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Stomach pain and irritable bowel syndrome

Medically reviewed by Saurabh Sethi, M.D., MPH — Written by Yvette Brazier on November 7, 2019SymptomsDietCauses is it curable? TreatmentDiagnosisRisk factorsWe include products that we think are useful to our readers. If you buy through links on this page, we can earn a small commission. Here's our trial. Irritable bowel syndrome (IBS) is a long-term gastrointestinal condition that can lead to persistent discomfort. However, most people will not experience any serious complications. People also refer to IBS as spastic colitis, mucus colitis, and nervous colon. It's a chronic condition. However, symptoms tend to change over the years. Symptoms often improve as individuals learn to manage the condition. Until recently, scientists weren't sure what caused IBS, but there is growing evidence that microbes present during infectious gastroenteritis can trigger a long-term reaction. In this article we discuss symptoms, causes and treatment, and how diet can affect IBS. The most common symptoms of IBS are: changes in bowel habitsabdominal pain and cramping, which often decrease after passing a stool feeling that the intestines are not empty after passing excess gas passing mucus from the rectuma sudden, urgent need to use the bathroomwelling or bloating of the abdominal Symptoms often worse after meals. A flare-up can take several days, and then symptoms either improve or completely resolve. Signs and symptoms vary between individuals. They often resemble symptoms of other diseases and conditions and can also affect different parts of the body. These may include: Anxiety and depression can also occur, often due to the discomfort and embarrassment that can accompany the condition. Dietary factors may play a role in activating IBS symptoms. Symptoms are often worse after consuming certain products, such as chocolate, milk or alcohol. They can cause constipation or diarrhea. Some fruits, vegetables and soft drinks can cause bloating and discomfort. It is unclear whether a food allergy or intolerance plays a role.Common diet triggers of cramps or bloating include foods that cause flatulence, such as:beansceleryonionscarrotinsinsbananasapricotsprunesBrusselbrui sproutspretzelbagelsOe foods that can lead to flares are: dairy product sugarens-free gumsome sweets with caffeine in them, which may be due to sugar, sorbitol, or caffeine intolerance instead of IBSDietary steps that can help a person reduce the risk of a flare are: : Some people with IBS need to increase their fiber intake, while others should have less A balanced level of fiber in the diet can help promote healthy digestion. Probiotic supplements: Taking probiotics may help some people. These are beneficial bacteria that support gut health. A person may not feel their effects immediately, so they should take them about a few weeks to measure their impact on gut health over a longer period of time. Food diary: Keeping a record of specific specific in the diet and their physical effects will help a person identify primary trigger foods. Changes in eating habits can help control symptoms. No IBS diet works for every person. Therefore, an individual may need to go through a process of trial and error to find a consistent, comfortable diet. Here, learn more about foods that people with IBS should avoid. It is unclear what causes IBS, but experts believe that microbial factors may play an important role. Scientists have linked it to food poisoning. In fact, 1 in 9 people who experience food poisoning develop IBS at a later date. It seems that the microbes involved in infectious gastroenteritis can have an impact on the immune system that leads to long-term changes in the gut. Other factors that may play a role are: dietary mental factors, such as stress genetic factor hormone organs with a high sensitivity to painan unusual response to infectiona malfunction in the muscles that move food through the body's inability of the central nervous system (CNS) to control the digestive systemA person's mental and emotional state may contribute to IBS development. People with post-traumatic stress disorder (PTSD) have a higher risk of developing IBS. It is not contagious and has no connection to cancer. Hormonal changes can worsen the symptoms. For example, symptoms are often more severe in women around the time of menstruation. Infections such as gastroenteritis can lead to post-infectious IBS (PI-IBS). There is no cure for IBS. However, if a person with IBS avoids triggers, makes dietary adjustments and follows their doctor's advice, they can significantly reduce the risk of flares and discomfort. Treatment options for IBS are aimed at relieving symptoms and improving quality of life. The treatment of IBS usually includes a number of changes in diet and lifestyle, as well as learning how to manage stress. Dietary managementThe following steps can help with symptoms: avoiding sugar alternatives in some chewing gum, diet foods and sugar-free candies, as they can cause diarrhea to reduce more oat-based