

LIVING WITH IBS

This issue we focus on living with IBS in the long term. We look at issues that relate to people who have had IBS for a long time and have aged with IBS.

There are a few questions about ageing and IBS that we touch upon:

- (1) Does it become harder to cope with IBS as you grow older or is it easier because you have developed ways of coping over many years?
- (2) Are there other ailments that you acquire as you age that can make IBS worse?
- (3) Are there long periods when there are no symptoms and things are fine, then there will be a sudden attack?
- (4) As you get older do you get wiser about heading off these sudden attacks and thus enjoy a better quality of life?

RECENT EVENTS

IBS Support Workshop

Date: 30 April 2005 (Saturday)

Time: 3 to 5pm

Venue: Gleneagles Hospital Level 3 Board Room

Programme

- Introduction by Chairperson, Dr Tan Hooi Hwa
- Talk on Diet Management in Diarrhoea by Ms Kho Chencill, BSc (S'pore) MNutrDiet (Syd), Dietitian, Gleneagles Hospital
- Relaxation exercise by Mr Albert Loo
- Screening of IBS by Dr Tan Hooi Hwa
- Sharing of IBS Experience by members
- Refreshments - sponsored by Novartis

Annual General Meeting Talks

Annual General Meeting on 27 February 2005 Sunday:

Talk: “Get the Irritation of The Bowel”

By Mr. C. Kunalan (Ex-National Sprinter at the 1964 and 1968 Olympic Games and holder of the record of the fast man in Singapore until 2001)

Summary of the talk:

Mr Kunalan spoke on how his wife Yoong Yin had experienced IBS. She had suffered from it late in life. She, like Kunalan, had been a sprinter in her youth. Yoong Yin had worked in a stressful job teaching children with Downs Syndrome, and herself had brought up her own three children. Oddly, it was only later in life when things seemed the least stressed that she acquired IBS.

Mr Kunalan went through some of the usual causes of IBS, but he really could not identify one that stood out as the cause of his wife’s IBS. He said that gastroenteritis from memory did not occur before IBS struck. Other medical conditions occurred without causing the onset of IBS, such as a hysterectomy, gallbladder removal, even treatment for a brain tumor that Yoong Yin had late in life appear not to have been the triggers for the development of IBS. Fructose and Lactose intolerance were also ruled out as causes for IBS.

Mr Kunalan urged exercise as a way of relieving IBS, especially for long term sufferers. He said that no matter how old one was they should exercise as it aided good health, although the form that exercise could take could vary, jogging, swimming, etc. He also believed that relaxation and the power of positive thinking about one’s body were very helpful strategies in coping with IBS.

Medical Updates on IBS

Summarised by Dr Gwee Kok Ann

IBS patients respond well to general therapeutic approach

(Alimentary Pharmacology & Therapeutics 2005;21:21-27 and 2004;20:1305-15)

One recent study from Norway reported satisfactory relief in 31% of IBS patients six months after receiving general treatment consisting only of a positive diagnosis, information, reassurance, lifestyle and dietary advice. No drugs were prescribed. In an earlier study from the US, 57% reported satisfactory relief six months after receiving similar general treatment as well as antispasmodics. The findings of these two studies are not surprising given that clinical trials of IBS treatments generally report a high placebo response rate averaging 47%. What this means is that many patients achieve a satisfactory improvement in their symptoms even without any active medications. And yet we often hear patients and doctors complain that there is no effective treatment for IBS. Why is there this discrepancy? In clinical trials, patients are provided detailed information on IBS and close attention by their doctors and research nurses. These observations would suggest that patient education and support are important treatment aspects for IBS patients.

Drinking tap water may help to protect children from Crohn's Disease

(Gut 2005;54:357-63)

Crohn's Disease is part of a group of conditions known as inflammatory bowel disease. Unlike irritable bowel, in

Crohn's Disease there is inflammation, ulceration and bleeding from the intestinal lining. This condition is rare in Singapore and most Asian countries. In a recent study from France, the risk factors for developing the disease were studied by comparing 222 children who had Crohn's Disease with 222 healthy children. An interesting observation was that drinking tap water regularly appeared to reduce the risks, whereas breast feeding, BCG vaccination and eczema seemed to increase the risks of developing Crohn's Disease. As this method of studying the causes of disease is not conclusive, further studies will need to be done to confirm these observations.

