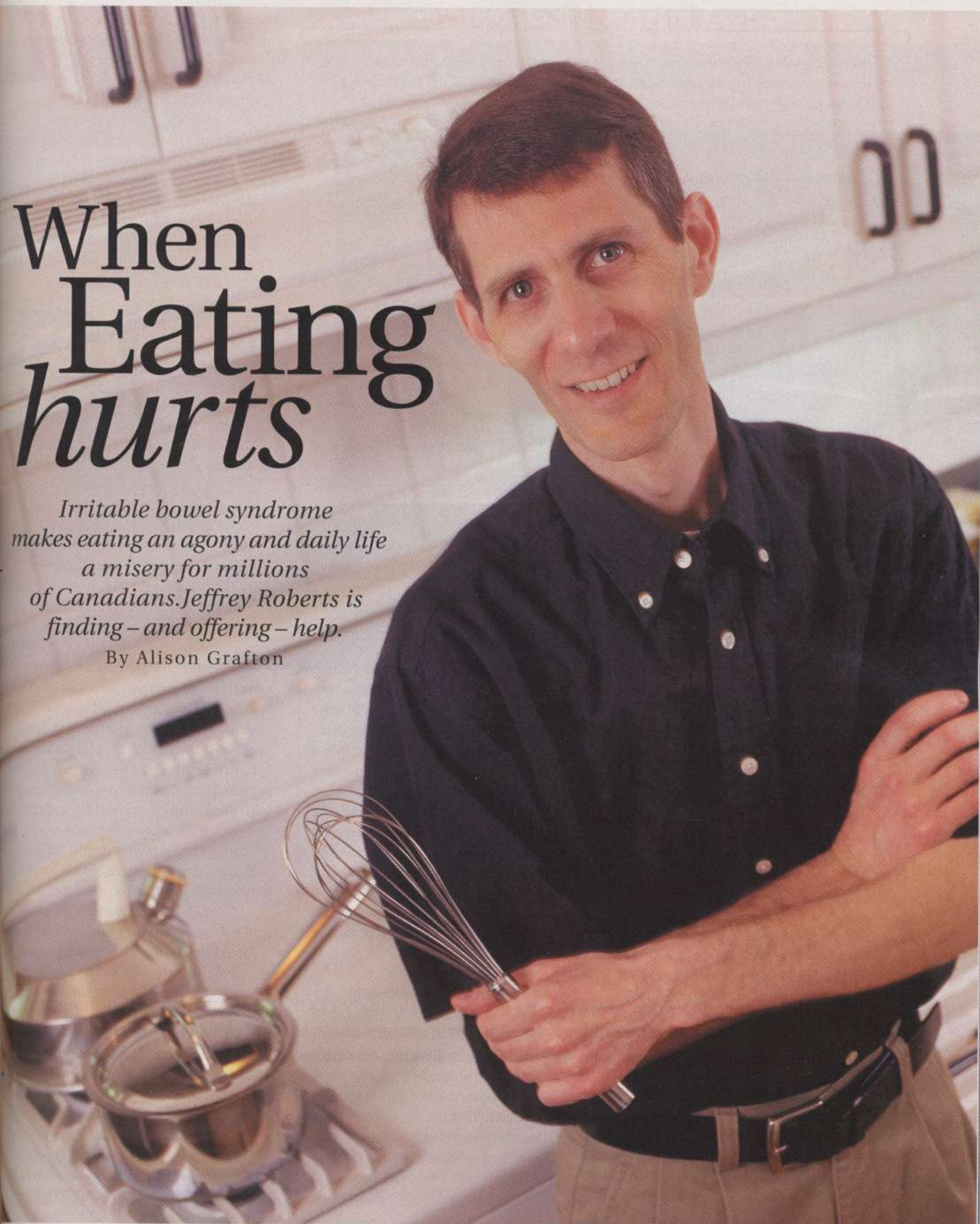


# When Eating *hurts*

*Irritable bowel syndrome makes eating an agony and daily life a misery for millions of Canadians. Jeffrey Roberts is finding – and offering – help.*

By Alison Grafton



Even in childhood, Jeffrey Roberts suffered painful cramps after eating the everyday foods of a boy growing up in Canada in the 1960s. But when he hit his midteens, he knew something was really wrong. "I'd be in such pain after eating that I refused to go out for hamburgers with my friends, and in the school cafeteria I could eat only basic, bland foods," recalls the 42-year-old father of three from Toronto. "I was always having to be excused from class to go to the washroom with diarrhea, and I'd rush through my tests and exams so I could get down the hall in time."

