



Reporter's Guide to Irritable Bowel Syndrome

Constellation of Symptoms

IBS affects tens of millions of Americans and is characterized by a constellation of symptoms that are often painful and can significantly disrupt a person's quality of life.





Dear Reporter:

The International Foundation for Functional Gastrointestinal Disorders (IFFGD) is pleased to provide you with the *Reporter's Guide to Irritable Bowel Syndrome*, your comprehensive resource on Irritable Bowel Syndrome (IBS). I founded IFFGD in 1991 with a mission to educate, raise awareness and improve care for conditions ranging from IBS to gastroesophageal reflux disease (GERD). While the debilitating effects of IBS are increasingly being reported in the news, there is still a need to further educate both those who suffer from IBS and the general public. The *Reporter's Guide to Irritable Bowel Syndrome* is designed to provide you with accurate information about IBS and help you cover the condition.

In this guide you will find:

- In-depth information about IBS
- Frequently asked questions
- A glossary of medical terms
- IBS resources
- A bibliography of key IBS articles and books
- Suggested story angles and reasons for writing about IBS

In addition to referring to this informative guide, I also encourage you to suggest that your readers visit IFFGD's website at www.aboutibs.org or call us toll free at (888) 964-2001 if they want to learn more about IBS, its symptoms and when to seek medical care. IFFGD is dedicated to informing, assisting, and supporting people affected by gastrointestinal disorders. We have been working since 1991 to broaden understanding about gastrointestinal disorders and support research.

IFFGD welcomes your calls, and we look forward to working with you as we continue to shed more light on IBS.

Sincerely,

Nancy J. Norton
President and Founder
IFFGD



IBS: A Background Guide

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Introduction

It may come as a surprise to you, since it doesn't get the publicity it should, but Irritable Bowel Syndrome (IBS) is one of the most common ailments being reported by patients in the United States today. IBS is thought to afflict an estimated 10 to 15 percent of Americans.⁽⁴⁾

IBS is one of the most frequently diagnosed disorders and accounts for an estimated 28 percent of patients seen in gastroenterology practices and up to 12 percent of those seen in primary care offices.⁽²⁾ In fact, it is the most common disease diagnosed by gastroenterologists and the seventh most prevalent diagnosis made by all physicians.⁽³⁾ The illness affects both men and women—women comprise about two-thirds of diagnosed sufferers and men the other third.⁽¹¹⁾ Onset can begin anytime from adolescence to adulthood.

Common references to IBS include “spastic colon,” “mucous colitis,” “spastic colitis,” “nervous stomach” or “irritable colon.”

IBS is not life-threatening, but can cause those who have it a world of abdominal pain, discomfort, inconvenience, embarrassment and expense. For example, a national survey conducted in March 2004 by the International Foundation for Functional Gastrointestinal Disorders (IFFGD) found that 72 percent of those with symptoms suggesting IBS said they canceled social plans an average of 13 times during the previous year.


Thirteen percent of the 1,000 respondents reported symptoms suggesting IBS, but only a fraction of this group—less than one in five—said they were diagnosed.¹¹

“When someone who doesn't have IBS gets a gastrointestinal infection, it can be quite disabling and routine daily activities often slow down or stop,” said Dr. Douglas A. Drossman, professor of medicine and psychiatry at the University of North Carolina and co-director of UNC's Center for Functional Gastrointestinal and Motility Disorders. “Try thinking about that happening every day or several times a week; that's what IBS is—a condition that affects your life on a daily basis.”

The causes of this most challenging gastrointestinal disorder are obscure. Symptoms appear to result from a disturbance in the interaction between the gut, brain and nervous system that alters the regulation of bowel motor or sensory function.

IBS is unpredictable and symptoms range from mild to severe.

“While the disorder is widespread, most people remain undiagnosed and, as a result, are not aware of treatments that could help them manage their symptoms,” said Nancy J. Norton, IFFGD president and founder. “In fact, the IFFGD IBS National Survey revealed that only 17 percent of those who reported symptoms suggesting IBS have been diagnosed.”⁽¹¹⁾



Complicating the picture is the fact that patients may suffer from other coexisting illnesses, such as inflammatory bowel disease, celiac disease, or lactose intolerance, which can produce symptoms similar to those of IBS.

