CONDITION

Irritable bowel syndrome

Irritable bowel syndrome is a long-term condition that causes abdominal pain and changes in bowel habits without damaging the bowel.

WHAT IT IS
Chronic disorder of gut-brain interaction

BODY SYSTEM
Digestive system

MAIN SYMPTOMS
Abdominal pain, bloating, constipation, diarrhea

WHAT CAUSES IT
Unknown; altered gut-brain signaling and bowel sensitivity

HOW IT IS DIAGNOSED
Symptom criteria and tests excluding other causes

MAIN TREATMENT
Diet, lifestyle, symptom-targeted medicines, and psychological therapies

CAN IT BE CURED?
No - symptoms can often be controlled

IS IT AN EMERGENCY?
Sometimes - severe pain, fainting, or heavy rectal bleeding

LONG-TERM OUTLOOK
Symptoms often fluctuate without damaging the bowel

Overview

Irritable bowel syndrome, usually called IBS, is a long-term condition affecting how the bowel works. It causes recurring abdominal pain together with constipation, diarrhea, or both.

IBS is described as a disorder of gut-brain interaction. This means communication between the digestive system and brain is not working as it should. The bowel may become unusually sensitive, and its muscles may move food too quickly, too slowly, or irregularly.

IBS does not cause visible inflammation, ulcers, or permanent injury to the bowel. However, its symptoms can disrupt work, sleep, travel, relationships, and eating. The severity ranges from occasional discomfort to symptoms that have a major effect on daily life.

"Spastic colon" is an older name for IBS. It can be misleading because bowel spasms are only

one possible part of the condition.

Symptoms

Abdominal pain is a central symptom of IBS. The pain may improve or worsen after a bowel movement. It may also occur alongside a change in how often you pass stool or what the stool looks like.

Other possible symptoms include:

Symptoms often come and go. A period when symptoms become more troublesome is sometimes called a flare.

IBS is grouped by the usual stool pattern. IBS-C mainly involves constipation, IBS-D mainly involves diarrhea, and IBS-M involves a mixture of both. A person's pattern may change over time.

Bleeding, fever, anemia, repeated vomiting, and unexplained weight loss are not typical IBS symptoms. They need medical assessment because another condition may be responsible.

- Bloating or a feeling of abdominal swelling
- Constipation, including hard or difficult-to-pass stools
- Diarrhea, including loose or urgent stools
- Alternating periods of constipation and diarrhea
- Mucus in the stool
- A feeling that the bowel has not emptied completely
- Increased gas

Causes and risk factors

The exact cause of IBS is unknown. It is likely to involve several connected factors rather than one problem.

The bowel may be more sensitive to stretching, gas, or normal digestion. Signals between the bowel and brain may also affect pain, bowel movement, and the body's response to stress.

Possible contributing factors include:

Stress does not mean IBS is imaginary. Symptoms are physical. Stress can affect bowel movement and pain sensitivity, so it may trigger or intensify symptoms in some people.

Foods can also trigger symptoms without being the underlying cause. Triggers differ between people and may change over time.

- Changes in how quickly the bowel moves
- Increased sensitivity of nerves in the bowel
- Changes in the community of microbes living in the gut
- A previous bowel infection, known as post-infectious IBS
- Family and genetic influences
- Stressful experiences or ongoing emotional strain

Diagnosis

There is no single test that confirms IBS. Diagnosis is based on a recognizable pattern of abdominal pain and altered bowel habits, along with an assessment for other possible causes.

A healthcare professional will usually ask about the timing of your symptoms, stool pattern, diet, medicines, family history, and whether anything makes symptoms better or worse. They may examine your abdomen.

Blood tests may be used to look for anemia, inflammation, or coeliac disease. Coeliac disease is an immune reaction to gluten that can cause symptoms similar to IBS. If diarrhea is present, a stool test called fecal calprotectin may help check for inflammation in the bowel. Other stool tests may be appropriate if infection is possible.

A colonoscopy uses a flexible camera to examine the large bowel. It is not routinely needed for every person with typical IBS symptoms. It may be recommended if there are warning signs, abnormal test results, a relevant family history, or a separate need for bowel cancer screening.

Inflammatory bowel disease, coeliac disease, bowel infections, medication effects, and some other digestive conditions can resemble IBS. Testing is chosen according to your symptoms rather than using every available test.

Treatment and management

There is no single treatment that works for everyone. Management is usually based on your main symptoms, likely triggers, and how much IBS affects your life. Trying one planned change at a time can make it easier to tell what helps.

Regular meals may support a more predictable bowel pattern. Eating slowly, drinking enough

fluid, getting regular physical activity, and maintaining a steady sleep routine may also help. Caffeine, alcohol, fatty foods, spicy foods, and fizzy drinks can trigger symptoms in some people, but they do not need to be avoided unless they affect you.

Fiber needs careful adjustment. Soluble fiber, found in foods such as oats and some fiber supplements, may help constipation and overall symptoms. It should usually be increased gradually because a sudden increase can cause gas and bloating. Insoluble fiber, such as wheat bran, can make symptoms worse for some people.

A low-FODMAP diet temporarily reduces certain carbohydrates that are poorly absorbed and readily fermented in the bowel. It may help some people, but it is not intended to be a strict permanent diet. Foods are gradually reintroduced to identify personal triggers. Guidance from a dietitian can reduce the risk of unnecessary restriction or nutritional gaps.