Like up to six million other Canadians, Jeffrey, who is the founder and president of the IBS Self Help and Support Group based in Toronto (see Where to Get Help, page 72), suffers from irritable bowel syndrome (IBS). The mysterious and poorly understood gastrointestinal (GI) disorder is characterized by abnormal bowel function, which results in abdominal pain, cramps, bloating and constipation and/or diarrhea. IBS is not to be confused with an inflammatory bowel disease (IBD), such as ulcerative colitis or Crohn's disease, in which the GI tract is physically damaged or obstructed by a chronic inflammatory reaction.

Like the majority of men with IBS, Jeffrey has the diarrheal form of IBS (IBS-D). In women, the constipation type (IBS-C) is more common, and some people alternate between constipation and diarrhea (IBS-A). Whatever type they have, individuals with IBS suffer from pain, abnormal stools and anticipatory anxiety about when symptoms will strike next. Some also have associated depression, fibromyalgia and fatigue.

Needless to say, people who suffer from IBS experience frequent disruptions in their work and social lives. "We'll have a family outing planned and we'll just have to delay going out until I feel better," says Jeffrey, who recently left his job as an information technology executive to work with the IBS group full time. When he travels or has to sit through a long meeting, he doses himself in advance with antidiarrheal medication. IBS-D is like having a permanent case of the runs, except with more pain. At its worst, Jeffrey's IBS spasms feel like "a knife plunged into my abdomen and pulled back and forth from side to side."

Ardath Richards, 56, has also had IBS since childhood. The Vancouver

## THEORIES AND THERAPIES

Since the mind-gut connection is so important in IBS, some individuals may benefit from one-on-one or group cognitive-behavioural psychotherapy. "Studies that compare populations suffering from IBS with other groups show a higher incidence of sexual abuse among people with IBS than in the general population," says Dr. Alexandra Ilnyckyj, an assistant professor of gastroenterology at the University of Manitoba in Winnipeg.

For people with IBS who have suffered abuse, psychological therapy may be an especially useful part of their disease management. "Activities that induce a state of relaxation can be helpful," says Dr. Geoffrey Turnbull, a gastroenterologist and associate professor of medicine at Dalhousie University in Halifax. These include yoga, hypnosis, prayer, breathing exercises and biofeedback, and they are potentially good adjuncts to diet and medications."

If trigger avoidance, dietary measures and stress management fail to yield relief, people with IBS can turn to a number of medications. "But by no means should every patient be receiving drugs," cautions Dr. Gervais Tougas, an associate professor of medicine and gastroenterology at McMaster University in Hamilton, "and if a patient's IBS is due to psychosocial factors, such as sexual abuse, no drug will help. We can give [someone with IBS] all the antidepressants we want, but what he needs is psychotherapy."

### Medications

- **Antidiarrheal drugs.** For controlling fecal urgency and incontinence in IBS-D, there are antidiarrheal agents, such as loperamide (Imodium) and diphenoxylate atropine (Lomotil).
- **Drugs for pain and cramping.** Though scientific data on their efficacy for IBS is sparse, antispasmodic agents appear to help some people with IBS; these include trimebutine (Modulon), pinaverium (Dicetel), hyoscine

(Buscopan), and dicyclomine (Bentylol).

- **Antidepressants.** Some people with IBS get pain relief from low doses of the older tricyclic antidepressants, such as amitriptyline (Elavil) and desipramine (Norpramin), although these can exacerbate constipation. Others see bowel function improve on lower-dose selective serotonin reuptake inhibitors (SSRIs), such as paroxetine (Paxil). "However, research hasn't verified the optimal dosage, and the efficacy isn't as well proven as that of older tricyclics," says Turnbull.

- **Antibiotics.** In patients in whom breath tests have found an overgrowth of intestinal bacteria, there is ongoing research to see if there may be a role for antibiotic therapy.

- **Newer drugs.** For IBS-C, which is predominant in women, there's a new drug called tegaserod (Zelnorm). This drug activates the intestinal receptors of one form of the neurotransmitter serotonin and improves bowel motility and the frequency and consistency

If a patient's IBS is due to psychological factors, such as sexual abuse, no drug will help.

of stools. Its efficacy has not been established in men, who tend to suffer from IBS-D more than women.