Better awareness of IBS is needed to inform the millions of undiagnosed people about treatments that can improve their quality of life. More research dollars must be allocated so investigators can uncover the cause of this disorder, and develop additional treatments.

What is IBS?

Irritable Bowel Syndrome is a functional bowel disorder in which abdominal discomfort or pain is associated with defecation or a change in bowel habit, and with features of disordered defecation. Symptoms occur during at least 12 weeks out of a 12-month period. The symptoms can occur over a single long period or in several shorter bouts. With IBS, abdominal pain or discomfort is accompanied by at least two additional symptoms: It may be relieved by defecation, and/or the pain or discomfort is accompanied by a change in stool frequency, and/or a change in consistency—chronic or recurrent diarrhea, constipation or both in alternation. Symptoms also may include bloating, an urgent need to defecate, bowels that still feel full after defecation, and the appearance of mucus in the stool.

How does IBS occur?

While the exact cause of IBS is unknown, many experts believe it stems in part from problems in the contractions of the muscles of the colon. These can be influenced by any number of factors, including stretching or distention, food residues, hormones and stress. They may combine to result in an abnormality in the rhythm of the bowels.⁽⁶⁾ But this abnormality does not explain all of the symptoms of IBS.

With IBS, there is some evidence not only of disturbances in the function of the muscles, but also of the nerves in the gastrointestinal system and of abnormal processing of gastrointestinal sensations in the brain.

Because an organic cause has not been found, some have speculated that IBS may be emotional or psychological in nature, but studies have shown that psychiatric disorders do not cause IBS. Although IBS is now a medically recognized disorder, in the past it was dismissed as “all in the head.”

“We’ve gotten closer scientifically to understanding IBS,” said Dr. Emeran Mayer, professor of medicine, physiology and psychiatry at the UCLA School of Medicine. “IBS used to be considered ‘psychological.’ Now, we have a fairly good model that is based on the biology of the central nervous system and the interactions of the central nervous system and the GI tract.”

While those symptomatic of IBS experienced constellations of several symptoms, 36 percent report pain as their most bothersome symptom.¹¹

Symptoms

The main symptom of IBS is abdominal pain or discomfort. In addition, the typical IBS patient will experience diarrhea, constipation, or an alternation between these states. Other common symptoms include bloating, gas, passage of mucus, straining, urgency, or a feeling of incomplete evacuation.

Symptoms can begin to occur anytime during adolescence or adulthood. One day, out of the blue, a person will begin to feel abdominal pain and an associated change in their bowel habit.

Symptoms can range from a mild nuisance to debilitating pain and bowel urgency. Imagine having symptoms similar to stomach flu on a chronic basis—abdominal pain, diarrhea, constipation, gas, or bloating that wax and wane but never permanently go away.

The flare-ups are often unpredictable, and those with moderate to severe symptoms may find themselves planning their lives around where the next bathroom is, just in case they need it. Many times this “bathroom mapping” is an attempt to avoid an aspect of the disorder that is rarely talked about, bowel incontinence, which can be socially and emotionally devastating.

The good news is that though it may have a severe impact on quality of life, IBS is not life threatening. The bad news is that there is currently no cure, although symptoms often can be managed with lifestyle changes, medications or both.

