

# IBS SUPPORT GROUP GROWTH

Sometime in 2002, the subject of forming an IBS support group was raised during a discussion between a doctor and an IBS patient. Prof Gwee mooted the idea, and Mr. Albert Loo agreed to it. We felt that many people were suffering from this chronic disease and needed help, specifically they needed a support group to understand their condition and to provide opportunities to share their experiences.

Prof Gwee, thinking quickly, immediately requested Mr. Loo to be the Chairman and organise the Society. We managed to form a small group in a short period of time. Our 1<sup>st</sup> meeting was held on 18 December 2002, and members contributed with constructive opinions.

Subsequently, we continued to hold meetings once in every three weeks in order to keep the spirit going. After several meetings, we finally formed a committee with 10 members, consisting of laymen and medical professionals.

In 2003, we started the membership drive, hoping to bring in more members. Three public forums were organised (the big one was held at Mandarin Hotel in Chinese and English), and workshops were conducted on every Saturday of each month. This idea paid off, and ultimately we managed to recruit 80 members by the end of the year.

With this number, we were able to submit our Society to the Registry of Societies for approval, so that we could hold public forums ourselves without using another organisation's name for help. Mr. Loo was given the task to draft the constitution and to submit it to the authorities. It was not long before our Society was given approval on 26 December 2003. We felt that it was right to inform members and seek their endorsement of the constitution. On 31 July 2004, an Extraordinary General Meeting was held to explain the constitution. The members present constituted a quorum, and approved the constitution. The 1<sup>st</sup> AGM will be held in February 2005 and any amendments can be made by members by then. The Society will send circulars to members.

In 2004, we launched an IBS awareness month, and that occurred in June. The launch was held in Ulu Pandan Community Club, Theatre, opened by Mayor Teo Ho Pin. In the following month, we held an event at Kreta Ayer Community Club with the Guest of Honour, Dr. Lily Neo, MP, Jalan Besar GRC.

We look forward to the public's support and participation in the Society. The website is created so that people can obtain more information about IBS – [www.ibs-support.com.sg](http://www.ibs-support.com.sg)

Albert Loo  
Chairman of the IBS Support Group

**IBS SUPPORT GROUP NEWSLETTER No.1 October 2004**

# Forthcoming Events

## Public Forum on 'Stomach cramps, Bloating and Gastric - Their Causes, Diagnosis and Management'

Date : 7/11/04 (Sun)  
Time : 2pm to 4.30pm  
Venue : Marine Parade Community Club  
278 Marine Parade Rd S (449282)  
Auditorium (Ground Floor)

Program :	1.30 to 2pm	Registration
	2pm to 2.30pm	<u>Stomach cramps, bloating and gastric - common causes and treatment</u> by Prof Gwee Kok Ann (Consultant gastroenterology and physician at Gleneagles Hospital and National University Hospital, Singapore)
	2.30pm to 3pm	<u>Good and bad intestinal bacteria and their roles in intestinal healthy and disease</u> by Prof. Patricia Conway (Gastrointestinal Microbiologist, University of New South Wales)
	3pm to 3.30pm	Tea reception
	3.30pm to 4pm	<u>Harnessing the intestinal bacterial, immune and nervous systems for a gentler treatment of common intestinal condition</u> by Prof Gwee Kok Ann
	4pm to 4.30pm	Q&A session

**Admission is free.**

To register, please call Linda at 67341707 (Mon to Fri) or email us at [davidlcc@pacific.net.sg](mailto:davidlcc@pacific.net.sg) . Seats are limited. **Registration closes on 24/10/04.**

Jointly organised by Unity NTUC Healthcare  
Hengzi Technology Investment Pte Ltd  
Marine Parade Community Club

Supported by IBS Support Group

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# Recent Events

## IBS Support Workshops

Title: Gut-directed Hypnosis by Prof Gwee Kok Ann (English session)  
Date: 28 August 2004 (Saturday)  
Time: 3 to 5pm  
Venue: Level 3 Board Room Gleneagles Hospital  
Max: 20 persons / session

Title: Acupuncture for abdominal pain by Dr Swee Yong Peng (Chinese session)  
Date: 25 September 2004 (Saturday)  
Time: 3 to 5pm  
Venue: Level 3 Board Room Gleneagles Hospital  
Max: 20 persons / session

## Helpful Books on IBS and the Gut

Barbara Bradley Bolen, *Breaking the Bonds of Irritable Bowel Syndrome: A psychological approach to regaining control of your life* (Oakland, California: New Harbinger, 2000).