- **Cilansetron.** The drug alosetron (Lotronex), which improved diarrhea-type IBS in women by blocking the gut receptors for another form of serotonin, was withdrawn from the American market but was later reapproved for restricted use (it was never available in Canada) because it left areas of the large bowel starved of blood. Now cilansetron, a newer drug in the same class that researchers hope will not have such adverse effects, is in the final stages of clinical trials.

- **Probiotics.** Early evidence shows that supplementation with benign intestinal bacteria – known as probiotics – can help control IBS symptoms.

At the end of the day, the thing to remember is that IBS is not a homogenous disorder. "It involves very individual sets of symptoms with very different triggers," says Tougas. "And we're never going to get anywhere if we try to treat it as a single condition."

artist recalls that constant bloating and cramping made her antisocial and disinclined to spend time away from home. Her symptoms became acute in her early 20s, and once, at the age of 22, she was rushed to the hospital for the excruciating abdominal pain of IBS-C. "I was throwing up and completely unable to function," says Ardash, whose worsening symptoms eventually forced her to drop out of the University of British Columbia in Vancouver.

For Sylvia Froese, 28, a research study coordinator at the University of Manitoba in Winnipeg, IBS-D didn't cause her to drop out of school but it did make her significantly reduce her course load. "It was so difficult sitting through hour-long lectures with cramps and never knowing when I'd have to pass gas," she says.

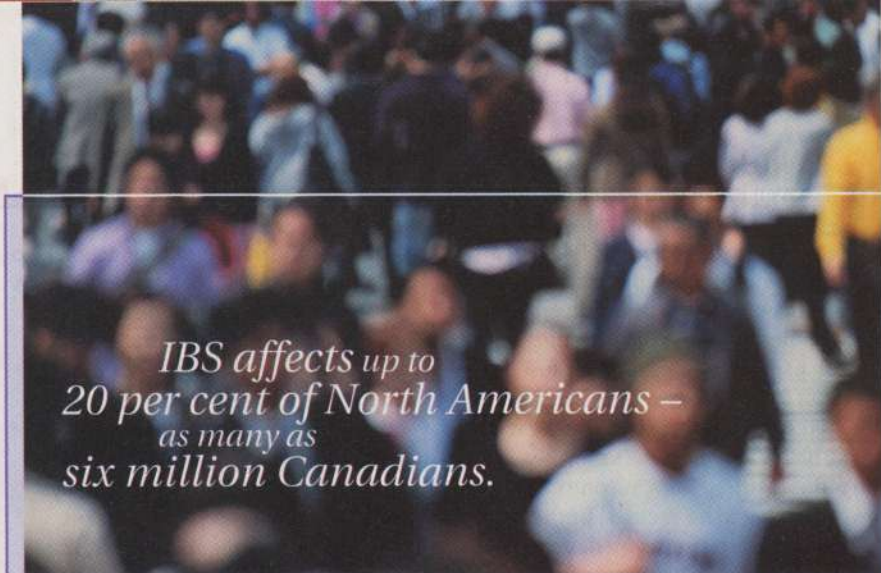
The doctors who first investigated Ardash in the hospital when she was 22 found nothing physically wrong. Neither did those who examined Jeffrey, who underwent a full range of upper- and lower-GI tests. That's because IBS is a disorder of bowel function and hypersensitivity, not a disease linked to biochemical or structural abnormalities in the intestines – though the knife-in-the-gut pain sometimes makes this hard to believe. "When I've had a bad bout of IBS, I feel as if my insides have been punched, lacerated and badly bruised – the residual pain can linger for a week," says John Phillips, 58, a Toronto videographer whose attacks have taken him more than once to a hospital emergency room.

### What Causes IBS Symptoms?

Contemporary medical wisdom says that IBS symptoms are caused by bowel hypersensitivity – a hair-trigger tendency to have abnormally intense reactions to normal stimuli, such as foods and stress. Just as dietary or emotional triggers might bring on nausea, a migraine or a skin rash in some individuals, in IBS the target organ is the GI tract. So while stress is not the root cause of IBS, it is a powerful precipitator.