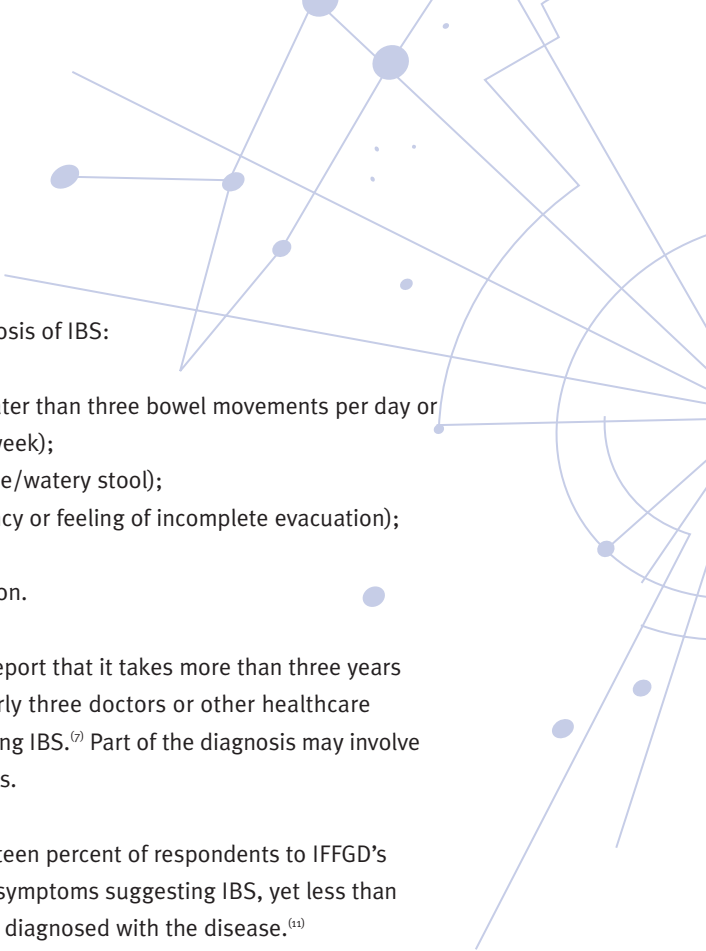
Diagnosis

There is no test to diagnose IBS. Rather, IBS is diagnosed based on a constellation of symptoms that fit criteria established by the world’s leading gastroenterologists at a series of meetings that began in Rome in 1988. The “Rome Criteria” are accepted as the definitive method for diagnosing IBS.

The criteria, as defined by the Rome II committee in 2000, are as follows (in the absence of structural or metabolic abnormalities to explain the symptoms):

At least 12 weeks or more which need not be consecutive, in the preceding 12 months of abdominal discomfort or pain that has two out of three of the following features:

1. Relieved with defecation; and/or
2. Onset associated with a change in frequency of stool; and/or
3. Onset associated with a change in form (appearance) of stool.



Symptoms that cumulatively support the diagnosis of IBS:

1. Abnormal stool frequency (generally greater than three bowel movements per day or fewer than three bowel movements per week);
2. Abnormal stool form (lumpy/hard or loose/watery stool);
3. Abnormal stool passage (straining, urgency or feeling of incomplete evacuation);
4. Passage of mucus;
5. Bloating or feeling of abdominal distension.

Despite these defined criteria, those with IBS report that it takes more than three years from onset to diagnosis, and say they see nearly three doctors or other healthcare professionals before they are diagnosed as having IBS.⁽⁷⁾ Part of the diagnosis may involve ruling out other organic causes of the symptoms.

Many with the symptoms go undiagnosed. Thirteen percent of respondents to IFFGD's IBS National Survey indicated they suffer from symptoms suggesting IBS, yet less than one in five out of this group said they had been diagnosed with the disease.⁽¹¹⁾

It appears a lack of understanding of IBS may be a reason for the under diagnosis. The survey showed that while 66 percent of all respondents had heard of "Irritable Bowel Syndrome," only 17 percent actually knew what it means.⁽¹¹⁾

"There are still a lot of misconceptions," said Mayer. "But I see a change coming."

Part of the problem is that people may be reluctant to talk about their bowel habits.

Twenty-seven percent of those who were IBS symptomatic report that their symptoms affect their ability to continue their normal routine on at least a weekly basis.¹¹

"You can talk about heart disease, cancer, even AIDS," he said. "People love to talk about their bypass operation. But talking about bowel function is associated with a sense of embarrassment."

For the same reason, many doctors aren't interested in studying the illness, he said.

But as the brain-gut connection becomes clearer, more scientists are jumping into the field.

"There are some very exciting things going on concerning the enteric nervous system, how the brain regulates the sensitivity of the gut," Mayer said. "This is where much of the new research is focused."