Medicines may be used for particular symptoms. Options include laxatives for constipation, anti-diarrheal medicines, and antispasmodics for cramping. Peppermint oil may help pain or bloating in some people but can worsen heartburn.

Prescription medicines that change bowel movement or fluid in the bowel may be considered when simpler measures have not helped. Some low-dose antidepressant medicines can reduce bowel pain and alter gut-brain signaling, even when depression is not present. The choice depends on whether constipation, diarrhea, pain, or bloating is the main concern.

Psychological treatments such as cognitive behavioral therapy and gut-directed hypnotherapy can reduce symptoms for some people, particularly when IBS is persistent. These treatments address the connection between stress, pain processing, and bowel function. Their use does not suggest that symptoms are "all in your head."

Evidence for probiotics is mixed. Different products contain different organisms, so a benefit from one product does not apply to all probiotics.

Medicines commonly used for this include alosetron , linaclotide and tenapanor . Which one suits you, if any, is a decision for you and your doctor.

Complications

IBS does not damage the bowel and does not turn into inflammatory bowel disease or cancer. It can still have important effects on health and well-being.

Pain, urgency, or unpredictable bowel habits may lead to missed work, reduced social activity, sleep problems, anxiety, or low mood. Severe food restriction can cause nutritional problems. Frequent straining or diarrhea may also aggravate problems around the anus, such as hemorrhoids.

New symptoms should not automatically be blamed on IBS, even after a diagnosis has been made.

Prevention

There is no proven way to prevent IBS because its cause is not fully understood. Post-infectious IBS can develop even after an ordinary bowel infection, and family influences cannot be changed.

If you already have IBS, identifying personal triggers may reduce flares. A symptom, food, and stool diary can sometimes reveal patterns. The goal is not to create a long list of forbidden foods, but to find a balanced routine that controls symptoms without unnecessary restriction.

Stress management, regular activity, and consistent meals may help reduce symptoms, but they cannot guarantee that flares will not occur.

Living with it and what to expect

IBS usually follows a fluctuating course over months and years. Symptoms may settle for long periods and then return. The main symptom can also shift, such as changing from constipation to a mixed bowel pattern.

Many people find a combination of food adjustments, daily routines, and symptom-targeted treatment that makes IBS manageable. Others continue to have significant flares and may need ongoing follow-up or a different treatment approach.

IBS itself does not progressively injure the bowel or shorten life. However, a previous IBS diagnosis should not prevent reassessment if your pattern changes. New bleeding, weight loss, fever, nighttime diarrhea, or steadily worsening pain may point to another cause.

When to get medical help

Arrange a routine medical appointment if abdominal pain and changes in bowel habits keep returning or continue for several weeks. Follow-up is also appropriate if current treatment is not helping, medicines are causing problems, or food avoidance is becoming difficult to manage.

Seek prompt medical advice if you develop:

Seek emergency help for sudden or severe abdominal pain, heavy rectal bleeding, black

tar-like stools, fainting, confusion, or signs of severe dehydration. These are not usual IBS symptoms and may indicate another urgent condition.

- Blood in the stool or bleeding from the rectum
- Unexplained weight loss
- Fever or repeated vomiting
- Diarrhea that regularly wakes you from sleep
- A new lump or persistent swelling in the abdomen
- Unusual tiredness, shortness of breath, or paleness that could suggest anemia
- A clear and lasting change from your usual IBS pattern

Common questions

Is IBS the same as inflammatory bowel disease?

No. IBS changes how the bowel functions but does not cause visible inflammation or lasting damage. Inflammatory bowel disease, including Crohn's disease and ulcerative colitis, causes inflammation and injury within the digestive tract. Some symptoms overlap, so testing may be needed.

Can IBS go away completely?

IBS has no reliable cure, but symptoms may become mild or disappear for long periods. They can also return. Treatment aims to control symptoms and reduce their effect on everyday life.

What foods trigger IBS?

Commonly reported triggers include fatty meals, caffeine, alcohol, spicy food, and certain fermentable carbohydrates. There is no universal IBS diet. Removing many foods without guidance can make nutrition and social eating more difficult.

Does stress cause IBS?

Stress alone does not fully explain IBS, but it can affect bowel movement and pain sensitivity. Some people notice symptoms during stressful periods, while others have symptoms without an obvious emotional trigger.

Can IBS cause weight loss or blood in the stool?

IBS does not usually cause unintentional weight loss or bleeding. These symptoms need medical assessment rather than being assumed to be part of IBS.

Does IBS increase the risk of bowel cancer?

IBS itself does not increase bowel cancer risk. You should still take part in routine screening when eligible and seek assessment for warning symptoms such as bleeding, unexplained weight loss, or a persistent new change in bowel habits.

Sources

- National Institute for Health and Care Excellence. Irritable bowel syndrome in adults: diagnosis and management . Clinical guideline CG61
- National Institute of Diabetes and Digestive and Kidney Diseases. Irritable Bowel Syndrome
- Lacy BE, Pimentel M, Brenner DM, et al. ACG Clinical Guideline: Management of Irritable Bowel Syndrome . American Journal of Gastroenterology. 2021;116(1):17-44
- Vasant DH, Paine PA, Black CJ, et al. British Society of Gastroenterology guidelines on the management of irritable bowel syndrome . Gut. 2021;70:1214-1240
- Lacy BE, Mearin F, Chang L, et al. Bowel Disorders . Gastroenterology. 2016;150(6):1393-1407
- American Gastroenterological Association. Pharmacological management of irritable bowel syndrome with constipation and with diarrhea . Clinical guidance, 2022