Another possibility, says Dr. Geoffrey Turnbull, a gastroenterologist and associate professor of medicine at Dalhousie University in Halifax, is that some individuals become predisposed to IBS following an intestinal infection, after which there might be some lingering submicroscopic inflammation.

To be fair, even normal intestines



*IBS affects up to 20 per cent of North Americans – as many as six million Canadians.*

### WHY IS IBS SO COMMON?

IBS affects up to 20 per cent of North Americans – as many as six million Canadians – making it more widespread than asthma or diabetes. About 70 per cent of people with IBS are women.

Although it is not clear why women are more susceptible, theories abound. The disproportionate number could simply be an artifact of women's greater willingness to seek medical advice and obtain a diagnosis of IBS. Alternatively, the difference may be due to female genetics: perhaps female DNA is somehow programmed to produce

higher-strung guts. (However, there is little evidence to support this theory at this time. "Psychosocial and dietary factors appear to be much more important at this point," says Dr. Gervais Tougas, an associate professor of medicine and gastroenterology at McMaster University in Hamilton.) Another possibility is that episodes are triggered by female hormones fluctuating over the phases of the menstrual cycle and by inflammatory prostaglandins released at menstruation.

"Many women report worse constipation in the early phases of

their cycles and more diarrhea as menstruation approaches," says Tougas. "And constipation worsens during pregnancy because progesterone makes the gut sluggish." He also notes that females are more prone to sexual abuse, which is part of the background of some people with IBS. "Depressive illness and anxiety disorders – all of which are associated with IBS – are more common in women and worse in their intensity," adds Dr. Geoffrey Turnbull, a gastroenterologist from Dalhousie University in Halifax.

are highly sensitive, mobile body parts that react strongly to the presence of food. When ingested material enters, they contract in muscular waves to propel it along in a steady wormlike movement called peristalsis. This intestinal motility is controlled by a highly developed regulatory complex known as the enteric nervous system, which constantly communicates with the central nervous system of the brain and spinal cord. "The nervous system in the walls of the intestines is every bit as intricate as the one upstairs, and there's a lot of cross talk and trafficking going on between the big brain in the skull and the little brain in the gut," says Turnbull. So in people with hypersensitive bowels, a mental stressor can turn the measured pace of peristalsis

into an agonizing muscular rout.

Increasingly, experts view the intestines as a kind of down-market brain – and their 6.7 metres of loops do look a bit like those grey coils inside the cranium. And, like the brain, the gut is a highly excitable organ that's constantly galvanized by feverish electrical activity and teeming with all the neurotransmitters (signalling chemicals) found in its more complex counterpart – from acetylcholine to serotonin, a very important neurotransmitter for bowel function. "The gut has more than 100 million neurons – more than in the entire spinal cord," says Gary Mawe, a professor of anatomy and neurobiology at the University of Vermont in Burlington.

Small wonder, then, that even

a normal GI tract can throw terrible tantrums. Who among us can't recall moments of fear when our "bowels turned to water" or our "gut seized up" in response to the brain's signalled perception of a threatening situation?

you have symptoms every time you eat bacon or tomato sauce," she says. "But many of them already have a pretty good idea of what their triggers are."

While some people with IBS can't tolerate much fibre, others respond

## SILENT BUT SIGNIFICANT: THE IMPACT OF IBS

Last July a survey of almost 300 Canadian IBS sufferers, conducted for the IBS Self Help and Support Group by pollster Ipsos-Reid, revealed that the condition had a severe impact on quality of life for nearly half of the respondents.

Eighty-five per cent reported that IBS negatively affected their work, travel and social lives. On average, respondents had missed six days of work or school in the past three months and nine personal leisure activities. Those polled

had lived with IBS for an average of 5.2 years before seeking medical help, attesting to the difficulty some people have in admitting the problem. Only 30 per cent felt comfortable telling work colleagues about their bowel problems.

### How Does Diet Affect IBS?

Some people experience IBS symptoms after eating certain foods, says Fran Berkoff, a *Canadian Living* Magazine columnist and clinical dietitian at Mount Sinai Hospital in Toronto. And dietary triggers vary greatly in people: "They may react to caffeine, alcohol, fat and very spicy or acidic foods," she says. Some can't tolerate too much fibre, especially insoluble fibre, such as wheat bran; in others, the problem is a diet that is too low in fibre. Gluten, a protein found in grains, can trigger symptoms, as can fructose, a simple sugar found in fruit, vegetables and corn syrup and widely used as a sweetener in pop and energy bars but poorly absorbed by many people.

