

IBS AND GENDER

"For the last few years I've had searing pains across my abdomen, bloating, constipation and diarrhea, nausea and vomiting, and have even passed out because of the pain. My IBS has stripped me of my femininity. I have no energy, I have little self-esteem and I am not the happy, confident person I once was. You feel devastated and isolated until you find someone with the same problem you can talk to – it is a huge relief to find someone who understands how I feel."

Annie, 27, who suffers from IBS

(from Stephanie Zinser, *The Good Gut Guide*, New York: Harper and Collins, 2003).

Testimony such as this raises issues about IBS and gender. In particular, it touches on how IBS may affect women differently from men. Often men do not express their feelings in this graphic way about IBS, while women tend to. Is it that IBS affects women worse than men, or are women better than men at expressing their feelings?

Do more women than men get IBS? Singapore GP Dr Ang Poh Kit for example, says "where IBS is concerned, I believe 70 to 80% are females." In her clinic she has observed "women tend to be more anxious and fearful of the worse possible diagnosis, so they tend to seek medical help at an earlier stage. They probably see the doctor more frequently than the males."

Do women have other conditions that add to the pain and anxiety of having IBS? Dr Ang notes, "sometimes ladies confuse their PMS as IBS symptoms, especially if they suffer from both problems". However she adds that "I do see a number of old ladies, way past menopausal, also with IBS". In our first newsletter we had males sharing experiences. In this second newsletter we look at women and their experience of IBS.

Forthcoming Events

ANNUAL GENERAL MEETING on 27 February 2005

Please be informed that the AGM cum forum will be held on 27 February 2005, Sunday.

Time: 2pm to 4.30pm.

Venue: Lecture Theatre, Level 3, Gleneagles Hospital.

Please ensure that you are able to attend the AGM.

Recent Events

Public Forum on “Stomach cramps, Bloating and Gastric – Their Causes, Diagnosis and Management”

The forum of two talks was held on 7 November 2004, Sunday, at the Marine Parade Community Club

Talk 1: “Stomach cramps, bloating and gastric - common causes and treatment”

by Prof Gwee Kok Ann (Consultant gastroenterology and physician at Gleneagles Hospital and National University Hospital, Singapore).

Summary of the talk:

The common causes of stomach related discomfort or pain according to a study done by NUH in 1996 showed:

Functional Bowel Disorder (IBS, NUD)	62% (872)
Stomach Ulcers	13% (187)
Gallstones	7% (92)
Stomach Cancer	1% (16)

Thus, the chance of someone with bowel problems having cancer is very low compared to the greater likelihood of them suffering from a Functional Bowel Disorder, such as IBS. Another recent medical survey of

3000 people in Singapore revealed that around ten to eleven percent of the population has IBS.

Also, surveys indicate that colon-rectum-bowel cancer may be, if figures for men and women are combined, the most common form of cancer in Singapore (men do not get the most common form of cancer for women – breast cancer). However, it is preventable. The polyps that develop into cancer can easily be removed before they become cancerous. Signs, such as passing blood with stools, alert the patient to presence of these polyps.

Talk 2: “Good and Bad Intestinal Bacteria and their Roles in Intestinal Health”

by Dr Peter French of VRI Biomedical, Sydney, Australia.

Summary of the Talk:

The probiotic Progastrim was promoted by Dr Peter French who represents the company that manufactures it. A probiotic restores levels of beneficial bacteria in the intestine and thus restores good intestinal health and well-being. Dr French discussed some trials done with albeit small numbers of people to suggest that Progastrim is a highly effective probiotic that can help IBS patients and mitigate traveller’s diarrhoea. Interestingly, he said he suffered from IBS for fifteen years until he took Progastrim, but humorously added that his own personal taking of Progastrim was a too small trial to draw any meaningful conclusions.

Medical Updates on IBS

Summarised by Dr Gwee Kok Ann

Traditional Chinese Medicine Approach to Diagnosis and Treatment of IBS

(Sung JJY, et al. *Alimentary Pharmacology & Therapeutics* 2004;20:1205-10.)

In a unique study from the Chinese University of Hong Kong, western-based analytical methods were applied to

study the Traditional Chinese Medicine (TCM) approach to diagnosis and treatment of IBS patients. In particular, the investigators wanted to know the diagnosis and treatment most commonly given by TCM practitioners to patients with diarrhoea predominant IBS. Four TCM practitioners who were all graduates from TCM schools in China and practicing in Hong Kong for more than 5 years participated in this study. Among 39 diarrhoea-predominant IBS patients the most common TCM diagnosis was 'stagnation of liver-energy and asthenia of spleen' and the most common TCM treatment prescribed was a herbal formula called Tong Xie Yao Fang. Other TCM diagnoses given to IBS patients were 'deficiency of spleen-energy', 'accumulation of wetness-heat in the spleen and stomach' and 'asthenia of spleen and kidney'. Other herbal formulations used to treat IBS consisted of 'Shen Ling Bai Shu San', 'Ge Gen Jin Lian Tang' and 'Si Shen Wan He Fu Zi Li Zhong Tang'. Importantly the study observed considerable disagreement in diagnosis and treatment – of the order 40-50%. An important limitation of this study was that it was not designed to test the effectiveness of these treatments.

