

## Tell us what you want, what you really, really want!

Please Complete our IBS Survey.  
Help us to help you better...



IBS affects about 12 million people in the UK, yet the letters you write to us indicate that it is difficult to get the help you need from your doctors and specialists. The Health Service is overstretched and with just ten minutes time per appointment in most GP surgeries, there is so little time to tell your story and get the help you need.

**My doctor doesn't listen**, you tell us. But maybe there is just not enough time to listen and direct you to the most appropriate help.

**This is where we come in.**

**The IBS Network** is the UK's only charity, specifically dedicated for Irritable Bowel Syndrome. We are here to help you better.

*The ibs self care plan  
helping you better...*

**Our IBS Self Care Plan** aims to provide information on every possible aspect of the nature, causes, diagnosis and management of IBS. Our Telephone Helpline and email response service (Ask Prof Nick) offers you one to one advice from IBS expert health care professionals. Our can't wait cards, self help groups, magazine and newsletter offer you support when you need it.

We aim to help you gain the understanding, knowledge, skills and confidence so that you can better manage your own illness and get the most out of your health care professionals.

**But in order to help us help you better,  
we need to know:**

- How you rate our existing services
- What could we do better
- What else you want

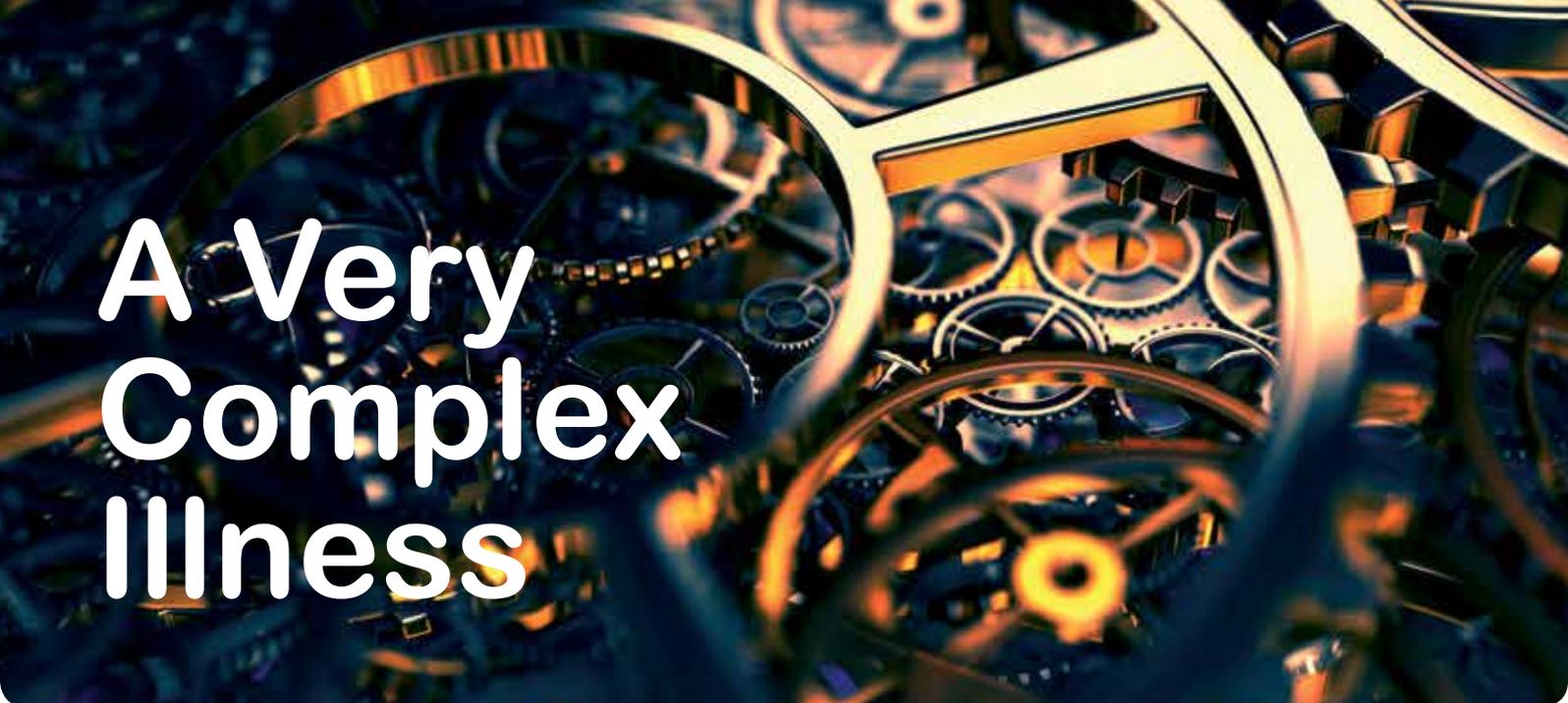
**So please fill in the survey included  
with this month's Gut Reaction and  
return to us.**