Katie Ellard, *Irritable Bowel Syndrome: recurrent diarrhoea, constipation and other tummy upsets*, (Singapore Women's Weekly Health Series, 2004).

C.J. Hawkey and N.J.D Wight, *Understanding Indigestion and Ulcers* (Dorset, England: Family Doctor Series of the British Medical Association, 2002).

Ken Heaton, *Understanding Your Bowels* (Dorset, England: Family Doctor Series of the British Medical Association, 2002).

Elaine Magee, *Tell Me What to Eat If I Have Irritable Bowel Syndrome* (Franklin Lakes, New Jersey: Career Press, 2000).

Kieran J. Moriarty, *Understanding Irritable Bowel Syndrome* (Dorset, England: Family Doctor Series of the British Medical Association, 2002).

William B. Salt, *Irritable Bowel Syndrome And the Mind-Body Brain-Gut Connection: 8 Steps for Living a Healthy Life with a Functional Bowel Disorder or Colitis* (Columbus, Ohio: Parkview Press, 1997).

# SHARING EXPERIENCES: Person 1

**Kevin, young male professional.**

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

In 1993, when I was 27 years old, I had a severe case of food poisoning after eating out. At the time, I also had just changed to a more stressful job, which was hard to cope with on top of having IBS. In the months following the initial food poisoning, scarcely a day passed without me feeling generally unwell and bloated, and I dreaded eating, especially eating out and travelling. Because of problems eating, I went down from 80kg to 62kg in about a year. This loss of weight and persistent IBS symptoms would lead to anxiety. Then, I wondered if I could keep my job and have a social life.

*Question: What are the symptoms that you experience?*

In the early years, bloating and a feeling of fullness after eating only a little were very common. Diarrhea would occur, but only after eating out. The continuing bouts of diarrhea after eating out forced me to just stay home and eat simple bland meals. Perhaps one of the worse symptoms was the nausea that would come with the bloatedness. In the beginning, symptoms would just persist with very little respite. Now there are long periods of being well, but punctuated with acute attacks, from which it takes time to recover.

*Question: Have you found ways of coping with the symptoms of IBS?*

Yes, after consulting a gastroenterologist, who made sure that I did not have something more serious, I was prescribed a fibre supplement, an anti-spasmodic to stop the colon going into spasm, and domperidone to help make the food go through the digestion system better. Unfortunately for me, it appeared that although I just had IBS, it was severe. After several years of taking medication, daily relaxation exercises, and following a bland routine diet things started to settle down. The IBS attacks ceased being a frequent occurrence in my life. However, they still occur, particularly when traveling and eating out. If there is a severe attack, things start with me waking up in the middle of the night with diarrhea. In the next few days, I can scarcely eat, am bloated, and feel nausea. It can take weeks, and sometimes months, to fully recover from this. However, eventually I recover, but also I know that eventually too there will be another acute attack sometime. This seems inevitable. However, between these attacks I feel alright and cope okay.

*Question: How much has IBS affected your lifestyle?*

In the first few years of having IBS, the future seemed very unattractive for someone just starting his career, but I was surprised that it did not stop me from focusing on the things that I really wanted from life. Since I have had IBS, I have married, spent a lot of time looking after and helping educate my two children, and also surprisingly succeeded at my job as a university lecturer. Oddly, when my wife and I had our two children the IBS attacks gradually became less frequent. I had initially thought they would be more frequent. At work, even when I have felt the worst from IBS I still persisted in doing a project that I found satisfying. Gradually the IBS symptoms would pass, but the results of my work would remain, and could be improved upon when I felt better. Overall, having to cope with IBS has made me focus on the things that I really want to pursue.

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

When I first got IBS people were unsympathetic. Like me, they knew nothing about IBS. Even my GP at one time expressed the opinion that it could be all in my mind, but still he did refer me to a gastroenterologist because of rapid weight loss and my inability to really eat much food at that time. Today, people tend to be a little more knowledgeable and understanding.

# SHARING EXPERIENCES: Person 2

**Albert, male retiree.**

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

The symptoms of IBS were hard to identify in those days because doctors were not properly trained in this area. The doctors would not diagnose this disease as IBS. They would only prescribe medication to combat the pain and the discomfort. In 1991, when I was managing a resort hotel in Bali (Indonesia), I suffered a severe stomachache one night. The worst was, every night, I had rumbling noises in my stomach and could not sleep - too much gas. Finally, I was admitted to the hospital for a check-up. The result of the test report was normal. Somehow this problem continued to affect my job, lifestyle and health.

