Irritable Bowel Syndrome (IBS) Assessment

Irritable bowel syndrome (IBS) is characterized as a chronic gastrointestinal disorder that includes symptoms of abdominal pain, alterations in bowel patterns, excessive flatulence, and fatigue. However, these symptoms are widely individualized, which makes IBS difficult to diagnose. Symptoms may be exacerbated by psychosocial stressors and certain foods. This condition is more commonly diagnosed in women. Although there is no specific test to identify IBS, diagnostic tests for other health conditions are performed to rule them out.



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Abdominal Pain
Abdominal Pain-bolt
Patients with IBS experience abdominal pain or discomfort. They usually feel pain in the lower left quadrant of the abdomen. The signals between the brain and abdomen are poorly coordinated. As the abdomen excessively stretches from gas or stool, the brain does not anticipate the changes in digestion and reacts by activating pain receptors.

Relieved by Defecation
Pain-bolt Relieved by Poop
When the patient defecates, the intestinal walls relax as stool is released. The pain in the abdomen is relieved by decreasing the pressure within the intestinal walls.

Alternating Diarrhea and Constipation
Toilet and Corked-con Toilet
Individuals with IBS experience intermittent episodes of diarrhea and constipation. The patient with IBS may have more than 3 bowel movements a day with loose and watery stools. With constipation, the stools are small and hard, frequently followed by several softer stools. The alterations of bowel patterns cause pain as increased and decreased bowel transit times affect bowel motility and intestinal wall integrity.

Fatigue
Sleepy-guy
The chronic changes in bowel patterns may cause fatigue and sleep disturbances. The patient may experience anxiety and depression from their abnormal bowel patterns. The constant abdominal pain activates the stress response and leads to fatigue.

Excessive Flatulence
Excessive Farting
Patients with IBS experience excessive flatulence, abdominal distention, and bloating. During normal peristalsis, the intestinal walls smoothly coordinate contractions to move digested food through the intestinal tract. During IBS, intestinal contractions may be stronger and longer than normal, causing increased bloating in the abdomen, released as flatulence.

Sensation of Incomplete Evacuation
Poop Incompletely Evacuated
Patients with IBS may feel like they haven't completely emptied their colon after a bowel movement. The constant alterations between hard stools during constipation and stools that are more loose with diarrhea may affect their sensation of defecation.

Considerations

Stressors
Scissors
Psychological stressors such as depression, anxiety, abuse, and post-traumatic stress disorder (PTSD) may contribute to the development and exacerbation of IBS. A majority of patients report worsening symptoms during periods of increased stress. Assess the patient's psychosocial factors, such as stress and anxiety, while obtaining a health history.

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Food Intolerances

Food Intolerance

Certain food intolerances are often reported by patients with IBS. Chemicals that may exacerbate symptoms of IBS include fructans found in wheat, galactans, lactose, fructose, sorbitol, and xylitol. Consuming certain types of food may trigger changes in bowel patterns. Other foods that may exacerbate symptoms include chocolate, fat, spices, fruit, dairy, and carbonated beverages.

More Common in Women

Women

Irritable bowel syndrome affects women 2 to 2.5 times more often than men. Women are more likely to report symptoms, such as constipation, migraine headaches, insomnia, and fibromyalgia. Since women are more likely to seek professional healthcare help, IBS is diagnosed more frequently in women than men. Hormonal changes related to menstruation may also contribute to IBS.

Rule Out Other Disorders

Ruled Out Other Disorders-with-ruler

Since there are no accurate tests to identify IBS, obtaining a thorough history and physical examination of the patient is critical to initiate supportive therapy to help relieve symptoms. Assess the patient's symptoms, past health history, current medications, family history, and diet history. To rule out other conditions, perform diagnostic tests for colorectal cancer, inflammatory bowel disease (IBD), endometriosis, and malabsorption disorders.

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