**The more returns we get, the better  
we can help.**

## A DATE FOR YOUR DIARY.

The IBS Network AGM, 30th May 2015  
We'd love to see you.





# A Very Complex Illness

**There was a time when physicians used to group all illnesses that did not have definitive structural features or an obvious physical cause under the same all-embracing title. For 2000 years, this was hysteria, but there were other terms such as melancholia, the spleen, the vapours, hypochondriasis, irritable weakness and neurasthenia.**

***“The frequency of hysteria is no less remarkable for the multiformity of shapes that it puts on: violent headaches, occasionally followed by vomiting, violent coughing or spasms of the colon, continuous diarrhoea, pain in the jaws, shoulders, hands, legs and particularly the back and polyuria (frequent passage of urine).....”*** Thomas Sydenham, 1668.

The current model of medical practice came in with the discovery of germs little over a hundred years ago. Diseases that once had to run their course could be cured! It was just a matter of taking a careful history, conducting a clinical examination, confirming your suspicion with tests and applying a specific treatment. Within little more than a generation, it appeared that for every ailment, there was a cause and a treatment; a linear model of cause, effect and cure. Advances in medical science allowed more and more diseases to be understood, diagnosed and treated. What was once a single medical textbook now fills a library, but the model has hardly changed. Despite the miracles of medical science, about 50% of doctors' appointments are for illnesses that have no obvious cause nor any specific treatment – and they all tend to overlap with each other. Among these is the ailment we call The Irritable Bowel Syndrome (IBS).

But IBS cannot be conveniently understood by a linear model. There are so many possible causes: infection, trauma, stress, diet, depletion of colonic bacteria (microbiome), immunological activation, bile acid malabsorption, dysmotility, alternations in the brain gut axis, visceral sensitivity, though all are interconnected and may be more accurately viewed as different perspectives. And there is a multiplicity of treatments, all of which at least some people find efficacious.

Despite extensive research over many years, it now seems unlikely that clinical scientists are ever likely to find the definitive cause of IBS; they can't even agree as to what it is. This has led a few

to consider IBS as a re-setting of a state of brain gut sensitivity or reactivity, a disorder of regulation, a common destination of a number of possible routes.

It seems that a combination of factors may bring about IBS in any individual patient and there may be many successful treatments. It all depends on the nature and life experience of the patient. IBS is a very individual illness and often requires a very individual treatment. This idea resonates with Thomas Sydenham's (1668) notion of a combination of overordinate actions of the body and over-ordinate commotions of the mind or Ian Deary's concept of a state of dysphoria affecting mind and body.

Last year, Professor Michael Hyland from Plymouth used an analogy from control engineering to propose that IBS is like a machine with its gain set too high, causing increased intestinal sensitivity and an oscillation (hunting) between diarrhoea and constipation. This is interesting inasmuch as overlapping conditions can also oscillate or 'hunt' in synchrony with IBS (viz: anorexia and binge eating/bulimia; fibromyalgia and lethargy (ME/CFS); agitation and depression) and reducing gut sensitivity with alosetron or ondansetron is as near as we get to any effective drug treatment for all the symptoms of IBS, while psychological treatments also reduce sensitivity and are very effective.