Affluent Childhood A Risk Factor for Adult IBS

(Howell S, et al. *American Journal of Gastroenterology* 2004;99:1572-8)

In this study from New Zealand, all the children in a town called Dunedin who were born in 1972 and 1973, were followed up from the time they were 3 years old until they were 26 years old. Based on the occupation, education and income levels of their parents, the children were classified into six childhood social classes. When they reached 26 years of age, they were all asked to complete a questionnaire to diagnose IBS. The results showed that the risk of developing IBS increased together with the childhood social class. For example, 8% of adults who came from the richest childhood social class had IBS, whereas, only 2.3% of adults from the poorest childhood social class had IBS. This finding that adults from

privileged childhood are at greatest risk for IBS is interesting because it is contrary to the general observation that a disadvantaged childhood is associated with poorer adult health. For example, heart disease and stomach cancer are commoner in adults growing up in childhood conditions associated with crowding and poor hygiene. The authors speculated that children from poorer homes may be more exposed to gastroenteritis and this in some way strengthens the intestine's immune system against IBS. On the other hand, they also speculated that children from wealthier families may be brought up on what is considered in New Zealand to be healthier diets. Ironically these so called healthier foods such as wheat cereals and dairy products are often the very foods that make symptoms worse in IBS patients.

WOMEN AND IBS: THE DOCTOR'S VIEW

Experience of a gastroenterologist with special interest in IBS.

Dr GWEE, Kok Ann, Consultant Gastroenterologist at Gleneagles Hospital, Associate Professor of Medicine at National University of Singapore, President of IBS Support Group.

Question: What percentage of your IBS patients are women?

About 60-70% of my IBS patients are women.

Question: Are women more prone to getting IBS than men?

In the West, community surveys have found that women make up 60-70% of people with IBS. In Asian countries, this is closer to 50:50. In a community survey that I conducted in Singapore (*American Journal of*

Gastroenterology May 2004) we found that overall, men were almost at equal risk of having IBS. However, analysed according to age and sex, women between the ages of 20 and 40 had the highest prevalence.

The above observations should be qualified by the fact that the majority of people in the community who experience IBS do not consult a doctor. In specialist clinics in Singapore, based on my own experience and that at NUH, women formed 60-70% of IBS patients seeking treatment. In India, the reverse is observed, ie, they see more men in their clinics for IBS.

Question: Are there hormonal differences between women and men that contribute to making women's IBS symptoms more frequent and painful?

Yes. Changes in hormone levels have been demonstrated to influence intestinal transit time – this is the time taken for food to travel through the intestine, and this influences bowel frequency and stool form. Women also frequently report exacerbation of their IBS symptoms during menstruation.

My experience is that it is not uncommon for women to mistake their IBS symptoms for menstrual disturbances. For example, they may feel more bloated during their menses, but the key to recognising that this is part of their IBS is that there is an associated bowel disturbance such as constipation or diarrhoea and having a bowel movement often improves the bloating.

Question: What particular symptoms of IBS do women have rather than men?

Women tend to experience more constipation than men.

Question: Are women patients with IBS more willing to talk about their IBS symptoms than male IBS patients?

This is the usual observation of studies carried out in the West. However, this could be cultural. For example, in India men do not appear to be shy to see doctors for their

IBS symptoms. In Singapore, I believe the profile is somewhere in between.

Question: Are there differences in the ways female and male patients cope with IBS?

My experience is that women tend to be more willing to seek medical attention and adopt dietary advice. However, this is anecdotal. In the literature, the data suggest that there is a greater negative impact on the quality of life in women with IBS. They appear to experience a wider range of symptoms including those outside of the gastrointestinal tract such as headaches and depression.

SHARING EXPERIENCES

Catherine, young female professional.

Question: Can you first describe how you first got IBS?

Ever since I can remember, I have suffered from stomach pains. But what started my IBS was about 4 years ago, when I was starting a new stressful job. As a result of my busy work schedules and long traveling hours, I kept putting off going to empty my bowels when the urge to go would strike, as a result, I had severe constipation. Having constipation didn't bother me that much then, although I felt bloated sometimes. But one night I woke up with excruciating pain and spasms. I panicked from the pain and had to be rushed to hospital.

Question: What are the symptoms that you experience?

From then on, I got frequent stomach pains and panic attacks as well as experiencing bloatedness very easily, which leads to getting nauseous and having no appetite.

Question: Have you found ways of coping with IBS?

It's been about 4 years since I was diagnosed with IBS. During these 4 years, there have been good and bad periods. In the bad times, I would often have stomachaches for days. However, I would also have periods of times when I feel completely all right and normal. Emotionally it's daunting sometimes, but I have learned to be more positive and upbeat about it. I used to huddle in the blanket when my stomachaches would strike, but now I try to go for long slow walks outside.

I have found the best way is to understand what food you are able to consume and what you are not able to take, as I think all sufferers of IBS react differently to different food. I have since cut down on gassy drinks and fried food, and added acidophilus to my diet.

Learning to relax more and doing some yoga and swimming helps to relax the gut too.

Question: How have the people around you reacted to you having IBS?

My experiences of sudden stomach pains, and a sudden need to visit the toilet leads me to have a reluctance to travel for long distances or even going out to eat sometimes, as this triggers my IBS symptoms. However, I am very blessed to have a very understanding fiancée as well a loving family (my dad also suffers from IBS) who empathize with my condition.