

Hypnosis; TREATMENT OF CHOICE for IBS

Drugs and Other Options for Pain in the Gut

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Q. I am a 43-year-old woman with irritable bowel syndrome. My doctor wants to put me on medication, but I want to know whether it's safe to manage my condition without drugs.

An estimated 25 million Americans suffer from a chronic disorder of the lower gastrointestinal tract known as irritable bowel syndrome, or IBS. Many of them suffer more than necessary, either because they don't realize they've got a chronic condition or because they're too embarrassed to talk about its symptoms.

These vary widely and may include abdominal cramping or pain, gas, bloating and constipation. Another common sign is diarrhea, which can be mild or severe enough to send a person dashing for a bathroom a dozen times a day, unable to handle school, work or social situations. Usually the person gets an episode of pain, which goes away after a bowel movement. But it happens again and again, often after a meal or during periods of stress.

A person who has experienced abdominal discomfort or pain continuously or intermittently, for at least 12 weeks during the past year may be suffering from IBS, which is sometimes called "spastic colon" or "irritable colon."

That diagnosis is more likely if pain or discomfort is linked to at least two of these circumstances: the discomfort is relieved after a bowel movement; it is accompanied by a change in the frequency of bowel movements; or it is accompanied by stools that are softer or harder than usual.

"It's not the kind of thing that would take you immediately to the emergency room or the doctor's office . . . at least initially," explains Joanne Wilson, associate chief of gastroenterology at Duke University Medical Center in Durham, N.C.

For unknown reasons, Wilson says, IBS is twice as common in women as in men. As many as 20 percent of adults in the United States are thought to experience the disorder at some point in their lives, but most don't see a physician about it. Wilson and others are working with the American Digestive Health Foundation (800-668-5237, www.adhf.org) on a campaign to educate the public--and physicians--about ways to manage IBS symptoms.

Because its cause is unknown, there is no reliable, standard therapy for IBS. There is, however, good news for those who might worry that their symptoms are signs of life-threatening conditions: IBS hasn't been shown to lead to

serious, organic illnesses, such as Crohn's disease, ulcerative colitis or colon cancer.

IBS is a functional disorder, which means that no specific anatomical or biochemical abnormalities or infections can be detected to explain symptoms. "IBS is not in your head, and that is so important to realize," says clinical psychologist Olafur S. Palsson, assistant professor of psychiatry and family medicine at Eastern Virginia Medical School in Norfolk. "The intestinal tract is not working right, but there's nothing structurally wrong. You can't find it under a microscope."

IBS usually is diagnosed after a physician has excluded other medical conditions as causes of the symptoms. The doctor's evaluation typically includes a medical history, a physical examination and laboratory tests. The doctor looks for red flags, such as weight loss, blood in the stool, a high fever or a family history of inflammatory bowel disease or colon cancer.

Initially, IBS was thought to arise from stress or anxiety. While these factors may worsen symptoms, researchers have since found that people with IBS have colon muscles that begin to spasm after mild stimulation: The waves of synchronized muscle contractions that push food down the intestinal tract during digestion become irregular. The colons of people with IBS are also more sensitive and respond strongly to stimuli--such as food, hormonal changes, medication and stress--that wouldn't bother most people.

The seven in 10 patients with mild symptoms usually respond to education and reassurance on how to handle the problem and to simple treatments not requiring medication, such as adding fiber to diets, eating smaller meals, restricting dairy products or making lifestyle changes to reduce stress. Even regular exercise is helpful for some people.

Typically, IBS patients with moderate or severe symptoms are treated along one of two lines of medication therapy, explains Ray E. Clouse, professor of medicine and psychiatry at Washington University School of Medicine in St. Louis. Some medicines target the gut, such as antispasmodic medications, while other drugs target the brain, such as antidepressants given in low dosages.

New drugs also are being developed, called "gut serotonin receptor modulators," to lessen sensations from the gut to the brain.

What Works If Drugs Don't?

Clouse offers simple advice for people with IBS who are considering alternatives: "Don't get carried away." A person may get relief from unconventional remedies because of the wide-ranging symptoms of IBS, he says, but seemingly harmless self-help treatments could have detrimental effects. For example, he says, people who routinely take calcium supplements run the risk of developing kidney stones.

"People can play with the whole spectrum of complementary medicines--but they shouldn't let themselves get way out of whack," Clouse says. Before taking extreme measures, he says, it's wiser to return to conventional care.

The difficulty of treating all aspects of IBS with drugs has led to studies, many outside the United States, on alternatives including traditional Chinese medicine and peppermint oil, a smooth-muscle relaxant that may relieve intestinal spasms but can cause acid reflux and anal irritation or burning.

Researchers are also finding that, because IBS can be aggravated by stress, relaxing the mind may have positive effects on the body.

Douglas Drossman, a gastroenterologist at the University of North Carolina, Chapel Hill, says various types of treatment give patients "a better sense of control." His research team has a \$4 million grant from the National Institutes of Health to explore the use of cognitive behavioral therapy for people with moderate to severe IBS symptoms. This psychological technique tries to change how people react to their symptoms--for example, teaching them to become less upset by flare-ups and to accept them as temporary.

At last week's annual meeting of the American Gastroenterological Association in San Diego, Palsson reported that hypnosis treatment seems to relax the autonomic nervous system, which controls movement in the digestive tract.

"We're not just making people believe they're better," Palsson says. "Stool consistency is better, so something is happening to the digestive tract . . . and abdominal pain is much lessened. Bowel movement frequency was also reduced by the treatment."

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