Treatment

Because the exact cause of IBS is not fully understood, there is no cure as of yet. Treatments are aimed at alleviating symptoms. Many with the disease have relatively mild symptoms that can be sufficiently treated with diet and lifestyle changes. Others may need to take medications. Medications currently approved for IBS may work for some, but not all patients. And they are meant to be used in conjunction with other treatment approaches.

Experts suggest patients work closely with their doctors to learn as much as possible about IBS and to seek to find out what triggers their symptoms and what, if anything, works to alleviate them.

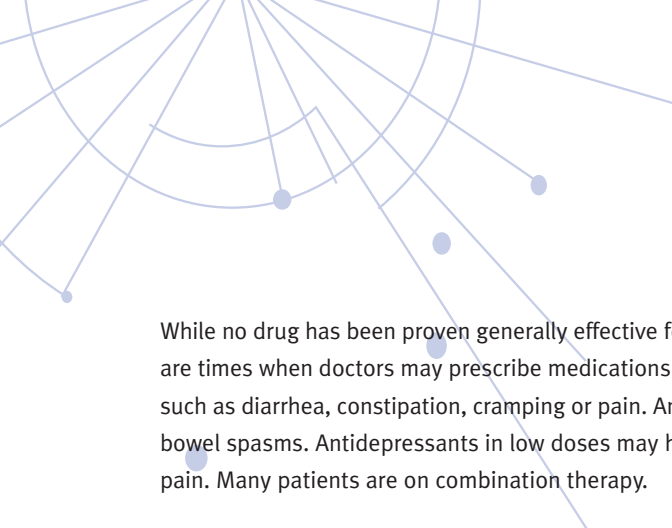
About 70 percent of patients have mild symptoms⁽¹⁵⁾, which occur infrequently and only occasionally interfere with normal daily functioning. Many of these patients may be helped with the adoption of lifestyle changes, including dietary changes, such as eliminating the consumption of foods that seem to trigger symptoms. Caffeine, dairy products, alcohol, raw fruits, fatty foods and gas-producing vegetables like beans and cabbage may be among the culprits.

About 25 percent of patients have moderate symptoms⁽¹⁵⁾, which occur more frequently and often interfere with daily activities. These patients, in addition to dietary and lifestyle changes, may want to make use of a daily diary to help identify factors that trigger symptoms. IFFGD publishes a *Personal Daily Diary*, which can be obtained by contacting IFFGD. IBS sufferers in this group may benefit from use of medications.

Treatment for the 5 percent of patients with severe symptoms⁽¹⁵⁾—frequent and intense and chronically interfering with daily life—range from cognitive-behavioral therapy to drug therapy and pain management programs. Because no one combination of therapies is effective for every person, IFFGD recommends working with a medical professional to tailor an appropriate treatment program.

Those who had been diagnosed with IBS or had another immediate family member diagnosed with IBS were most aware of the following IBS treatment options:

- *Changes in diet (94 percent)*
- *Prescription medications (88 percent)*
- *Over-the-counter medications (75 percent)*
- *Herbals and/or supplements (53 percent)*
- *Relaxation therapy (44 percent)*
- *Counseling (41 percent)*
- *Hypnosis (25 percent)*
- *Cognitive behavioral treatments (22 percent)¹¹*



While no drug has been proven generally effective for all IBS sufferers, there are times when doctors may prescribe medications for specific indications, such as diarrhea, constipation, cramping or pain. Anticholinergics may reduce bowel spasms. Antidepressants in low doses may help relieve abdominal pain. Many patients are on combination therapy.

A promising new class of drugs, known as 5-HT (also known as serotonin) modulators, is offering new hope to patients. Serotonin is a chemical neurotransmitter (a chemical in the nervous system that helps transmit messages along the nervous system). It is found in three main areas of the body: the intestinal wall, blood vessels, and the central nervous system.

