

Diagnosis & management: Irritable Bowel Syndrome

Irritable Bowel Syndrome (IBS) affects around 1 in 10 adults, with symptoms and severity varying from person to person. For some, the condition can be debilitating, but thanks to groundbreaking research there is now convincing scientific evidence to support diet, lifestyle and, if needed, medical strategies to ensure the burden of the condition is limited.

i CAUSES OF IBS

IBS is a disorder of the gut-brain connection that results in a collection of digestive symptoms. This essentially means that the communication between the gut and the brain is dysfunctional or broken, which manifests through an overly sensitive intestine, often referred to as 'visceral hypersensitivity'. As a result, there is an exaggerated response to various things, including fluctuating hormones, food, drinks and even medication. There is no single cause for IBS, but several factors that increase your risk including a previous gut infection, genetics, antibiotic use and a history of anxiety, depression or trauma.

Diagnosing IBS

A clinical diagnosis of IBS should be considered if an individual meets the following criteria* (known as the Rome IV criteria):

Recurrent abdominal pain on average at least 1 day/week in the last 3 months, associated with two or more of the following:

1. Related to defecation.
2. Associated with a change in frequency of stool.
3. Associated with a change in form (appearance) of stool.

*Criteria must be fulfilled for the last 3 months with symptom onset at least 6 months prior to diagnosis



Other commonly reported symptoms of IBS

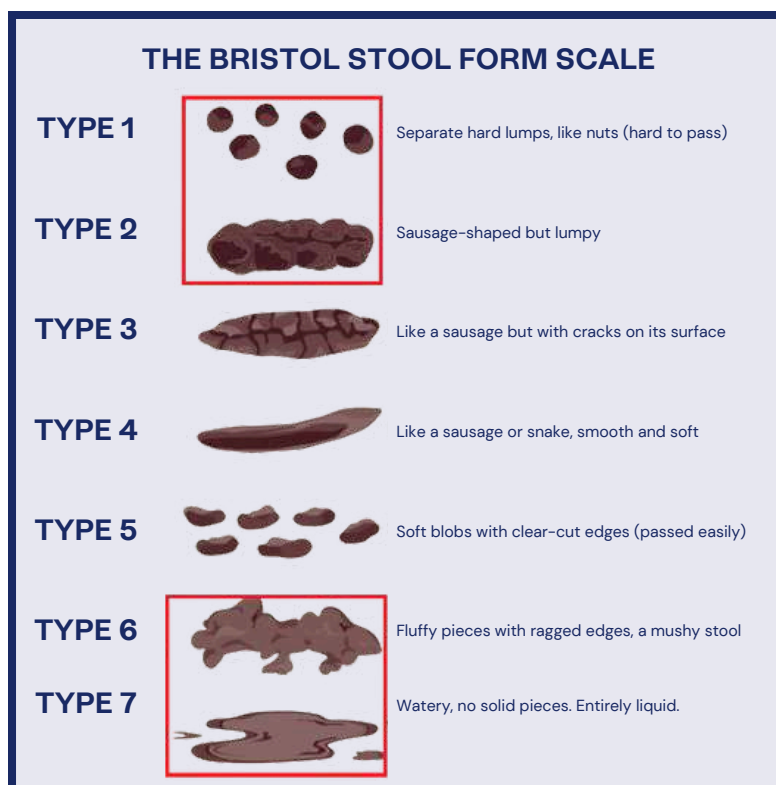
- Fatigue
- Nausea
- Bloating
- Excess flatulence
- Reflux
- Backache

The subtypes of IBS

There are four different subtypes of IBS. Determining an IBS subtype is based on the Bristol Stool Form Scale. When considering this chart, an abnormal stool is considered to be types 1, 2, 6 or 7.

It is also worth noting that your subtype can change over time and may not always remain the same:

- IBS–Constipation or IBS–C: If your stool types are more often 1 or 2
- IBS–Diarrhoea or IBS–D: If your stool types are more often 6 or 7
- IBS–Mixed or IBS–M: If your stool types often alternate between 1 or 2 and 6 or 7
- IBS–Unspecified or IBS–U: If your stool types are most often ‘normal’ 3,4 or 5



Before making any dietary or lifestyle changes, it is important to get a diagnosis of IBS confirmed by your healthcare professional, and other conditions ruled out, such as Coeliac disease or Inflammatory Bowel Disease (IBD). In addition to this, further investigations may be required if you are experiencing any of the following, so make sure you highlight these to your healthcare professional:

- Family history of bowel or rectal cancer.
- Unintentional weight loss.
- Rectal bleeding.
- Loose or more frequent bowel movements for more than 6 weeks, if aged over 50 years.

What to do after a diagnosis of IBS

There are a number of dietary and non-dietary IBS management techniques that you may wish to consider to help manage symptoms.

Dietary management techniques for IBS

DIETARY COMPONENT	STRATEGIES
Caffeine	Limit to 1 caffeinated drink/food per day, e.g. 1 single shot coffee or 1 cup of tea.
Alcohol	Limit to 1 standard alcoholic drink per day e.g. 100ml of wine or 25ml of spirit. Symptoms associated with the consumption of alcohol may vary between each type of alcohol and the dose consumed. However, ciders, sweet wines and rum may be associated with worsened symptoms due to their FODMAP content (a specialist registered dietitian can advise further on a low FODMAP diet).
Spicy food	Limit chilli spice-containing meals.
Fat	Limit large portions of high fat foods.
Water	Aim for 1.5–2.0 litres per day.


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Symptom-specific management strategies

If you are experiencing constipation (IBS-C) or diarrhoea (IBS-D), you may want to prioritise the strategies below.

IBS-Constipation

DIETARY COMPONENT	STRATEGIES
Water	Aim to drink 1.5–2.0 litres of water per day.
Dietary fibre	Aim to meet your 30g fibre target, from varied sources including wholegrains, vegetables, fruit, legumes, nuts and seeds.
Physical activity	Aim for low-moderate exercise at least 3 times per week for at least 30 minutes, such as power walking, cycling, swimming and dancing.
Toilet habits	<p>Try to adjust your pooping position by checking the following:</p> <ul style="list-style-type: none">• That your knees are slightly above your hips – you may need to use a stool under your feet.• You are leaning forward.• Your spine is straight.• You are relaxed with lowered shoulders. 



IBS-Diarrhoea

COMPONENT	STRATEGIES
Meal regularity	Eat smaller, more regular meals — do not reduce the amount you eat, just spread out more across the day e.g. instead of 3 main meals, have 5 smaller meals.
Colon-stimulating substances	Limit food stimulants e.g. chilli spice, high-fat foods, coffee, alcohol and nicotine.
Rehydration	If diarrhoea is severe, ensure sufficient rehydration and consider electrolyte solutions with your pharmacist.

What to do next

Implementing the above strategies improves symptoms in around 50% of those with IBS. But if you would like more personalised support, our team of gut-specialist dietitians at [The Gut Health Clinic](#) can provide tailored advice with a structured dietary management plan and, if indicated, guide you on the three stages of a FODMAP diet, the medical diet for moderate to severe IBS.

Get 10% off an initial 60-minute consultation with a specialist registered dietitian with the code IBS10.

SIGN UP TO THE BLOATING MASTERCLASS

If you're struggling with bloating and suspect it goes beyond IBS, or if you want a detailed structure to follow, it's time to take action.

Easy to digest with science-backed approaches, the Bloating Masterclass introduces the 3T method to reduce the confusion and complexity surrounding bloating. You'll be guided through by the experts to develop and implement your own personalised Debloat Action Plan. Take control of your bloating once and for all.



**SCAN TO
GET STARTED**

