found [here](#) courtesy of the University of North Carolina's Center for Functional GI & Motility Disorders. They have excellent patient education videos on [their website](#).

There are many other options I haven't covered here. Finding relief from your IBS can involve a lot of trial and error, and improvement can be very gradual - so be wary of anyone promising immediate or definite results. Hopefully with time you will find an approach that works to improve your symptoms and quality of life.