



IBS Support Newsletter Issue No: 2006-2 (July 2006)

8TH APRIL 2006 PUBLIC FORUM

The first public forum of the year was held on 8 April 2006 at the Singapore Power Auditorium and centred on the theme 'Food and Bacteria in Gastrointestinal Health and Diseases'. The turnout was overwhelming with more than 450 participants attending this forum.

The forum kicked off with Dr Lim Hong Liang, Consultant Oncologist at Mount Elizabeth Medical Centre, giving a presentation on gastrointestinal cancers, in which he discussed the role of bacteria and viruses such as *Helicobacter pylori* and Hepatitis B & C in the development of stomach cancer and liver cancer respectively. He also discussed the symptoms of gut and liver cancer, and the role of screening in these cancers. Ms Anna Jacobs, Consultant Dietitian at Food & Nutrition Specialists, then discussed the concept of 'detoxification', (commonly known as Detox) and the various dietary methods used in this process. She also presented evidence that dispelled some myths regarding the usefulness of such treatments.

The third presentation was delivered by A/Prof Gwee Kok Ann, President of the IBS Support Group. He spoke on the role of different bacteria on the health of the gut. On one hand, acute bacterial infections of the gut may predispose to IBS after the initial infection had cleared. On the other hand, there are 'good' bacteria which help maintain the function of the gut and use of antibiotics may lead to elimination of these bacteria, resulting in bowel symptoms. Lastly, he spoke on the association between different types of food, particularly fibre, on symptoms in IBS. Lastly, Ms Wong Yuefen, Consultant Dietitian at Food & Nutrition Specialists, spoke on the topic of prebiotics and probiotics. Probiotics is the name given to the group of 'good' bacteria in the gut that may have beneficial health effects and include the lactobacilli and bifidobacteria, whereas prebiotics are certain food components that encourage the growth of probiotics. She then discussed they might contribute to bowel health.

As with previous public forums, audience participation was very encouraging. Numerous questions were asked by the audience which our expert panel handled with great clarity and humour.

(Dr Wong Heng Yu)

24TH JUNE 2006 PUBLIC FORUM

The second public forum of the year was held on 24 Jun 2006 at the HDB Hub Convention Centre Auditorium. The theme for this forum was 'Take Control of Your Bowel, Bladder and Sexual Functions'. Approximately 350 IBS Support Group members and members of the public attended this forum.

In the first presentation, A/Prof Gwee Kok Ann gave a brief introduction to IBS, and also explained the rationale for the theme of the forum. Essentially, irritable bowel syndrome is associated with many non-bowel syndromes, and this includes overactive bladders and dissatisfaction with sexual relationships. He also explained that because of many symptoms in IBS which may occur at different sites in the abdomen, patients may attribute their symptoms to other abdominal organs, such as the appendix, gallbladder, uterus and ovaries in females. Furthermore, patients with IBS tend to have more surgery than patients without IBS. The next presentation was given by Dr James Tan, Consultant Urologist at Mount Elizabeth and Gleneagles Medical Centre, on 'Victory in Male Sexual Function'. He discussed the various sexual dysfunctions in males and focused largely on problems of erectile dysfunction and the various treatment options.

Dr Damian Png, Consultant Urologist at Mount Elizabeth Medical Centre gave the next lecture on 'Taking Control of Your Bladder'. He discussed the common problem of irritable bladder, a problem that frequently co-exists with IBS. Dr Png also highlighted the various treatment options available for the treatment of irritable bladder. The last lecture for the forum was on the topic 'How to be on Top of Female Sexual Health' and was delivered by Dr Christopher Chong, Consultant Obstetrician and Gynaecologist at Gleneagles Medical Centre. He spoke on the problem of urinary incontinence and female sexual dysfunction, and also on strategies to manage these problems.

(Dr Wong Heng Yu)

SUPERMARKET VISIT

A supermarket tour to the NTUC at Bishan Junction 8 was organized on 12 Jul 2006. This event was attended by a small group of 10 enthusiastic IBS Support Group members. During the tour, the different types of food that may worsen or improve gut symptoms were highlighted. For example, yoghurt is a good source of calcium and probiotics, and the latter may be useful in some patients with IBS. It was an informative event for our members who were able to interact with other members and also ask practical questions in choosing the right diet for themselves.