Professor Hyland and his research student Sarah Bruckgraber, are seeking volunteers to fill in an on line questionnaire to investigate the links between IBS and ME/CFS. Click on the following link. <https://www.psy.plymouth.ac.uk/onlineResearch/FunctionalDisorders/default.aspx?Code=xhd9G146mL>

*Deary I, 2001. A taxonomy of medically unexplained symptoms. J. Psychosomatic Research 47, 51-59.*

*Hyland, M, 2011. The Origins of Health and Disease. Cambridge University Press*

*Manolakis AC, Kapsoritakis AN, Tiaka EK, Tsiompanidis I, Potamianos SP. Irritable bowel syndrome: has the psychosomatic "affliction" grown into an inflammatory disorder? In: Kiyomizu G, Rin H, eds. Constipation and irritable bowel syndrome: causes, treatments and prevention. New York: Nova Science; 2012:85-108.*

*Read, NW 2015 (in press) Recent Advances in IBS. Chapter 3. Recent Advances in Gastroenterology*

*Sydenham, T (1668) Observationes medicae.*

# Mad, Sad or Guts Gone Bad



Vicky Grant

Vicky Grant is a PhD student at the University of Sheffield and a member of the IBS Network's Advisory Board. She is leading the Storying Sheffield Knowing as Healing project: Living well with IBS. [www.storyingsheffield.com/knowing-healing@missvagrant](http://www.storyingsheffield.com/knowing-healing@missvagrant)

I have had irritable bowel syndrome for over thirty years and in that time have seen many doctors, mainly male consultant gastroenterologists. Whilst my diagnosis throughout this time has remained consistent (IBS), the aetiology and recommended therapies presented to me have not. Over the years I have been placed into two seemingly very different categories which, in simple terms, can be described as 'mad' or 'bad'. In other words the IBS was either caused by my 'defective' mind or by my 'defective' gut.

This aetiological sub-typing of patients is presented throughout the biomedical literature and is widely utilised in clinical practice. It seems to be determined by three factors: The first is the way in which the patient presents. If I cried (which I often did – especially in the winter when my depression was at its worst) then I would quickly be categorised as 'mad' and would be treated accordingly; SSRIs, counselling, hypnotherapy etc. If I presented in a more calm manner then the treatment options would more often (although not always) focus on my gut; dietary interventions, 5HT3 antagonists, probiotics etc. The second determining factor when categorising patients seems to be the research interests and beliefs of individual gastroenterologists, some believing that IBS is caused by psycho-social/ psychiatric factors, others by physiological factors. But there is a third factor – gender. Through my own ethnographic and narrative based research I have discovered that men with IBS are more likely to be categorised as 'bad' whilst women, it would seem, have inevitably gone 'mad'. Indeed, in the linear model, men are more likely to be referred to a specialist for further investigation, in case there is a more 'serious' condition presenting. "My home GP thought it wasn't possible for a young man to have IBS so he referred me back to a specialist." Tom, aged 23. The 2007, BSG adopted, guidelines for IBS<sup>1</sup> appear to support this gender divide,

clearly stating that male sex is an independent alarm feature in patients presenting with suspected IBS.

Whilst female patients may well raise questions about discrimination and women's health we should pause to think how this gender divide might also impact on a man's life. Tom's final diagnosis was indeed IBS, leaving him at the questionable advantage of specialist medical care coupled with the potentially emasculating label of having a 'woman's disease'. It is little wonder then that far fewer men than women present with IBS. It is time to challenge this stigmatisation of men and stereotyping of women.

Authors Sophie Lee<sup>2</sup> and Joy Spencer<sup>3</sup> both exhibit deep distrust of the medical profession, when they narrate their experiences of living with IBS. Both women can attribute the onset of their illness to an infectious episode and yet, like me, have become exasperated over the years by the lack of interest in this aspect of their condition.

I have been surprised at how few of the people we have worked with through the Knowing as Healing project have focused on the need to be cured from their illness. What they more often talk about is the importance of being believed. Lee explains more in her 2011 KevinMD blog post<sup>4</sup>.

