



## SOOTHE YOUR SYSTEM

Nobody likes to talk about bathroom troubles—but ignoring irritable bowel syndrome can make the symptoms so much worse. Experts share what you need to know about the common digestive disorder.

BY MAGGIE PUNIEWSKA

**THE OCCASIONAL** gut woe is nothing to worry about. Tummy issues that show up on the regular, however, are worth paying attention to.

“IBS is the most common issue GI doctors come across,” says Shanti Eswaran, MD, a gastroenterologist and clinical associate professor at the University of Michigan in Ann Arbor. That doesn’t mean the condition is easy to spot, though. It can be tricky to diagnose because every case is unique, Dr. Eswaran explains. “People have different symptoms and triggers, so it may take time to identify IBS and then figure out how to manage it.”

Another complicating factor: IBS triggers can be both dietary (from coffee to fructose) and emotional—think toxic stress levels or just situational jitters.

The good news is that all the detective work usually pays off. “Many patients who are able to pin down what’s causing their symptoms eventually reach a point where they’re having them a lot less often,” says New York City–based gastroenterologist Samantha Nazareth, MD.

### Getting to a Diagnosis

IBS is more than just an upset stomach now and then. “You have to experience a few specific symptoms at least once a week, for three months,” says Dr. Nazareth. One of the classic signs is abdominal pain that gets better after a BM. The other hallmark is a change in your bathroom habits. Some people become constipated; others get diarrhea. A small percentage alternate between constipation and diarrhea.



Symptoms can also include cramping, bloating, and gas. And they may not be consistent over time. Although IBS is considered a chronic condition, it can wax and wane.

If you have a mild case, you may be managing OK without treatment. (You might not even realize you have a medical issue.) But for folks with more severe cases, the symptoms can be debilitating, causing them to skip social events, avoid travel, and even miss work.

There isn't any way to test specifically for IBS, so diagnosing the condition involves some poking and prodding. Your doctor may order blood work, X-rays, a stool analysis, and potentially a colonoscopy. "We basically have to rule out other GI issues that might have similar symptoms," says

Dr. Eswaran, "like gastrointestinal infections, celiac disease, and ulcerative colitis."

### The Possible Causes

Here's what experts know: People with a family history of IBS are more likely to get it. The condition seems to be linked to anxiety and depression. And cases can be brought on by a stomach bug. But why IBS develops in some people and not others is less clear.

Researchers suspect that it has to do with the gut-brain connection. "Everyone's gut and brain talk thousands of times a day, but we think that in people with IBS, that communication goes a little haywire," says Dr. Eswaran. "The brain may be essentially overthinking what's going on in the gut and become hyperaware of the

sensations there." Most folks aren't bothered by what's happening in their GI tract. But IBS patients seem to experience that activity differently: "If you don't have IBS, you might feel a little gassy and move on. But if you do have IBS, your brain might register that normal gassiness as pain," she explains.

Another working theory is that the disorder is caused by an imbalance of microbes in the intestines. And yet a third possibility is that IBS occurs when, for some reason, a person's gut isn't moving at a healthy pace—it's either too fast or not fast enough.

### The Female Link

Statistics show IBS is more common among women than men, and for that, we can probably thank our chemistry. "Female sex hormones could impact how we perceive stress, how we perceive pain, how slowly or quickly the gut works—and all of these factors are related to IBS," says Shilpa Ravella, MD, assistant professor of medicine at Columbia University Medical Center in New York City. Take the fluctuations in estrogen and progesterone that happen during a normal menstrual cycle. "Those changes can throw muscle contractions in the intestines out of whack," Dr. Ravella says. Then there's the hike in progesterone that occurs right before a woman's period. "That may slow down the gut, leading to constipation."

Fortunately, IBS seems to subside naturally with the passage of time. "We're not sure why, but for a lot of women, symptoms tend to get better as they get older," says Dr. Eswaran.

### Therapies That Work

There's a range of drugs that treat the less-than-pleasant effects of IBS. Depending on your symptoms, your doc might suggest a fiber supplement or prescription laxatives, antidiarrheal medication, or

## 10 to 15

The estimated percentage of adults in the U.S. who suffer from IBS, though only 5 to 7 percent have been diagnosed.

