



Irritable Bowel Syndrome Management Overview

What is Irritable Bowel Syndrome (IBS)?

Irritable Bowel Syndrome (IBS) is a common condition that affects how the intestines function. It can cause symptoms such as abdominal pain, bloating, diarrhea, constipation, or a combination of these. While IBS can significantly impact quality of life, it does not cause permanent damage to the intestines or increase the risk of cancer.

How is IBS Diagnosed?

There is no single test that can diagnose IBS. Instead, IBS is diagnosed based on your symptoms and medical history. Because other conditions can cause similar symptoms, we often perform tests to rule out other diseases before making a diagnosis of IBS. These may include blood tests, imaging studies such as CT scans, and sometimes a colonoscopy, depending on your age, symptoms, and individual situation.

Why Does IBS Happen?

IBS is believed to be related to increased sensitivity of the nerves in the gut. This hypersensitivity disrupts the normal communication between the brain and the intestines (often called the “brain–gut connection”). As a result, normal digestive processes can be perceived as painful or uncomfortable and can lead to symptoms such as abdominal pain, diarrhea, bloating, and constipation.

We do not fully understand why this hypersensitivity develops, but we do know that certain triggers can worsen symptoms. Identifying and managing these triggers is a key part of IBS treatment.

Common IBS Triggers

1. Food Triggers (FODMAPs)

FODMAPs are types of carbohydrates that are poorly absorbed in the small intestine. They can draw water into the gut and are fermented by gut bacteria, leading to gas, bloating, pain, and diarrhea in people with IBS.

FODMAPs fall into several categories:

- **Fermentable Oligosaccharides:** found in wheat, onions, garlic, beans, and lentils
- **Disaccharides:** primarily lactose, found in milk, yogurt, and ice cream
- **Monosaccharides:** excess fructose, found in apples, pears, mangoes, and honey
- **Polyols:** sugar alcohols such as sorbitol and mannitol, found in stone fruits (peaches, plums) and many sugar-free products

2. Mood and Stress

Stress, anxiety, and mood changes can significantly affect IBS symptoms. IBS exists on a spectrum—almost everyone experiences gut symptoms during extreme stress, such as before a big exam or job interview. In people with clinical IBS, ongoing stress or anxiety can lead to chronic digestive symptoms due to persistent activation of the brain–gut connection.

3. Changes in the Gut Microbiome

The gut microbiome refers to the community of bacteria that live in your intestines and help with digestion and immune function. This is a newer and rapidly evolving area of IBS research. We know that diet, medications (especially antibiotics), and stress can alter the microbiome, which may worsen IBS symptoms in some people.

How Do We Manage IBS?

IBS is a chronic condition, meaning it cannot be cured. However, symptoms can often be significantly improved with the right combination of dietary changes, stress management, and medications.

Dietary Management: Low FODMAP Approach

In an ideal situation, a strict low FODMAP diet involves eliminating all high FODMAP foods for several weeks and then reintroducing them one at a time to identify specific triggers.

Each food is typically reintroduced individually over several days while monitoring symptoms.

However, this process can be very challenging and is often not realistic for many people.

A more practical approach we often recommend is:

1. **Eliminate dairy for 2 weeks**, then reintroduce
2. **Eliminate gluten for 2 weeks**, then reintroduce

These should be done separately. If you notice significant improvement while avoiding dairy or gluten and symptoms return when they are reintroduced, that food group is likely a trigger for you and should be limited when possible.

If symptoms persist after eliminating dairy and gluten, the next step is to work through other high FODMAP foods:

- Eliminate **2–3 high FODMAP foods at a time**, preferably ones you eat frequently
- Avoid them for at least **2 weeks**
- Reintroduce **one food at a time** and monitor symptoms

Gradually working through high FODMAP foods can help identify your personal triggers.