foods to reduce gas or bloating that skip meals at the same time each day, slowly limiting alcohol intake with fizzy, sugary drinks, such as a sodalimiting intake of certain types and vegetables that drink at least 8 cups of liquid a day , for most peopleSlening gluten can also reduce the risk of flares. Gluten-free food products and alternatives are now widely available. Read more about gluten. Anxiety and stressThe following may reduce or relieve symptoms:relaxation techniques, including exercises or meditation activities such as Tai Chi or yogaregularly physical exercisestress counseling or cognitive behavioral therapy (CBT)MedicationsThe following medications may help IBS symptoms:Antispasmodic medications: These reduce abdominal cramps and pain by relaxing the muscles in the intestine. Bulk-forming laxatives: These can help a person relieve constipation. People need to use them carefully. Antimotility medications: medications: can reduce diarrhea symptoms. Options are loperamide, which slows down the contractions of the intestinal muscles. Tricyclic antidepressants (TCAs): These often help to reduce abdominal pain and cramps. Medications specific to IBS treatment include: alosetron (Lotronex) for severe diarrhea-prevalent IBS in femaleslubiprostone (Amitiza) for constipation-dominating IBS in women's mriifaximin, an antibiotic that can help reduce diarrhea in people with IBSeluxadolineThese are usually the last line of treatment when other lifestyle or therapeutic interventions have failed, and symptoms remain severe. Laxatives are available to buy over-the-counter (OTC) or online. Loperamide is also available online. Psychological therapySome people may find psychological therapy useful in reducing IBS flares and the impact of symptoms: Techniques include Hypnotherapy: This can help change the way the unconscious mind responds to physical symptoms. Cognitive behavioral therapy (CBT): This helps people develop strategies to respond differently to the condition through relaxation techniques and a positive attitude. Exercise can also help reduce symptoms in some people. As experts learn more about possible links between IBS and microbial activity, there is hope that one day new treatments will become available that effectively address this factor. Until recently, there was no specific imaging or laboratory test to support an IBS diagnosis. However, experts have now developed a blood test that can accurately reveal whether a person has IBS with diarrhea (IBS-D) or irritable bowel disease (IBD). During diagnosis, a doctor will seek to rule out conditions that produce symptoms similar to IBS. They will also follow a procedure to categorize the symptoms. There are three main types of IBS: IBS with constipation (IBS-C): A person experiences stomach pain, discomfort, bloating, rare or delayed bowel movements, or hard or lumpy stools. IBS with diarrhea (IBS-D): There is stomach pain, discomfort, an urgent need to go to the toilet, very frequent bowel movements, or watery or loose stools. IBS with alternating stool pattern (IBS-A): A person experiences both constipation and diarrhea. Many people experience different types of IBS over time. The doctor can often diagnose IBS by asking about symptoms, for example: Are there any changes in bowel habits, such as diarrhea or constipation? Is there pain or discomfort in the abdomen? How often does a person feel bloated? A blood test may help rule out other possible conditions, including:lactose intolerances bacterial overgrowth celiac disease self specific signs or symptoms suggest another condition, further testing may be needed. These include: anemia localized swelling in the rectum and weight loss abdominal pain at night progressively worsen symptoms of extractable amounts of blood in the stool family history of inflammatory bowel disease (IBD), colorectal cancer, or celiac celiac disease having a history of ovarian cancer may require further testing, as may individuals over 60 years of age with changing bowel habits. This may indicate a risk of colon cancer. A 2019 review of 38 studies found that the following characteristics and conditions may increase the risk of IBS: gastroenteritisbeing a younger or older adulta history of anxiety or depression, and family history of IBSpain sleep disordersResearch in IBS is on track to develop enhanced preventive measures and new treatments. For now, taking diet and stress into account are the best steps for avoiding flares of discomfort. Can I get IBS from eating gluten? Some people with IBS may have concomitant allergy or sensitivity to gluten. Therefore, ask your doctor to test you for the same thing. If you are allergic or sensitive to gluten, then it is a good idea to consider a gluten free diet. Saurabh (Seth) Sethi, MD MPH Answers represent the opinions of our medical experts. All content is strictly informative and should not be considered medical advice. Last medically assessed on November 7, 2019Irritable Bowel SyndromeGastrointestinal / GastroenterologyNutrition / Diet Diet

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