Source: American College of Gastroenterology

antispasmodics to relax the smooth muscles in the GI tract.

A low-dose antidepressant may make a difference too, even if you're not depressed and you don't have anxiety. "Antidepressants adjust serotonin levels in both the brain and the gut, which can help regulate bowel movements and decrease painful IBS symptoms like cramping," says Dr. Eswaran.

Alternatively, your MD might recommend seeing a mental health professional. A 2018 study in the *American Journal of Gastroenterology* found that psychotherapy could be as effective as antidepressants in treating IBS. And another study reported that IBS patients who went to therapy experienced improvements in their symptoms up to a year after they ended their sessions.

Talking things out with a professional can also help you manage IBS-specific worries, adds Kelsey Laird, PhD, a post-doctoral scholar at the Semel Institute for Neuroscience and Human Behavior at UCLA. Sometimes people with the disorder start to dread situations in which they don't have easy access to a restroom, such as road trips or back-country hikes.

"Psychotherapy can teach long-term skills for reframing scary situations, so people can still participate in activities that are important to them," Laird explains. "Oftentimes, reductions in stress—and gastrointestinal symptoms—follow."

### Hit Reset

By making a few changes to your everyday lifestyle, you might help your gut function better overall, so you're dealing with fewer bothersome flare-ups. Sticking to a steady exercise routine is one of those belly-friendly steps: Researchers found that when people with IBS who worked out three hours a week upped their regimen to five hours,

their symptoms improved. And it didn't take long. They noticed a real difference within the first 12 weeks.

Exercise is a well-known stress buster, Dr. Nazareth points out. And physical activity may have a direct impact on the gastrointestinal system too, she adds. "New research suggests that exercise could hike up certain types of good bacteria in the gut. Since IBS might be related to an imbalanced microbiome, working out may help reduce symptoms."

Another measure to consider: cutting back on gluten or dairy, or both. "Many people with IBS have difficulty with these foods," says Dr. Eswaran. "When the bacteria in the gut go to break them down, they end up producing a lot of gas and other metabolites, which may irritate the gut and lead to pain or bloating."

If you're ready for a more dramatic dietary change, you might try a low-FODMAP diet. FODMAP stands for fermentable oligo-, di-, and monosaccharides and polyols (whew)—a family of tough-to-digest carbs. "It's thought that FODMAPs could increase or lead to changes in the microbiome that trigger IBS symptoms," says Dr. Eswaran. In her research, she found that more than half of patients who followed a strict low-FODMAP diet for four weeks saw an improvement in their symptoms and quality of life.

Just don't try this experiment on your own, warns Dr. Eswaran. The diet is not easy—FODMAPs are found all over the food pyramid—and it needs to be executed correctly to find the real offenders behind your gastro distress. Seek out a nutritionist who can guide you.

There is no cure for IBS, unfortunately. But managing your triggers can be an empowering step toward feeling a whole lot better. ✕

#### SYMPTOM CHECKER

## 3 Issues That Seem Like IBS—but Aren't

**Abdominal pain can be caused by many GI culprits. Here's how to use other clues to zero in on the problem.**

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### You're bloated and gassy

If pooping doesn't solve things, or if you don't feel the urge to go No. 2, you may just have an upset tummy. Belly discomfort that's not related to your bowel movements is a sign of indigestion. Possible causes include eating quickly, choosing the extra-hot sauce, and overdoing it on caffeine. (Maybe time to nix those Venti Doubleshots?)

**1 in 3**  
The number of IBS patients who say they avoid situations where there won't be a bathroom nearby.

Source: "IBS in America" survey, 2015

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### Your stools are bloody

Passing a small amount of blood during BMs is a symptom of ulcerative colitis, a bowel disease that leads to inflammation and ulcers in the colon and rectum. Like IBS, ulcerative colitis has no cure. But medications can keep symptoms at bay.

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### The discomfort is in your pelvis

Deeper aches plus the feeling that you have to pee could be painful bladder syndrome. Docs think that it happens when there's a rupture in the lining of the bladder, so urine starts to irritate the bladder wall. Avoiding bladder-irritating foods, like citrus, and Rx drugs should help.