

What can be done to improve Irritable Bowel Syndrome (IBS)? **By [Olafur S. Palsson, Psy.D.](#)**

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Traditionally, physicians have had a great deal of difficulty coming up with adequate medical treatments for IBS. Medications used to treat the disorder have generally been aimed at treating single symptoms (such as pain or diarrhea) of this complex syndrome, and have often proven limited in effectiveness even on those symptoms. Among medications with most consistent effectiveness on IBS symptoms (Camilleri, 1999) are Loperamide and antidepressants (the latter help not only symptoms of depression in depressed IBS patients, but also improve pain and diarrhea in some individuals).

Overall, the response of the syndrome to medication interventions has been inconsistent and disappointing, leaving a substantial proportion of patients with little or no lasting relief. Dr. Grant Thompson, one of the world's authorities on IBS, concluded in his review of pharmacologic management of IBS: "The sheer number and variety of drugs sold ...for IBS treatment are testimony to their collective uselessness" (Thompson, 1994).

This pessimistic picture might finally be changing to some degree as new classes of medications have emerged that seem to be able to address this disorder. The first among the drugs, Lotronex, was introduced with much fanfare in the Fall of 1999, but was pulled voluntarily off the market less than a year later by Glaxo-Wellcome, due to concerns about several deaths which may have been attributable to the effects of this medication (see link to CNN story below). Many regretted the loss of this first medication specifically designed for IBS treatment. In a remarkable and unusual reversal (see link below), Lotronex has now been reapproved for use by the FDA, and reintroduced on the market with extra precautions to address the risks previously identified.

The next medication to arrive on the market for IBS is Tegaserod, produced by Novartis, which has just been released in the U.S. This medication is marketed under the name Zelnorm, and is specifically intended to relieve constipation-type IBS problems. Zelnorm has been demonstrated to have effectiveness above placebo in tests (see link to story below). It will also be prescribed only for women.

The availability of Lotronex and Zelnorm heralds a whole new era in IBS treatment: For the first time ever, IBS-specific medications are available to physicians. However, although promising, these drugs are likely to prove to be far from being the final answer in IBS treatment. Both are only effective in women, have relatively small impact on symptoms in

many patients, and only about half of patients respond in a beneficial way to these treatments.

Apart from medications, common methods used to attempt to control IBS include changes in diet, various alternative medicine methods, and psychological approaches.

The most common symptom-inducing foods for IBS patients are spicy foods and food with high fat content. Often patients can get at least temporary relief by reducing the amount of such foods in their diet. However, such adjustments in diet rarely lead to lasting improvement in the condition. Increasing fiber in the diet, with fiber supplements of at least 12 g per day (Camilleri, 1999) helps many patients with constipation- predominant IBS.

Many IBS sufferers who have not had good luck with regular medical management of their symptoms try various home remedies and alternative medicine regimens. Unfortunately, they often fall prey to unwarranted claims for symptom relief from anything from herbal and homeopathic medications to colon cleansing, spending a great deal of money and may possibly suffer harm from the effects of such therapies. Among alternatives to medication, only psychological treatments and peppermint oil have the research base to back up their use in IBS.

Among psychological treatments tested for the disorder, hypnosis treatment has shown the highest success rate in replicated studies, with studies commonly showing an astounding 80-95% of patients improving and improvement lasting for at least a couple of years. The other effective psychological treatment for IBS is cognitive therapy. Brief psychodynamic psychotherapy has also shown some success, but less research has been done on that form of IBS treatment to date than on hypnosis.