Most serotonin in the body resides in the bowel wall within cells lining the gut and nerve cell bodies. Serotonin is released and acts on receptors on the nerves within the bowel wall. These nerves may be part of the nervous system that resides completely within the bowel wall, known as the “enteric nervous system,” or may be nerves that transmit painful and non-painful information by projecting from the bowel to the spinal cord and brain. Activation of these nerves by serotonin leads to the release of other neurotransmitters and, through their actions, plays a major role in gut motility, secretion and sensation.⁽⁴³⁾

There are currently two drugs that treat the multiple symptoms of IBS, including pain. Lotronex (alosetron), made by GlaxoSmithKline, is approved for women with severe IBS whose main bowel symptom is diarrhea. Zelnorm (tegaserod), made by Novartis, has been approved for the short-term treatment of women with IBS whose primary bowel symptom is constipation.

Market analysts Frost & Sullivan said in March 2004 that the market for drugs to treat IBS could top \$1 billion by the end of the decade. The firm noted that only a fraction of the population with the condition now seeks treatment. Revenues in this market in 2003 totaled \$353.7 million, the analysts said.

A report by Pharmacor in 2001 said there were 16.5 million diagnosed cases of IBS in the United States, France, Germany, Italy, Spain, the U.K. and Japan and predicted that number would grow to 19.4 million by 2009. Several studies estimate that 10 to 15 percent of Americans have IBS, though most are undiagnosed.

Disclaimer: IFFGD does not support or endorse specific treatment options.

Nineteen percent of those who were symptomatic of IBS had never heard the term “IBS” or “Irritable Bowel Syndrome.”¹¹

Cost in dollars and quality of life

The cost of IBS is staggering. Studies have estimated the toll for caring for IBS sufferers at more than \$21.5 billion each year in the United States alone.⁽¹²⁾

A study by researchers in the Seattle area pegged the cost of caring for IBS patients at \$4,044 in the first year of diagnosis, or \$1,415—35 percent—higher than the average spent on patients with other illnesses.⁽⁸⁾

The recent IFFGD IBS National Survey revealed that 36 percent of those with symptoms suggesting IBS reported pain as their most bothersome symptom, 40 percent of whom reported their pain as either very or extremely bothersome. Twenty-seven percent of those who were symptomatic reported that their symptoms affected their ability to continue their normal routines on at least a weekly basis. Forty-eight percent said they changed plans because of their symptom(s). Among those:

- Seventy-two percent canceled social plans an average of 13 times during the previous year;
- Fifty-eight percent avoided travel in the previous year. The average number of times each person avoided travel during the previous year was six;
- Twenty-three percent canceled a vacation during the previous year; and
- Of those who were IBS symptomatic and said that they changed plans due to their symptoms, 22 percent said they changed plans at least once a week during the previous year.

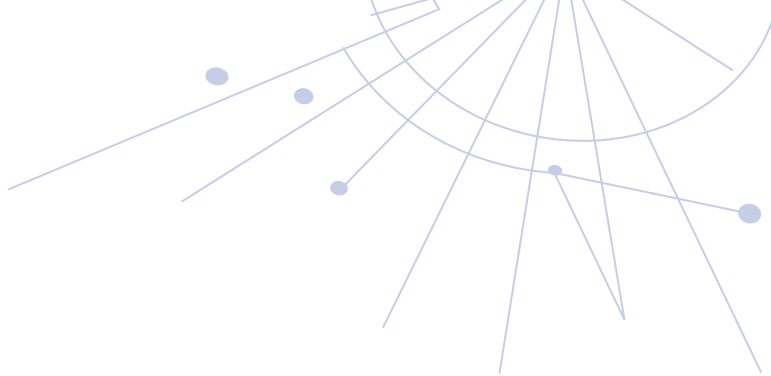
Summary

IBS is extremely common: Ten to 15 percent of Americans are estimated to have IBS. The illness is a functional gastrointestinal disorder because it has no detectable organic cause, and stems from an apparent disturbance in the interaction between the gut, the brain and the autonomic nervous system that regulates the digestive tract.

Because the cause is not easy to understand, some have dismissed the illness as being psychosomatic in nature. But experts have dismissed the idea that IBS is all in the heads of sufferers. Leaders in the field now agree IBS is very real and have come up with a concrete way to diagnose it, based on symptom patterns.

