

# Talking to Your Patients' Families about Irritable Bowel Syndrome

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## Talking to Your Patients' Families about Irritable Bowel Syndrome

Irritable bowel syndrome, or IBS, can cause pain, discomfort and stress for children diagnosed with this functional gastrointestinal disorder. Here we share information to help you discuss IBS with your patients' families, including treatment approaches to manage IBS symptoms in children.

### Diagnosing irritable bowel syndrome in children

As you know, there is no test to diagnose IBS. Rather, diagnosis is based on the presence, severity and regularity of symptoms. The diagnostic manual *Rome III*, released in October 2006, offers guidance on the diagnosis and treatment of functional gastrointestinal disorders, including irritable bowel syndrome.

The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) summarizes the *Rome III* criteria as follows: A diagnosis of IBS in children requires the presence of abdominal pain or discomfort at least one day per week for two months or longer. In addition, two or more of the following events must occur at least 25 percent of the time:

- The pain or discomfort goes away after a bowel movement.
- The pain or discomfort is associated with a change in the frequency of bowel movements.
- The pain or discomfort is associated with a change in the stool's appearance.

The diagnosis of IBS is a clinical diagnosis. Occasionally, other testing is needed to rule out diseases such as inflammatory bowel disease, lactose intolerance, gall bladder disease and peptic ulcer disease, among others. These tests may include blood tests, abdominal ultrasound or X-ray, lactose breath test, stool sample, endoscopy or colonoscopy.

### Approaches to treating IBS in children

According to the NIDDK, treatment should be guided by the symptoms present, their severity and a child's response to treatment. Approaches to treating IBS most often include diet modification, medication to control constipation and diarrhea, and stress management.

*Dietary changes:* Recommend foods high in fiber — including fruits, vegetables and whole-grain breads and cereals — to relieve constipation and improve bowel movement regularity. Eliminate foods that may trigger a child's symptoms, including caffeine and high-fat or spicy foods.

*Medication:* Fiber supplements help control constipation. Laxatives (such as PEG 3350), may be used to relieve moderate to severe constipation. Antispasmodics, such as dicyclomine, may be used to ease pain by relaxing smooth muscle contractions in the bowel. Antispasmodics should be used cautiously, however, because of potentially serious side effects. Low doses of antidepressants, including SSRIs and TCAs, also are used to treat the symptoms of IBS, though the effectiveness of these medicines in children is not well documented.

*Stress management:* Children with IBS often feel stress and anxiety, which can trigger symptoms. Learning how to cope with stress will help the symptoms become less severe. Counseling — including cognitive behavior therapy and hypnotherapy — also may be helpful in managing IBS symptoms. Regular school attendance should be emphasized from the onset, as missed school increases a child's stress and anxiety.

"Irritable Bowel Syndrome (IBS) in Children," National Digestive Diseases Information Clearinghouse NIH Publication No. 09-4640 (November 2008); [www.digestive.niddk.nih.gov](http://www.digestive.niddk.nih.gov)

### **For more information**

The American College of Gastroenterology published a new evidence-based review on the management of IBS as a supplement to the January 2009 issue of *The American Journal of Gastroenterology*.

The Division of Pediatric Gastroenterology, Hepatology and Nutrition at Riley has extensive experience in diagnosing and treating IBS in children. Call 317-274-3774 for more information.

For free materials on this topic for your patients' families, please visit [rileyhospital.org/RileySpeaks](http://rileyhospital.org/RileySpeaks) or call **317-962-4540**.