I did not have such problems before I took up this job in Bali. It only happened after six months. I realized that these symptoms were caused by eating too much grilled food, onion and garlic. In Bali, grilled food is the main cuisine for every meal.

*Question: What are the symptoms that you experience?*

The symptoms that I have experienced are numerous - flatulence, bloatedness, pain, sometimes diarrhea, sometimes constipation and rumbling noises.

*Question: Have you found ways of coping with the symptoms of IBS?*

In those days, I did not know what was IBS and how to cope with it. Having gone through all these suffering years, I finally discovered that IBS is not a simple disease but a complex one. I have to take care of my health, for example - eat wisely; for those foods that can cause the symptoms I don't eat them; change my lifestyle; communicate with the doctor sincerely; exercise, such as brisk walking three times a week in order to strengthen the organs; gassy drinks - don't take.

*Question: How much has IBS affected your lifestyle?*

IBS has affected my lifestyle badly. I have seen doctors in Singapore, China and Indonesia, where I worked. All these treatments are for relief and not a cure. I could not perform my duties to the satisfaction of my employers. Especially in meetings, I lost my concentration and gave excuses to go to the toilet because of fatulence and discomfort. I have already suffered for 10 years. Now I am normal after studying, understanding IBS and consulting the right doctor. For those who want to know how I did it so well, you are most welcome to talk to me.

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

Actually, people who had IBS, did not know they have IBS. They consulted Chinese physicians and adopted other therapies for treatment. There again the end result is back to square one. It doesn't work at all. I had a friend who suffered often from diarrhea and had seen different doctors - Western & Eastern - and the end result was the same. I was not familiar at that time about IBS and therefore I could not help her, and thus lost her as a friend. What she wanted was a support group to understand her symptoms. Now we have a Society which is opened to the public for membership. All information related to IBS can be seen in the Website: [www.ibs-support.com.sg](http://www.ibs-support.com.sg). This website is very helpful to the people who want to know what is IBS. Therefore, I strongly urge the public to come forward and register as members of the IBS society and collect more information from public forum speakers and the workshops and in sharing with others.

# THE DOCTOR'S VIEWS

**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 1: What percentage of your regular patients would be IBS patients?*

Of my new patients, 30-40% turn out to have IBS. Among patients attending my clinic for follow up visits 50-60% have IBS.

*Question 2: Are IBS patients more difficult to deal with than other patients because they complain of many different symptoms and there is no cure for IBS?*

It is true that IBS patients experience many different symptoms. The combination of abdominal and bowel symptoms that one patient experiences is different from another. Often they would also experience extraintestinal symptoms like headache, backache, breathing difficulty and urinary symptoms. The multitude and variety of symptoms is only one of several possible reasons why IBS patients are more difficult to deal with. Others include misinterpretation of symptoms, lack of accurate and relevant information, and unrealistic expectations. The fault does not necessarily lie with patients.

Doctors are brought up to believe that every symptom represents a potentially serious disease like cancer and ulcer. Doctors and the media in turn convey this to patients. The truth is very different. All IBS patients by definition have experienced some form of abdominal pain or discomfort or disturbance. Investigation of IBS patients will reveal no life threatening disease. On the other hand, the majority, an estimated 80% of patients harbouring early bowel cancer, will have no symptoms whatsoever. In a specialist clinic, 50% of patients will have IBS, and at most only 5% will have cancer. Thus, a patient with pain and discomfort is 10x more likely to have IBS than cancer. If we do not convey this information to our patients, they would understandably feel insecure with their diagnosis, generating needless anxiety which only makes their IBS symptoms worse.

I also believe that there is a lot of misinformation regarding diet and IBS. The type of foods that has been promoted as components of a healthy diet, are the very foods that many IBS patients have found to make their symptoms worse. Foods that are good for us, can often make us feel worse. These foods are not harmful, it's just that people with IBS often do not tolerate them well. The media and health promotion agencies have so ingrained these ideas in the minds of the public, that many will just not let go of them.

Our expectation of a cure for every symptom is unrealistic because we carry an overly simplistic concept. We think that cure is achieved by swallowing a pill to make the problem disappear forever. Medical conditions in which this can be achieved are very few and far between. The only common condition where this is regularly achieved is infection that is amenable to antibiotics. Most medical conditions require the patient to take medications for life and to make changes to diet and lifestyle. Examples are high blood pressure and diabetes.