IBS causes sufferers to lose time at work and gets in the way of the leisure-time activities they enjoy. The cost of caring for these patients has been pegged at \$21.5 billion per year. Although there is no cure as of yet, many patients are helped by diet and lifestyle changes and relaxation techniques. For some, a handful of drugs have proven useful.

There are other medications in development, but more research is needed. With 10 to 15 percent of Americans suffering from IBS, the development of effective new treatment options could have a profound impact of the quality of life of millions of people.



References

1. Hungin A.P.S., Tack J., Mearin F., Whorwell P.J., Dennis E., Barghoui V. Irritable bowel syndrome (IBS): prevalence and impact in the USA—the truth about IBS (T-IBS) survey. *Am J Gastroenterol.* 2002; 97:242. (Poster#460)
2. Ringel Y., Drossman D. University of North Carolina, Chapel Hill. Toward a Positive and Comprehensive Diagnosis of Irritable Bowel Syndrome. *Medscape Gastroenterology*, 2(6), 2000.
3. Inadomi J.M., Fennerty M.B., Bjorkman D. The Economic Impact of Irritable Bowel Syndrome. *Alimentary Pharmacology & Therapeutics*, 18(7): 671-682, 2003.
4. Zaman A. Irritable Bowel Syndrome. *Clin Cornerstone* 4(4): 22-23, 2002. Excerpta Medica Inc.
5. Lasalandra M. *The Sensitive Gut*, Fireside, 2001.
6. Zaman A. Irritable Bowel Syndrome. *Clin Cornerstone* 4(4):22-23, 2002. Excerpta Medica Inc.
7. IBS in the Real World Survey: Summary Findings—Research. International Foundation for Gastrointestinal Disorders (IFFGD). August 2002.
8. Levy R., Stang P, Von Korff M., et al. Longitudinal study of the comparative costs of IBS in an HMO. Program and abstracts of the 65th Annual Scientific Meeting of the American College of Gastroenterology; Oct. 16-18, 2000, New York, N.Y., Oral presentation 28, p. 186.
9. Drossman D.A., Mckee D.C., Sandler R.S. et al. Psychosocial factors in the irritable bowel syndrome. A multivariate study of patients and non-patients with irritable bowel syndrome. *Gastroenterology*. 1988; 95:701-708.
10. Inadomi J.M., Fennerty M.B., Bjorkman D. The Economic Impact of Irritable Bowel Syndrome. *Alimentary Pharmacology & Therapeutics*, posted 11/04/2003.
11. Irritable Bowel Syndrome Survey—Research. International Foundation for Functional Gastrointestinal Disorders (IFFGD). March 2004.
12. *The Burden of Gastrointestinal Diseases*. Chapter 4: Chronic Intestinal Disorders. American Gastroenterological Association and TAP Pharmaceutical Products. 2001.
13. Chang L. Irritable bowel syndrome. *Digestive Health Matters* 2004; V13 N1:4-11.
14. Official Web site of InKine Pharmaceuticals: www.visicol.com. (Information on testing for chronic constipations at <http://www.inkine.com/trials.html> <<http://www.inkine.com/trials.html>>).
15. Drossman D.A. Irritable Bowel Syndrome. In: Drossman DA, ed. *Functional Gastrointestinal Disorders—Education Program Guide*. The International Foundation for Functional Gastrointestinal Disorders.



FAQs

1. What is IBS?

IBS is characterized by abdominal pain or discomfort and a change in bowel pattern that occurs during at least 12 weeks out of a 12-month period. Symptoms can occur over a single long period or in several shorter bouts. With IBS, abdominal pain or discomfort is accompanied by at least two additional symptoms: It may be relieved by defecation, and/or the pain or discomfort is accompanied by a change in stool frequency, and/or a change in consistency—chronic or recurrent diarrhea, constipation or both in alternation. Symptoms also may include bloating, an urgent need to defecate, bowels that still feel full after defecation, and the appearance of mucus in the stool.

