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Digestive tract diseases and nutrition
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Irritable bowel syndrome (IBS)

Mystery continues to surround this disease

IBS or functional colopathy corresponds to anomalies in the sensitivity and functioning of the colon wall, which is “irritable” rather than “irritated”. In contrast to other digestive pathologies, there exist no apparent lesions of the colon visible to the naked eye.

Improvement in our knowledge of the physiopathology of IBS is considerable. It is not limited to simple dysfunctioning of the digestive tract, but is proving to have multifactorial origins. In addition to visceral hypersensitivity (a major phenomenon causing abdominal pain) linked to dysfunctioning of nerve communications between the peripheral nervous system of the digestive tract itself and of the central nervous system, other factors may play a role: gastrointestinal motor dysfunctioning, viral or bacterial infection, alterations in intestinal permeability, dysbiosis, malabsorption of biliary acids, psychological and genetic factors and low grade gut inflammation.

In the face of the many mechanisms that might explain a given symptomatology, it is understandable that it is extremely difficult to treat each patients and that currently proposed treatments may often be disappointing.

Newly developed experimental models are leading to hope of finding new molecules since, up to now, the therapeutic benefit is only 10% compared to a placebo.

Epidemiology

IBS is a frequently occurring pathology. Indeed, in industrialized countries, its prevalence is on the order of about 15%, with a high female predominance.

In France, over 9 million persons suffer from functional intestinal problems.

IBS occurs at all ages of life, including in young children, but is most often seen toward the end of adolescence and up to 25 years of age.



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Painful chronic pathologies

These functional gut problems are chronic (40% of subjects questioned had been suffering from them for more than 10 years) and will evolve over time in an erratic, fluctuating manner, without becoming more severe or complicated. They are associated with chronic abdominal pain and problems in bowel movement (constipation, diarrhea or both, alternating) which become more severe during painful outbreaks.

The symptoms may sometimes be so severe as to cause concern to the patient and lead to hospitalization.

IBSs represent 50% of appointments in gastroenterology and have a drastic economic impact (absences, need for further examinations, need for medication). IBSs thus constitute a veritable public health problem despite their seeming harmlessness.

While they are not deadly in terms of prognosis, they can significantly modify the quality of life of the patient. In terms of fatigue and emotional stress, the impact of colopathy upon quality of life would seem to be even more harmful than, for example, that of diabetes treatment by insulin or of renal insufficiency.

The helplessness of the medical community

When confronted with IBS, the medical community currently has no response either in terms of diagnosis (difficult process of “elimination”) or treatment. The therapeutic response is limited to treatment of symptoms using anti-spasmodics, slowing down of bowel movements, laxatives, etc.