

California woman finds ways to control IBS

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Rachel Byrd.

Careful eating, practicing yoga and not internalizing stress prove key to her success.

(HealthDay) -- Rachel Byrd doesn't remember a time before she had stomach pain and digestive issues. But her symptoms got so bad in 2009 that she rushed to the hospital, thinking her appendix had burst because the pain was so intense.

As it turned out, Byrd didn't need surgery. Doctors did diagnose her with [irritable bowel syndrome](#) (IBS), though she said it wasn't as straightforward as getting a blood test and then getting a diagnosis.

"They have to rule out everything else before diagnosing IBS," said Byrd, now 26 and living in San Francisco. "It's not an exact science." She had a [CT scan](#) and other tests and said that "they didn't find anything else

wrong, so by my symptoms and ruling out everything else, they were able to diagnose IBS."

Initially, Byrd tried taking [fiber supplements](#) to control her IBS symptoms, but she said they made her feel bloated and upset her stomach. Today she manages her symptoms by watching what she eats, doing yoga and doing her best to keep her [stress levels](#) in check.

"I went to a [nutritionist](#) and really changed the way I was eating," she said. "I cut out processed foods and ate more whole foods high in fiber. I also had to give up coffee completely."

For Byrd, stress at work tends to be the most frequent cause of symptom flare-ups. "I may not eat as well as I should if I'm stressed," she said. "Now I know that if there's going to be a lot of [stress at work](#), I try to make sure that I don't have a lot of caffeine. I also try to be more conscious about what I'm eating and make time for exercise."

For anyone just diagnosed with IBS, "it's important to find a health-care provider that you can work with closely on a management plan," Byrd said. "Read up, read everything you can and try to follow the guidelines on what foods to eat."

And one more thing: "Try to find ways to not internalize stress," she said.

"For so long before I was diagnosed, I was eating and drinking things daily that made my symptoms worse," Byrd said. "Eliminating things made my symptoms so much better. It was kind of surprising. You have to figure it out through trial and error, and that was hard. But if I watch what I eat, and I'm able to do something active every day, I see a big improvement."

Treating irritable bowel poses challenges

As many as one in five Americans has to deal each day with symptoms of irritable bowel syndrome, a digestive disorder for which treatment options remain limited.

"Treatment is challenging because we have only one approved drug from the FDA [U.S. Food and Drug Administration] right now," explained Dr. Satish Rao, director of the Digestive Health Center at Georgia Health Sciences University and Health System.

But there's good news, too, he said, because non-drug ways do exist to help control symptoms and several new drugs are in the pipeline. And though IBS, as it's called, can significantly affect people's quality of life, Rao said it doesn't damage the bowels and "nobody dies from IBS."

The most common symptoms of IBS are abdominal pain or discomfort and altered bowel function, according to Rao.

Dr. William Sandborn, chief of gastroenterology at the University of California San Diego Health System, explained that IBS "is more of a problem in the muscles and the nerves of the bowel."

"If you have problems with the bowel contracting too much, you'll have cramping and diarrhea," he said. "If the bowel doesn't contract enough, the contents of the bowel won't move forward sufficiently, and you'll have constipation."

If you have diarrhea associated with abdominal symptoms, doctors will refer to your disorder as diarrhea-predominant IBS. If constipation is more of an issue, you have constipation-predominant IBS. Those who experience both diarrhea and constipation have what's called mixed IBS.

Exactly what causes IBS remains a mystery -- or what Rao called "the million dollar question."

"We have unearthed some factors," Rao said. "It looks like people with certain genes are predisposed to IBS, and environmental factors play a role. Changes in the gut flora [the types of bacteria in the intestine] may predispose you to IBS." He also said that some people develop IBS after having a viral or bacterial infection. That's called post-infectious IBS.

Some people also have dietary intolerances to substances such as fructose, he said, and those symptoms can mimic IBS.

One factor that definitely does not cause IBS, Rao said, is stress -- though he said it could trigger symptoms in people who already have the digestive disorder.

A specific diagnostic test doesn't exist for IBS so to diagnose it, doctors must rule out other potentially more serious causes of digestive symptoms, such as colon cancer or Crohn's disease. Methods used to do this, Sandborn and Rao said, include blood tests, CT scans, a hydrogen breath test, endoscopy and colonoscopy.

Treatment generally aims to ease symptoms. People whose major problem is diarrhea may be given fiber supplements and possibly anti-diarrheal medications, according to Sandborn. For those whose main symptom is constipation, a doctor might suggest stool softeners.

Sandborn cautioned that people with IBS should "try to avoid stimulant laxatives as these can damage the bowel if used chronically." But he said that natural, beneficial bacteria known as probiotics -- whether from yogurt or a supplement -- may help ease some IBS symptoms.

Dietary changes also may help, but there's "not a perfect diet for this that

helps everyone," Sandborn said. He suggested working with a nutritionist to try to eliminate foods that might trigger symptoms while still maintaining a balanced diet.

On the medication front, the antibiotic rifaximin, which is prescribed for traveler's diarrhea, may prove helpful for some people with IBS, though Sandborn said it's currently not approved for this use. Another medication that's being investigated for use in IBS with constipation and is currently under review by the FDA is linaclotide.

The only FDA-approved drug for IBS is alosetron (Lotronex), which was approved for IBS with diarrhea. But because of serious potential side effects, its use is restricted and only certain doctors are allowed to write prescriptions for it. Another IBS drug, tegaserod (Zelnorm), was pulled from the U.S. market several years ago and is now available through the FDA only in emergencies that are life-threatening or require hospitalization. Sandborn said it had been linked to a rare but increased risk for heart attack.

Irritable bowel "is an illness that doesn't look like a major disease, but it significantly affects quality of life," Rao said. "We have to tailor treatment to the needs of the patient, and that often includes a whole host of wonderful people like doctors, nutritionists, pain specialists and more, depending on the situation and the patient's needs."

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