*"I wonder where they're getting their information from, these doctors, about the power of IBS; what textbooks and lectures they are relying on, what experts they are trusting so much more than they trust me ... I'm not asking for a solution, I'm not asking for a cure. I'm asking you to believe me"*

I don't know for sure how my own illness started but I do remember contracting a parasite infection at the same time as experiencing emotional trauma. I wasted a lot of time and energy wondering who was right – had I gone 'mad' or had I gone 'bad'? If I was pushed too far into either category I would exhibit resistance. It was only when I learnt a little about complexity theory and started to write about my experiences of living with IBS that I realised it was quite possible that I could simultaneously be both. In other words, I was not experiencing a linear axis but a highly complex dynamic. In recognising this I found treatments which resolved the symptoms I had lived with for almost three decades and both my physical and mental health have subsequently improved. I am not cured – there is currently no cure for IBS, but I can now effectively manage my illness and no longer experience the horrendous symptoms I once had to endure on a daily basis. IBS is highly complex; reductionist methods will only serve to prevent us from living well with this condition.

1 Spiller R, Aziz Q, Creed F, et al. Guidelines on the irritable bowel syndrome: Mechanisms and practical management. *Gut* 2007;56:1770-98.

2 Lee S. Sophie's story : my 20-year battle with irritable bowel syndrome. Sherman Oaks, CA: Health Point; 2011.

3 Spencer J. *Chronically me: flushing out my life and times with IBS: a memoir in comics*: CreateSpace Independent Publishing Platform; 2014.

4 Lee S. *Why patients with irritable bowel syndrome are angry at their doctors*. KevinMD.com [online]. Available from: [www.kevinmd.com/blog/2011/11/patients-irritable-bowel-syndrome-angry-doctors](http://www.kevinmd.com/blog/2011/11/patients-irritable-bowel-syndrome-angry-doctors) [accessed 10 Nov 2014]; 2011.

# An Invisible Illness



## Cat Shaw

**Fashion & Personal Style Blogger with some Beauty and Lifestyle Features / Penchant for the strange & different / Heavy Metal Lover / Wearer of Weird Shoes / Manchester**

**After living abroad until I was about 9 years old and generally having happy experiences in life, my family moved back to England, I say back, it was the first time for me. After starting at the local junior school I was quickly informed by my new 'peer' group that I didn't fit in, I wasn't one of them.**

The bullying started and didn't really stop for the next 8 years. We moved to another area (not because of the bullying) this time the countryside in South Wales, and another junior school, but this didn't change things. Isolation and verbal bullying was the main way the bullies targeted me and there were occasional physical attacks as well. When it came to Secondary school, we took the decision that I would go to a Comprehensive out of the area in the hope of a fresh start. But hey, guess what, after a while it started again! Anyway, looking back now I can see that it was probably inevitable that my anxiety, pain, fear, insecurities and well self hate to put it bluntly (because I blamed myself of course for the bullying), would begin to manifest itself in a physical way. My anxiety and fear had to escape someway and that's when my IBS started.

Fast Forward to Uni and my first real taste of freedom. Everything changed for me then. I became popular, I had a big circle of friends. I partied like it was no one's business. I experimented with my style, my hair, music, everything I could. I was free and I loved it. But the IBS was still there in the background and then the panic attacks started. From out of nowhere I began to get anxious about attending lectures, I became scared of being trapped in a room, unable to leave if I had an IBS flare up, worried about disturbing the lecture or bothering people if I needed them to move so I could get past, embarrassed if my tummy would rumble and gurgle. So I stopped going to lectures. Fortunately my tutors helped and in the end I scraped through and got my degree, I could have done much better, but the IBS and anxiety had taken its hold.

Over the following years the IBS got worse along with the anxiety. It became increasingly difficult to do my job, I was always having time off sick. Luckily I would always end up moving on to another job, either through choice or because my contract would end, so I always managed to stay employed.

A long course of Cognitive Behavioural Therapy (CBT) did wonders. I felt I was finally getting back some control. But after a year or so the anxiety crept back in to my life and with it the IBS. It's in the last few years that things have been the worst they have ever been.

**This is how IBS affects my day to day life, all the gory details:**

- Generally speaking, traveling anywhere has become a pretty big deal.
- I get anxious every day I go to work about the journey, getting stuck in a traffic jam, and not being able to make it to a toilet.
- I get anxious about attending meetings at work. I worry I cannot easily leave the room, or having to leave several times because I need the toilet.
- I hate having to leave the house early in the morning, as this is generally when my IBS is at it's worse
- Whenever I am travelling somewhere I work out where the toilets are en route, I won't get on a train if it hasn't got a toilet, even if it is the 10 minute train in to town.
- I am often late because I have to go to the loo so often. This is frustrating as I am a punctual person.
- I won't car share with anyone who isn't my partner, member of my family or a very close friend.
- Holidays are difficult. Being on a plane fills me with dread. Day trips, excursions, boat trips are out!