Medications for Symptom Control

While working on diet and lifestyle changes, we may also use medications to help control symptoms. These are often used as needed or for short-term relief:

- **Miralax**: helps relieve constipation
- **Imodium (loperamide)**: helps control diarrhea
- **Dicyclomine**: helps with abdominal pain and diarrhea by relaxing the smooth muscle of the intestines, which slows gut movement and reduces spasms (a common source of IBS pain). Constipation can be a side effect.

These medications are especially helpful if your symptoms are predictable or occur infrequently, as they can be taken just before a known trigger or shortly after symptoms begin.

Rifaximin

Rifaximin is a unique option for people with IBS where diarrhea is the main symptom. It is a short course antibiotic (typically 10–14 days) that works within the gut to help rebalance the microbiome. In some patients, this leads to significant improvement in symptoms.

Managing Stress, Anxiety, and Mood

Because of the strong brain–gut connection, addressing stress, anxiety, or depression is an important part of IBS management. This may include working with a psychologist, psychiatrist, or therapist. It can also involve lifestyle and behavioral changes, such as modifying stressful routines, setting boundaries with people in your life, considering a job change, or adopting stress-reducing habits.

Long-Term Medications

Sometimes dietary changes, stress management, and short-term medications are not enough. In these cases, we may consider long-term medications that target the underlying gut hypersensitivity that causes IBS.

The most commonly used medications for this purpose are **tricyclic antidepressants (TCAs)**. At low doses, TCAs can significantly improve IBS symptoms by reducing nerve sensitivity in the gut. However, they:

- Can cause side effects such as fatigue, brain fog, and constipation
- Work slowly (often taking 4–6 weeks to notice improvement)
- Are started at low doses and gradually increased to improve tolerability
- Must be taken **daily and long-term**, not just when symptoms occur

Together, we will tailor an IBS treatment plan that fits your symptoms, lifestyle, and goals.

Conclusion: What to Expect with IBS Treatment

IBS is not a one-size-fits-all condition. Some patients notice significant improvement by simply identifying and avoiding one or two food triggers, while others may need more extensive dietary changes and trials of multiple medications.

Because IBS has many possible triggers and treatments, management can feel slow or frustrating at times. It is uncommon to completely control IBS symptoms in just one or two visits. However, there are many effective treatment options available, and with a stepwise and individualized approach, IBS is a very manageable condition for most patients.

High FODMAP Foods and Low FODMAP Alternatives

FODMAP Category	High FODMAP Foods (Examples)	Low FODMAP Alternatives
Oligosaccharides (Fructans s GOS)	Wheat bread, pasta, cereal; onions; garlic; beans; lentils	Gluten-free bread or pasta; rice; oats; green onions (green tops only); garlic-infused oil
Disaccharides (Lactose)	Milk; ice cream; soft cheeses; yogurt	Lactose-free milk; almond milk; oat milk; hard cheeses; lactose-free yogurt
Monosaccharides (Excess Fructose)	Apples; pears; mango; watermelon; honey	Bananas; blueberries; strawberries; oranges; maple syrup
Polyols (Sorbitol s Mannitol)	Peaches; plums; cherries; cauliflower; mushrooms; sugar-free gum or candy	Grapes; pineapple; carrots; zucchini; regular sugar or maple syrup

Sample Low FODMAP Meal Ideas

Breakfast Options

1. Scrambled eggs with spinach and gluten-free toast
2. Oatmeal made with lactose-free milk, topped with blueberries
3. Greek-style lactose-free yogurt with strawberries and chia seeds

Lunch Options

1. Grilled chicken salad with mixed greens, cucumber, tomatoes, olive oil, and lemon
2. Rice bowl with turkey, roasted carrots, zucchini, and olive oil
3. Gluten-free sandwich with tuna, lettuce, tomato, and mayo

Dinner Options

1. Baked salmon with rice and roasted green beans
2. Grilled steak with mashed potatoes and a side salad (no onions)
3. Roasted chicken with quinoa and sautéed spinach

Snack Options

1. A banana with peanut butter
2. Rice cakes with cheddar cheese
3. Handful of almonds and a small orange