(Ms Wong Yuefen)

MEDICAL UPDATES

(Summarized by Dr Wong Heng Yu)

The association of gastrointestinal symptoms with weight, diet, and exercise in weight-loss program participants

(Clin Gastroenterol and Hepatol 2005;3:992-6)

Previous data indicate that a high BMI (i.e., obesity) is associated with abdominal pain, bloating, nausea and diarrhea. In this study, factors related to obesity such as food intake, and exercise were analyzed via questionnaire in a population of obese patients in a weight-loss program. The results suggested that a higher BMI is related to more gastrointestinal symptoms. However, after correcting for other related variables such as diet and exercise, it appeared that it was the lack of physical exercise (which contributes to high BMI) that was related to greater abdominal symptoms.

A meta-analysis of the association of physical activity with reduced risk of colorectal cancer

(Colorectal Dis 2005;7:204-13)

This study collectively analyzed the results of 19 previous studies on the role of physical activity on the risk of colorectal cancer. In general, the data indicated that physical activity is associated with reduced risk of colon cancer. When the data was broken down to examine other variables, the risk of colon cancer is reduced in males who are engaged in both recreation- or work-related physical activity. In females, only recreation-related physical activity was protective against colon cancer. However, the protective effects of exercise were observed only for colon cancer but not in the development of rectal cancer.

Functional bowel disorders in rotating shift nurses may be related to sleep disturbances

(Eur J Gastroenterol Hepatol. 2006 Jun;18(6):623-7)

This questionnaire study looked at the role of sleep disturbance on functional bowel disorders. Not surprisingly, nurses who worked on rotating shifts had poorer sleep than nurses who worked fixed office hours. Furthermore, nurses on rotating shifts had higher incidence of functional bowel disorders and also high anxiety levels. An interesting observation is that in this population of nurses, the functional bowel symptoms were positively associated with poor sleep, i.e., the worse the sleep, the greater the symptoms. This raises the possibility that the higher incidence of functional bowel symptoms in rotating shift nurses may be related to their poorer sleep patterns.

MAKING SENSE OF: IBS, AND GENERALIZED BODY ACHES

IBS patients frequently experience generalized aches and pains including muscle aches, joint pains, neckaches and backaches. Is there a link between IBS and general aches and pains? Fibromyalgia is a common condition which is present in about 2% of the population in the US. Fibromyalgia patients suffer from fatigue and generalized muscle pains which are particularly sensitive to pressure over certain tender points. These tender points are located over the back of the head, upper neck and back, upper chest, elbows, hips and knees.

Studies have shown much overlap between IBS and fibromyalgia. Firstly, about 60% of IBS patients have symptoms of fibromyalgia and both conditions are more common in females than males. Secondly, the symptoms in both conditions are associated with poor sleep and general fatigue. Moreover, stressful events have been reported to exacerbate both IBS and fibromyalgia. Like IBS, laboratory tests are also normal in patients with fibromyalgia. Another common feature is that both conditions are not life-threatening, but severely disrupt an individual's lifestyle.

Is there a common underlying cause of IBS and fibromyalgia? Some studies have suggested that in both conditions, there is abnormal functioning of certain parts of the brain that may result in increased pain perception. Abnormalities of the autonomic nervous system have also been reported in IBS and fibromyalgia.

Contrary to popular belief, IBS does not just affect the gut. In many IBS sufferers, symptoms may occur in other parts of the body. Generalized muscle ache is just one of the many non-gut symptoms that IBS patients have. It is therefore important to realize that IBS can affect other parts of the body and lead to bothersome symptoms beyond the gut. Management of IBS can then be tailored according to an individual's symptoms.

(Dr Wong Heng Yu)

PRACTICAL TIP OF THE DAY

Lactose intolerance is common in the adult Asian population and arises because the ability to digest milk is lost in Asians after childhood. Because of the high prevalence of lactose intolerance in Singapore, individuals with IBS may have co-existing lactose intolerance. Consumption of milk or dairy products may worsen IBS symptoms in these individuals. Cutting down on milk/dairy products may therefore improve bowel symptoms in some individuals (but not all) with IBS.

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To find out more, visit our website www.ibs-support.com.sg, or write to us at ibssupport@gmail.com or Gleneagles Hospital Annexe Block, 6A Napier Road #05-37, Singapore 258500.