What I haven't really mentioned is the pain. For me, the pain is often there, constant and nagging in the background, flaring up unpredictably, at it's worst it will leave me doubled over in agony and I will often pass out. Then, there's the bloating, the wind, the stabbing pain, the urgency. Oh My God, the URGENCY!!! I have tried every medication, every diet, even FODMAP, I've tried hypnosis and counselling. The only relief I got was from the CBT. These days when I am getting a bad flare up I inject myself with intravenous Buscopan.

When you have IBS, your world becomes smaller and smaller. My spontaneity has been taken away from me along with many of my hopes, dreams and plans. My confidence has been destroyed. IBS is an invisible disability, and I don't use the word disability lightly; there is no doubt that IBS can be a disability!

This post is difficult for me to share, I am an intensely private person and I am ashamed at how my body has let me down. What I have come to learn over the years though is that so many of us are fighting our own internal battles, feeling like we are alone and no-one understands us. If only someone would reach out if only to tell us that they are there if we need them.

If this can help just one person, then it's worth it and if you want to ask me any questions then please do, either on here or you can email me at: [catshawpr@gmail.com](mailto:catshawpr@gmail.com)



# Mindfulness

So many people who write about their IBS on Facebook or contact us directly tell us that their symptoms are so bad, they can't think. Their pain just takes over, making them feel panicky, frustrated, angry or horribly depressed. They would do anything for the pain to just go away. Similarly, the risk of diarrhoea can cause such extreme anxiety, they cannot leave home for fear of incontinence. Or their constipation causes them to be preoccupied by frustration. Are you one of those people? Then mindfulness could help.

Not only does Mindfulness teach you what thoughts and feelings your bodily sensations make you aware of, you can also learn how certain thoughts make you feel in your body. By becoming mindful, you can learn to know and tolerate the bodily sensations and can reduce unpleasant sensations by assuming more self control.

Mindfulness is the term used to describe a form of meditation in which you become aware (mindful) of the sensations that occur in your body moment by moment and what influences them. It has an ancient tradition in Buddhist practice and philosophy (anapana and vipassana), but has been developed in the west by Jon Kabat Zinn as Mindfulness Based Stress Reduction programme.

As a therapy it has had most application in treating people who have suffered trauma and/or who are suffering physical symptoms often associated with extreme anxiety. It can also be very effective as a treatment for symptoms of IBS.

When people are stricken with that dreadful combination of physical and emotional symptoms, then they are in a vicious spiral, the more anxious or frustrated they become, the worse the symptoms get and this makes the anxiety worse. Their alarm systems are hyper-aroused, pushed beyond their limits of tolerance. Everything can upset them. Brain imaging techniques have shown that at those times, the emotional centres, the amygdala and limbic system are hyperactive and the regulatory systems of the body go haywire. At the same time, the part of the brain that is self aware and keeps the body under control (the medial prefrontal cortex), goes off line. Emotions and body regulation are out of control. Mindfulness trains self awareness, tolerance and brings the bodily conscious part of the brain back on line, so that the emotions and bodily reactions are back in control.

I am not necessarily saying that everyone with IBS has suffered extreme trauma. Trauma is a spectrum and some people are more sensitive to it than others. Some may well have been in a near death situation or been abused, but many more may have suffered the loss of a parent, the breakdown of a marriage, an exploitative work environment. And for some, being isolated and frustrated with IBS in their teenage years, not being able to go out for meals or always having to be near a toilet for fear of incontinence may constitute the trauma. There can be few of us, if any, who have

not suffered some traumatic episode in our lives. And don't we all spend far too much time under the tyranny of multiple tasks and deadlines and the inevitable fear of failure?