IBS patients may contain different amounts of bacteria in their stools

(American Journal of Gastroenterology 2005;100:373-382)

Obviously our stools contain **many** bacteria, but many of these bacteria are beneficial as they may aid digestion and afford some protection to our intestinal lining. Ingestion of probiotics (potentially beneficial bacteria) has been suggested as a treatment for IBS. In a recent study from Finland when stools were analysed for their bacterial contents, differences in the quantity of different bacterial species were found between IBS patients and healthy people. IBS patients with diarrhoea were found to have lower content of lactobacillus than IBS patients with constipation. These results do not tell us whether IBS patients will benefit from probiotic treatment. Scientists are aware that most intestinal bacteria are still uncharacterized.

SHARING EXPERIENCES

Teow Kee, Male Retiree, aged in his 80s.

What is the impact of ageing on IBS?

I am uncertain about the impact of aging on IBS. Perhaps it occurred more often in my life after 80 years of age. I did suffer from IBS in my earlier years. Maybe, there is less resistance to IBS in old age. Perhaps in being too anxious to prevent constipation or overweight, IBS is made worse. It may be true that old folks have weaker stomachs and have to be more careful with their diet. I would agree with the saying, "You are WHAT you eat, and HOW you eat".

Can you describe when you first got IBS?

It is difficult to state when I first suffered IBS. It has come on and off at various stages of my life. Perhaps my most severe attack was during the Japanese Occupation when I might have first got it. Then I was eighteen years old. I suffered extreme pains in the stomach throughout the night. Finally I managed to vomit all the food I had eaten and ended with fever. Another extremely bad experience was when I was about 40 years old. The pain may have been caused by overeating durians. I guess that IBS may be caused by the food I have eaten.

Question: What are the symptoms that you experience?

The usual symptoms of IBS are pains around the abdomen. This lessens the desire to eat. The pains may persist for a few hours and therefore I would not want to eat anything for lunch. IBS is often the aftermath of diarrhoea or constipation.

Question: How do you cope with IBS?

To cope with IBS I use Tiger Balm, drink warm water, walk briskly or swim to pass out the gas from the stomach. Sometimes I would lie down and cover the abdomen to keep it warm with Tiger Balm. Since I retired

from teaching in 1980, I was able to choose my diet better and consume food with more fibre. However, the **specter** of IBS is still there when I make the wrong decision with the type of food or the quantity of certain type of food I eat. The saying that, "you are what you eat or how you eat" is relevant with my IBS. In my so-called golden years, I have to be even more careful with my diet to prevent IBS. I always have vegetables in my diet and fruits after meals to prevent make things flow more easily through the bowels. However, if the stool is too hard, that presages IBS. If the stool is watery, IBS follows it too. Papayas and HL Milk help me, but too much of it may cause diarrhoea. I have to use Tiger Balm to relieve the pain of IBS. I also drink hot water. Sometimes the pain is still there until noon. So I have to forego the lunch. Another way of getting rid of the gas in my stomach is to walk briskly or to swim. The idea of "plain living and high thinking" is good for me. Thus I eat to live and not live to eat.

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

The people around me are used to my complaints about food. I always insist that the food must be warm and freshly cooked. If the food is not warm, I use the oven to heat it up. I must avoid food that is kept overnight if possible. I also try to avoid spicy food. I was told that the taste buds of old folks are reduced.

IBS BOOK REVIEWS

Barbara Bradley Bolen, ***Breaking the Bonds of Irritable Bowel Syndrome: A Psychological Approach to Regaining Control of Your Life*** (Oakland, CA: New Harbinger, 2000).

This book is addressed to all IBS sufferers, but it seems particularly useful to those who have had IBS for a long time, as it deals with how to deal with IBS psychologically in the long term, and how to accept that life has changed after acquiring IBS, but that does not mean that the individual has to be a prisoner of the conditions of IBS.

Dr Bolen, a trained psychologist, talks the IBS sufferers through a lot of psychological obstacles that have daunted many chronic sufferers, such as a reluctance to travel, eat out, depression and guilt over having a chronic health problem.

One of the strengths of the book is the varied use of many case studies. Dr Bolen illustrates her points by drawing on the experiences of her own IBS patients.

With a book such as this, there can be several responses. These are evident in the reviews of it on Amazon.com. A review from someone who has had IBS for a long time says that the advice is just common sense that any reasonable person can deduce. Other reviewers found the book of great assistance for empowering them. Perhaps what often appears as common sense is not common practice, and that it is hard to think clearly and reasonably when caught up in the psychological bonds of IBS. Most found Dr Bollen's book to be of great assistance; and one clinical psychologist found that it produced good results with his IBS patients.