2. What causes IBS?

The exact cause of IBS is unknown, but symptoms seem to stem from a disturbance in the interaction between the gut, brain and nervous system that result in altered bowel function.

3. Who is likely to develop IBS?

IBS can afflict anybody, although about two-thirds of those diagnosed are women and one-third are men. Onset can begin anywhere from adolescence to adulthood.

4. How common is IBS?

IBS affects an estimated 10 to 15 percent of the population, or as many as 40 million Americans.

5. How is IBS diagnosed?

Because IBS is a “functional” gastrointestinal disorder, meaning there is no organic cause to be detected, it must be diagnosed based on a specific constellation of symptoms. These are known as the Rome Criteria. Depending on a person’s medical history, diagnostic tests may be performed to rule out other disorders. IBS can be diagnosed based on at least 12 weeks (which need not be consecutive) during the preceding 12 months of abdominal discomfort or pain, accompanied by two of three of these symptoms: 1) relieved with defecation; and/or 2) onset associated with a change in frequency of stool; and/or 3) onset associated with a change in form of stool.

6. How is IBS currently treated?

Because there is no cure, IBS is treated by trying to manage symptoms. Patients should work in partnership with their physicians to come up with strategies, which may include diet and lifestyle changes, stress management, behavioral therapy, drug therapy or pain management.

7. Why are there few medical treatments for IBS?

Until recently, IBS has been misunderstood by many, including many doctors. Some have believed, mistakenly, that the illness is “all in the heads” of sufferers. Many patients don’t even know what is bothering them, since they are unaware of IBS and haven’t sought medical attention or been diagnosed. Although there are two drugs currently approved by FDA for the treatment of IBS, they are only suitable for select groups of IBS patients.

8. What is the economic toll of IBS?

Studies have estimated that it costs \$21.5 billion per year to care for IBS patients.⁽¹²⁾ In addition, lost productivity has been estimated at \$205 million annually in the United States.⁽¹²⁾

More about IBS

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IFFGD is a nonprofit education and research organization whose mission is to inform, assist and support people affected by gastrointestinal disorders. The group offers fact sheets on gastrointestinal disorders and publishes a quarterly lay journal. For more information, visit www.aboutibs.org or call 888-964-2001.


Bibliography

Douglas A. Drossman, M.D., Anthony J. Lembo, M.D., *Contemporary Diagnosis and Management of Irritable Bowel Syndrome*, Handbooks in Health Care, 2003.

Henry D. Janowitz, M.D., *Your Gut Feelings: A Complete Guide to Living Better with Intestinal Problems*, New York, Oxford University Press, 1994.

Rome II: The Functional Gastrointestinal Disorders, 2nd Edition. Edited by Douglas A. Drossman, M.D., (senior editor), McLean, Va., Degnon, 2000.

W. Grant Thompson, M.D., *Gut Reactions: Understanding Symptoms of the Digestive Tract*, New York, Plenum Press, 1989.



Glossary of Terms

AUTONOMIC NERVOUS SYSTEM: The part of the nervous system that controls involuntary actions of internal organs such as the bowel.

BOWEL: Intestines or gut.

COLITIS: Inflammation of the colon.

COLON: The large intestine.

COLONOSCOPY: Examination of the interior of the colon using a flexible viewing instrument.

CONSTIPATION: Reduced stool frequency, or hard stools, difficulty passing stools, or painful bowel movements.

CROHN'S DISEASE: A chronic form of inflammatory bowel disease.

DIARRHEA: Passing frequent and loose stools that can be watery. Acute diarrhea goes away in a few weeks, and becomes chronic when it lasts longer than four weeks.

DIGESTIVE TRACT: A group of hollow organs that forms a long, twisting tube extending from the mouth to the anus through which food is ingested, digested and expelled.

DISTENTION: An uncomfortable swelling in the intestines.

DIVERTICULITIS: Condition in which diverticula, or small pouches in the intestine, become inflamed, infected or irritated.

DIVERTICULOSIS: The presence of small pouches that push out from the colon walls.