Mindfulness not only helps people deal with what has happened or what is happening, but also to carry out everyday tasks in a relaxed and focussed manner. It does this by increasing self awareness and self control. But being mindful doesn't mean that you have to sit in a darkened room with jostiks and candles and chant mantras – although that can certainly help, as can tapping on acupuncture points (Emotional Freedom Technique), therapeutic massage, yoga or pilates. You can practice mindfulness anywhere and while you are doing anything; cooking, writing, drawing, fishing, dancing, even washing or cleaning your teeth.

You can also be mindful while you are running, walking, swimming or in the gym. Many people find regular exercise useful as an important method of physical and emotional self regulation. It connects peoples' minds with their bodies; helps them get in touch with themselves by understanding the sensations that occur in their bodies. It rebalances the autonomic nervous system and stimulates the release of endorphins.

**You just need to be 'in the zone', relaxed and self aware. Try it. Sense how confident and in control you feel.**

Zernicke KA1, Campbell TS, Blustein PK, Fung TS, Johnson JA, Bacon SL, Carlson LE. 2013. Mindfulness-based stress reduction for the treatment of irritable bowel syndrome symptoms: a randomized wait-list controlled trial. *Int J Behav Med.* 2013;20:385-96.

Van der Kolk, B, 2014. *The Body Keeps the Score; mind, body in the transformation of trauma. Chapter 13. Healing from Trauma; Owning Your Self,* pp 203-229.

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The IBS Network, the National Charity for IBS, is a company limited by guarantee.

# Ask Prof Nick



## The Things That Happen

Almost every day, I get e-mails from you, our members, telling me how what has happened to you has affected your symptoms. Most focus on the classic symptoms of IBS, but many also mention other symptoms, such as headache, fatigue, fainting, weight gain, itchy skin, sleep disturbance and infections, that are not associated with the bowels. The e-mails featured below are a sample of those I have received since the beginning of the year and cannot be considered representative of IBS experience, but the same theme occurred so frequently that I thought it would be useful to pull them together on these two pages.

They all concern what might be regarded as the effects of trauma, not just what has happened in the distant past, but often how ongoing situations and events played out now by your sensitive bowels and other parts of the body. While I would hesitate to jump to the conclusion that this is the whole picture, it would seem negligent to ignore a strong message that what happens to you as an individual affects your IBS. Often, 'it's the gut upset and other symptoms that tell the tale'. Perhaps this link with emotion and life situations and events explains why medical tests are so often negative and treatments to alter gut function are often disappointing.

I suggest you read these emails in association with the articles on Mindfulness and Complexity, featured in this issue of Gut Reaction.

## Post Traumatic IBS



I am 39 and have had IBS on and off since I was 19, after I was involved in a traumatic road accident. It came and went for a while after that, settling for years sometimes, and then when my dad got sick with a really awful aggressive cancer and died 2 years ago, it flared up again, and is fairly constant at the moment. The symptoms became much worse after large doses of antibiotics in the last 2 years for wisdom teeth infections, sinus and ear infections etc. and a nasty bout of food poisoning. I have tried probiotics, which do seem to help but not consistently. I am not exercising

much due to iron deficiency (heavy periods) and recently discovered our son, aged 5 has autism. So there is a lot of anxiety and stress, but I'm not taking any medications apart from iron tablets. My main symptoms are bloating, pains, flatulence and sometimes nausea - as well as constipation and loose stools. I had a barium meal 2 years ago which showed nothing, and a blood test to screen for inflammation was normal. I have tried removing some things from my diet but as I'm naturally very slim I felt like I was losing more weight. Yesterday I made a lovely homemade banana bread with raisins, all organic, but today I woke up with loose stools, pains and nausea. I'm just sick and tired of feeling sick and tired basically. Janice.