Sugar substitutes, such as sorbitol and aspartame, are culprits for Sylvia. "I can't tolerate any kind of artificial sweetener at all, and I also have to avoid gluten and too much fibre," she says. Other IBS sufferers may experience symptoms because of intolerances to lactose or food preservatives. One of John's surefire triggers is Chinese fast food, the kind that sits ready-made for hours soaking in MSG and preservatives. Another is beer, which also contains preservatives. Jeffrey avoids caffeine, fatty foods and too much alcohol. Knowing and avoiding your dietary smoking guns is crucial to control.

Berkoff has IBS patients keep a food-symptom diary for a few weeks. "I'll go over it with them and say, 'It looks like

favourably to fibre supplements or an increased intake of high-fibre foods, such as psyllium (soluble) and wheat bran (insoluble). Insoluble fibre absorbs water from the intestines and can improve the softness, bulk, consistency and frequency of stools – in both the constipation and diarrheal types of IBS. A recent study from the University of Pittsburgh found that a high-fibre diet improved bloating, abdominal pain and overall well-being in 25 per cent of women with chronic IBS.

For John, eating small, frequent meals throughout the day – so the bowel is never empty and perhaps less apt to go into spasms – is better than downing three large ones. "One of the worst episodes I ever had occurred when my intestines were completely voided," says John.

### Could Drugs Cause IBS?

Recent studies also suggest that taking regular doses of acetylsalicylic acid (ASA, or Aspirin) and nonsteroidal anti-inflammatory drugs (such as ibuprofen) cause intestinal injury that may play a role in IBS, says Dr. Richard Fedorak, director of the division of gastroenterology at the University of Alberta in Edmonton. "I've taken lots of ASA all my adult life for headaches and muscular pain," admits John.

### ON THE NET

For five IBS-proof recipes from *Eating for IBS* by Heather Van Vorous, visit [www.canadianliving.com](http://www.canadianliving.com).

## WHERE TO GET HELP

### Organizations

- The IBS Self Help and Support Group. Founded in 1987, this Toronto-based organization offers support to those with IBS or seeking help for someone with IBS, as well as information to health-care professionals who want to learn more about this common condition. Call (416) 932-3311 or log on to [www.ibsgroup.org](http://www.ibsgroup.org) or [www.ibsassociation.org](http://www.ibsassociation.org).
- The Canadian Society of Intestinal Research (SiR). Established in 1976 and headquartered in Vancouver, SiR promotes public awareness of IBS and other gastrointestinal (GI) conditions, offers educational resources (pamphlets, newsletters, lectures) and funds medical research on all areas of the GI tract. Call 1-866-600-4875 or visit [www.badgut.com](http://www.badgut.com).

### Further Reading

- *Eating for IBS* (Marlowe & Company, 2000) by Heather Van Vorous
- *The Bowel Book* (Oxford University Press, 2002) by Michael Levitt
- *Irritable Bowel Syndrome and the Mind-Body-Spirit Connection: 7 Steps for Living a Healthy Life with a Functional Bowel Disorder, Crohn's Disease or Colitis* (Parkview, 2002) by William B. Salt II and Neil E. Neimark
- *Irritable Bowel Syndrome (Food Solutions): Recipes and Advice to Control Symptoms* (Hamlyn, 2002) by Patsy Westcott and Philip Wilson
- *IBS: A Doctor's Plan for Chronic Digestive Troubles* (Hartley & Marks, 2001) by Gerard Guillory
- *The Sensitive Gut* (Free Press, 2001) by Harvard Medical School
- *The Irritable Bowel Syndrome Sourcebook* (Contemporary, 2001) by Laura O'Hare
- *Cognitive-Behavioral Treatment of Irritable Bowel Syndrome: The Brain-Gut Connection* (Guilford, 1999) by Brenda B. Toner, Zindel V. Segal, Shelagh D. Emmott and David Myran
- *IBS Relief: A Doctor, a Dietitian and a Psychologist Provide a Team Approach to Managing Irritable Bowel Syndrome* (John Wiley & Sons, 1998) by Dawn Burstall, T. Michael Vallis and Geoffrey K. Turnbull