Women and Irritable Bowel Syndrome (IBS)

IBS is a very common gastrointestinal (GI) condition, estimated to affect 8-20% of the US population - 5-19% of men and 14-24% of women. The classic GI symptoms of IBS are chronic or recurrent abdominal pain and/or discomfort and associated changes in bowel habits (diarrhea and/or constipation).

Rome II Diagnostic Criteria for IBS:
• At least 12 weeks (which need not be consecutive) in the preceding 12 months of abdominal discomfort or pain that has two out of three features:
  ◊ Relieved with defecation and/or
  ◊ Onset with a change in frequency of stool and/or
  ◊ Onset associated with a change in form (appearance) of stool

• Symptoms that cumulatively support the diagnosis of IBS:
  ◊ Abnormal stool frequency (perhaps more than 3 movements per day or less than 3 bowel movements per week)
  ◊ Abnormal stool form (lumpy/hard or loose/watery)
  ◊ Abnormal stool passage (straining, urgency, feeling of incomplete evacuation)
  ◊ Passage of mucus
  ◊ Bloating or feeling of abdominal distension

• IBS is one of the most common reasons for work or school absenteeism, second only to the common cold -- people with IBS miss 3-4 times as many work days annually as the national average of 5 days.
• Among women, IBS is most prevalent during menstruation years, with symptoms being most severe during postovulatory and premenstrual phases.
• Studies have found that over 50% of patients seeing a gynecologist for lower abdominal pain have IBS.
• Women with IBS are more likely than women with other bowel symptoms to ultimately be diagnosed with endometriosis.
• Women with IBS are three times more likely to receive a hysterectomy than women without IBS.
• Many individuals with IBS also suffer from non-GI symptoms - 2/3rds of IBS patients report rheumatological symptoms, such as skin rashes, muscle contraction headache and myalgias.
Fibromyalgia (FM) syndrome occurs in up to 60% of IBS patients; up to 70% of patients with a diagnosis of FM have symptoms of IBS.
• Faculty and Investigators at the UNC Center for Functional GI & Motility Disorders conducted a National Survey of the Effects of Changes in Female Sex Hormones on Irritable Bowel Symptoms:
Menstruation is associated with exacerbation of IBS symptoms in the majority of women

- Pregnancy appears to improve IBS symptoms temporarily for many women
- Oral estrogen and progesterone supplements do not seem to have any effect on IBS symptom levels
- Irregular menses have no association with IBS symptom severity
- Hysterectomy and tubal ligation appear to have little effect on IBS severity
- Endometriosis increases bloating symptoms but not other symptoms in IBS women

**Sexual abuse** is an important risk factor in IBS. Researchers associated with the Center have found:

- Among women in a referral-based gastroenterology clinic, 51% reported a history of sexual and/or life threatening physical abuse
- Those patients with functional disorders (e.g., IBS, unexplained abdominal pain) had experienced more severe types of abuse such as rape and life threatening physical violence
- Among patients in a referral-based gastroenterology clinic, those with abuse history (compared to patients without abuse):
  - had on average three more medical symptoms (e.g., pelvic pain, headaches, genitourinary complaints, shortness of breath)
  - greater pain
  - twice the number of days spent in bed due to illness
  - greater disability in all areas of functioning (e.g., physical work, home management, psychosocial)
  - more physiological distress
  - more lifetime surgeries