I would actually say that IBS patients have it better. Studies have shown that 40% of patients will get better even with placebo, which is a dummy pill with no real drug action. With drugs that have been proven to be effective, 60-70% of patients get

better. The majority of IBS patients do not need to take medications regularly. They only need to take them when symptoms arise. With the correct use of medications IBS patients will feel an improvement in their comfort level. For patients with diabetes and high blood pressure, they have to take medications even though they often do not feel any symptoms. Thus they will not necessarily experience any sense of improvement in their comfort level. Some times they may even feel worse with their medications. However, regardless of how they feel, patients with diabetes and high blood pressure have to continue with their medications to reduce their risks of developing complications in future. Even if they are faithful with medications and diet, there is no guarantee that they will not develop future problems like heart disease and stroke. IBS patients should count themselves lucky. Having IBS does not put them at any significant increase in risk for other complications, regardless of whether they take their medications or comply with their diet.

*Question 3: What are common ways that you treat patients with IBS?*

I give them a detailed explanation of what IBS is and try to provide them with as much relevant information as possible. They will also be given dietary and lifestyle advice. Medications will be selected according to their symptoms. I will also involve them in developing a longer term management plan according to the severity of their condition and individual needs. For example some patients experience symptoms only in certain situations like when they are nervous. Then they will be given medications to take only before an event that causes anxiety. Other patients may find that a particular drug is very effective for their bowel movements, but do not want to be dependent on it. These patients will start off with the medication so that they can achieve quick and satisfactory relief. At the same time we, myself and the patient, will plan a programme to try and develop a routine bowel habit through dietary and lifestyle modifications.

*Question 4: What do you think causes a patient to suffer from IBS?*

I believe that IBS is multifactorial problem caused by a combination of factors interacting with each other rather than a single factor. Patients have been observed to develop IBS after food poisoning or gastroenteritis, after abdominal surgery such as hysterectomy (removal of the uterus or womb), after antibiotics and after a major traumatic and stressful event. While stress and psychological factors are very important factors, most of the time it is not caused just by stress alone. Otherwise, we would expect everyone with stress to have IBS, which is just not true. Diet is another important and probably inescapable factor, as IBS symptoms are very commonly brought on after eating. However, many IBS patients find that their experience with food is very inconsistent; some days they experience so much disturbance after eating one type of food, and yet some other time they can eat the same food without problems. For women with IBS, hormones also seem to play a part. Many feel worse during the time of their menses. Bloating seems to be particularly affected by menses. This can arise because of a hormonal effect on their bowel function, and not necessarily indicate a problem of the female organs. Even healthy women without IBS will often experience bowel disturbances around the time of their menses. So I believe that some initiating event sensitizes the bowels, following which, a combination of stress, food, hormones and other factors act to bring on symptoms from time to time.

*Question 5: What are the costs to society of having a sizeable portion of the population having IBS?*

Impaired quality of life and social relationships, health care costs and loss of productivity at work.

*Question 6: What are some of the things that IBS patients can do themselves to cope with IBS?*

Learn as much as they can about IBS, talk to others with IBS, keep a food, bowel and stress diary, take charge of their lives.

## CONTRIBUTIONS WANTED

**WE WOULD LIKE TO HEAR YOUR OWN EXPERIENCE FOR FUTURE NEWSLETTERS.**

**ALSO WE WOULD LIKE TO START A BOOK REVIEW SECTION. IF YOU HAVE READ A PARTICULAR BOOK ON THE GUT OR IBS WE WOULD LIKE TO HEAR YOUR VIEWS ABOUT WHAT YOU FOUND HELPFUL AND WHAT WAS NOT HELPFUL.**

**SEND YOUR CONTRIBUTION EITHER BY MAIL TO SHUET LAI, THE BOWEL CLINIC, GLENEAGLES HOSPITAL, OR BY E-MAIL TO KEVIN BLACKBURN, [kpblack@nie.edu.sg](mailto:kpblack@nie.edu.sg)**

**ALTERNATIVELY IF YOU WISH TO MAKE A MORE INFORMAL CONTRIBUTION YOU CAN POST IT AT THE WEBSITE FORUM FOR AN IMMEDIATE RESPONSE AND DISCUSSION: [www.ibs-support.com.sg](http://www.ibs-support.com.sg)**