



“Psychology Works” Fact Sheet: Irritable Bowel Syndrome

What is irritable bowel syndrome?

Symptoms of Irritable Bowel Syndrome (IBS) include pain or discomfort in the lower abdomen (below the belly button area) and changes in bowel habit that involve frequent, urgent diarrhea or constipation. Bloating is another common symptom. IBS is a medical disorder of the lower 'gut' (the small and large intestine) which is one part of the gastrointestinal (GI) tract.

It is understood to be a problem of the *functioning* of the gut. It is thought to occur because of communication problems between the brain and the gut. Research suggests that people with IBS experience abnormal gut motility (changes in the rate of contractions of the gut muscles) and enhanced visceral sensitivity (an increased sensitivity to gas or sensations from routine activities that occur in the bowel).

It is not clearly understood what causes IBS. For some people it begins in childhood with a 'sensitive stomach' that develops into more intense symptoms as an adult; for others, the GI problems start suddenly during a period of stress or persist after an infection in the bowel. IBS is diagnosed based on the *presence* of the symptoms described above in combination with the *absence* of other 'red flag' symptoms (such as weight loss or bleeding).

IBS is very common. It is estimated to affect up to one in five Canadians. It often starts in young adulthood and occurs much more frequently in women than men. It is the second most common reason for missing work and is one of the most common reasons that people visit their doctor. In Canada, IBS has been estimated to cost over \$350 million in direct and over \$1 billion in indirect health care and productivity costs each year.

While the impact on society is quite significant, IBS can be very challenging for the individual. Pain, cramping or urgent trips to the washroom may interfere with work and home activities. The bloating, gas and urgency can be embarrassing, so people often suffer in silence.

Many people think certain foods must be the culprit but there is no evidence to support the idea that IBS is related to food allergies or food sensitivity. Once IBS develops, however, the bowel is over-reactive to or easily triggered by a variety of things including diet, stress, emotional state, and even hormone fluctuations.

Stress does not cause IBS, but it does appear to play a particularly important role in triggering IBS symptoms, likely because of the close communication via nerves and chemical pathways between the brain and the gut. In fact, two-thirds of healthy individuals without IBS report GI symptoms of pain or bowel upset in response to stress and the numbers are even higher for people with IBS.





Research suggests that both 'acute stressors' such as deadlines, exams, job interviews, or conflict with others as well as 'chronic stressors' such as financial concerns, time pressures, or family issues can aggravate the gut.

Can psychology help?

Absolutely. For those with milder IBS symptoms, use of over-the-counter medications and changes in lifestyle that ensure more regular eating and sleep routines, a healthier diet with increased fibre and water intake, as well as more regular aerobic exercise are usually sufficient to provide some relief.

However, for those with moderate to severe symptoms, medical and psychological treatments are recommended. These treatments usually target specific symptoms (like pain, diarrhea, or constipation) or aim to decrease the triggers (such as stress) that aggravate the symptoms.

Conventional medical treatment has included fibre supplements, antispasmodics, gut motility agents, and medications that act on biochemicals such as serotonin in the GI tract and central nervous system. At this point, reviews of the effectiveness of the medication treatments have concluded that they are helpful for small subsets of people with IBS, but have been disappointing overall in their impact. For the most up-to-date information on medication treatments as they apply to your situation, you are encouraged to discuss the use of these medications with your family doctor.

Several specific psychological treatments have been found to be effective in providing relief of IBS symptoms as well as reducing the distress and coping difficulties that often occur when dealing with a chronic illness. These psychological therapies focus on ways to decrease stress and cope differently so that the stress does not 'go to the gut'.

What psychological treatments are effective??

Four approaches have been carefully evaluated over the past number of years and have been found to be of benefit. These treatments are provided by professionals trained in psychological interventions for health problems.

Relaxation training teaches ways to relax the body and mind.

Cognitive Behavioural Therapy (CBT) incorporates a number of steps aimed at changing behaviour to improve health and coping. It often involves providing information to ensure a better understanding of the illness (to help with fears and worries), teaching strategies to change thinking patterns that can contribute to strong emotional and physical reactions, teaching skills to deal with challenging or stressful situations that can trigger the gut, and goal setting to establish optimal health habits. CBT typically includes relaxation training.

Hypnotherapy uses mental imagery and hypnosis instruction to specifically reduce gut sensations and develop a state of calmness and relaxation.





Brief Dynamic Therapy focuses on significant personal relationships. The emphasis is on identifying and dealing with challenging interpersonal situations and interpersonal stressors that can trigger the gut.

Cognitive behavioural therapy is the most commonly available type of psychological treatment for IBS in Canada and the United States. Evaluation studies have shown that psychological treatments can lead to greater improvement than the usual medical treatment. As well, the psychological therapies have long lasting effects months to years after treatment was completed.

Medication treatments, in contrast, tend to cease to have an effect when patients stop taking the medicine. Some research suggests that the amount of improvement relates in part to the effort and time the individual contributes to working with the strategies.

Where do I go for more information?

For more information about irritable bowel syndrome and steps you can take based on these psychological therapies:

- Breaking the bonds of irritable bowel syndrome: A psychological approach to regaining control of your life. (2000) Barbara Bolen. New Harbinger Publications Inc.
- IBS Relief: A complete approach to managing irritable bowel syndrome. 2nd edition (2006) Dawn Burstall, T. Michael Vallis, Geoffrey Turnbull. John Wiley & Sons Inc.
- Controlling IBS the drug-free way. A 10-step plan for symptom relief. (2007) Jeffrey Lackner. Stewart Tabori & Chang.

For general information about IBS and similar gastrointestinal disorders please visit the International Foundation for Functional Gastrointestinal Disorders at <http://www.iffgd.org>.

You can consult with a registered psychologist to find out if psychological interventions might be of help to you. Provincial, territorial and some municipal associations of psychology often maintain referral services. For the names and coordinates of provincial and territorial associations of psychology, click <https://cpa.ca/public/whatisapsychologist/PTassociations/>.

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Your opinion matters! Please contact us with any questions or comments about any of the *Psychology Works* Fact Sheets: factsheets@cpa.ca





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