FUNCTIONAL GASTROINTESTINAL DISORDER: A gut disorder whose symptoms cannot be linked to any infection or structural abnormality.

GUT: Intestines.

INFLAMMATORY BOWEL DISEASE (IBD): Long-lasting problems that cause inflammation and ulcers in the gastrointestinal tract. The most common disorders are ulcerative colitis and Crohn's disease.

IRRITABLE BOWEL SYNDROME (IBS): A functional bowel disorder in which abdominal discomfort or pain is associated with a range of symptoms. Typically these include intermittent abdominal pain accompanied by diarrhea, constipation, or alternating episodes of both.

MOTILITY: Ability of the digestive tract to propel its contents.

PEPTIC ULCER DISEASE: The presence of raw, crater-like breaks in the mucosal lining of the stomach or duodenum.

ROME CRITERIA: Criteria generally agreed upon by experts to diagnose IBS.

SYNDROME: A set of symptoms or conditions that occur together and suggest the presence of a certain disease or an increased chance of developing the disease.

IFFGD IBS National Survey Results

A survey of 1,000 Americans, conducted in March 2004 by IFFGD, revealed IBS is under diagnosed as well as under treated. It also revealed a lack of awareness of the condition on the part of a significant percentage of the respondents and showed that those with IBS are severely impacted by the symptoms.

Released in May 2004, the survey results showed that 13 percent of respondents reported symptoms suggesting IBS yet found that only 17 percent of those who reported such symptoms had been diagnosed. Thirty-nine percent of those with symptoms said they had not spoken with a healthcare practitioner about their symptoms.

On quality of life, 40 percent of those with symptoms said their symptoms were very or extremely bothersome, with 45 percent saying they had experienced at least one symptom each week and 12 percent experiencing at least one every day.

More than one-quarter—27 percent—of those with symptoms said their symptoms affected their ability to continue their normal routines on at least a weekly basis. And almost half—48 percent—said they had changed plans because of their symptoms. In fact, nearly three-quarters—72 percent—said they canceled social plans an average of 13 times during the prior year, with 23 percent canceling vacations.



Story Angles

IBS: America's Hidden Health Problem

As many as 40 million Americans may suffer from IBS, yet less than one in five has been diagnosed with the disease. As a result, many are not getting the care they need. The illness can take a huge toll in terms of impairment of physical, emotional, economic and social well-being.

IBS: A Misunderstood Disease

A recent survey shows that only 66 percent of Americans have heard of “Irritable Bowel Syndrome” and only 17 percent understood what the term means. Though not the majority, many still believe that IBS is a psychological or psychosomatic condition and that it is “all in the heads” of sufferers, even though leading researchers say that is not the case. The confusion may lie in the fact that IBS cannot be detected by any visible marker and may be triggered or exacerbated by certain emotional issues, including stress.

IBS: Affects Men, Too

About two-thirds of IBS sufferers are women. Studies reveal that men comprise about one-third of sufferers. It is incorrect to characterize IBS as a “woman’s disease.”

IBS: Researching the Brain-Gut Connection

Although IBS is characterized by symptoms including abdominal pain and altered bowel habits, scientists are focusing on much more than simply controlling diarrhea and constipation. They are looking at the brain and how its interaction with the gut is causing these symptoms to manifest themselves.

The Potential Market for IBS Drugs is Vast

The market for drugs to treat IBS sufferers is huge. Market analysts Frost and Sullivan reported that revenues in this market totaled \$353.7 million in 2003 and are projected to reach \$1 billion by 2010. There currently are a number of drugs in clinical trials. Another analyst report from Pharmacor said there were 16.5 million diagnosed IBS cases in the seven countries with the largest markets for pharmaceuticals in 2001 and estimated that figure would grow to 19.4 million by 2009.

Alternative Treatments for IBS

While approved drugs to treat IBS symptoms are few at present, alternative therapies including lifestyle changes, hypnosis, meditation and stress management can help. IFFGD’s IBS National Survey revealed that, among those diagnosed with IBS (or that had a family member with IBS), treatment options they were aware of included relaxation therapy (44 percent) and hypnosis (25 percent).



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