### Comment

Janice's story fits with Post Traumatic Stress Disorder. Trauma excites the alarm centres in the brain stem that are associated with areas that regulate body sensation and function through the autonomic (sympathetic and parasympathetic) nervous system. At the same time, extreme emotion causes the thinking part of the brain to go offline; the emotion and bodily symptoms just take over. Janice probably found it really difficult to think about anything else after the accident and again after her father died suddenly. Both would have terrified her with the fragility of life and the ever present risk of death. It would seem that what happened left her and her biological systems very vigilant and sensitive, undermining the immune system, upsetting her gut and even perhaps causing heavy periods; lots of anxiety and stress and a not-so-merry go round of doctors appointments and medications. Her sensitive gut is intolerant of a range of foods, but while careful attention to diet may help to calm the symptoms, it cannot heal the effect of what has happened. I suggested that she tries to see a counsellor/therapist who understands about trauma and can advise about mind body therapies, such as mindfulness, EMDR, EFT\*, meditation and yoga, all of which act to engage that part of the frontal cortex responsible for self awareness, calming the emotional dysregulation and helping her feel more confident and in control.

## I get such dreadful headaches with my IBS

I have IBS flare up days once or twice a week which make me feel totally awful and I usually have to keep going to the toilet maybe a dozen times until I am cleared out. Although these symptoms are extremely inconvenient and tiring, the thing that always lays me really low is the most awful headache always over and behind my right eye for which no painkillers have any effect whatsoever. I believe it is linked to the sheer bloating/pressure in my system. Is this type of specific headache quite common? Clare.

### Comment

Clare is probably correct. Her symptoms are most likely related to the pressure in her system. Like Janice, feeling under pressure may trigger a reaction in the brain stem centres that regulate emotion and bodily functions. Her headache, situated just on one side suggests the possibility of migraine (hemicrania), and I wonder if she gets visual disturbances with it. Some might say that her diarrhoea is a feature of abdominal migraine, but what's in a name? I suggested she use mindfulness to become aware of what situations create pressure and bring on the symptoms and help her assume some control over them by becoming more self aware. Keeping a diary, such as the symptom tracker on our IBS Self Care Plan may also help her become aware of how changes in her routine might affect her symptoms.

## Fatigue and IBS

I have recently been diagnosed with IBS and have returned to work after a two week break. Stress at work triggered it off and my manager has been supportive. Since I have gone back a few weeks ago, my symptoms fluctuate from day to day with constipation

and diarrhoea. I can just about cope with this but the main problem is fatigue. I'll feel fine one day then be absolutely exhausted the next. My GP has done blood tests and I am not anaemic. Is this part of IBS or something else? Is there anything I can do about it? I have been trying to manage the stress better. Jess.

#### **Comment**

*There is an overlap between the spectrum of Chronic Fatigue Syndrome/ Fibromyalgia and IBS but both could be considered disorders of sensation and body regulation. Jess suffered from work related stress sufficient to take a fortnight off, but being back in the same environment has rekindled all the same emotions. Since emotional regulation is connected to regulation of our bodily feelings and reactions, it is not surprising that her symptoms have flared up. If this interpretation is correct, she will need to try to find the space to relax and become more mindful and self aware. She could consider mindfulness techniques like yoga, meditation, EFT or EMDR\* or just take time to relax and get in the zone with creative activity (cooking, needlework, writing, reading) or gentle exercise.*

### **I sometimes pass out with my IBS**

I have been diagnosed with 'classic IBS'. I have suffered a range of symptoms over many years and, now at the age of 65, it has got a lot worse. I also suffer intermittently from vaso-vagal attacks and can pass out. These instances occur out of the blue and leave me feeling very unwell and anxious. They can be associated with extreme urgency of bowel movements, again out of the blue. I do my best to be calm but generally feel rubbish when this happens. Diedre.

#### **Comment**

*As a doctor, I would want to rule out medical causes for Diedre's faintness such as epilepsy or cardiac arrhythmia, but with such a long history, these would have been checked. I was also curious to know what was happening when these attacks occur. Vaso-vagal attacks are brought about by a rapid surge in activity in the parasympathetic nervous system or decline in sympathetic activity and both indicate a disturbance of emotional and bodily regulation. In the eighteenth and nineteenth centuries, such attacks were described by such terms as the vapours, fits of the mother and irritable weakness. Since then, medicalisation has made us deaf to the context.*

### **And now everything has flared up**

My IBS was diagnosed some years ago, but after some sort of tummy bug last summer, the symptoms are more evident - tummy cramps, prior to wind or watery stools which occur up to 4 times daily. Since a flare-up last December, I now have itchy/prickly skin affecting my forehead, nose, chin and neck and the symptoms seem to be spreading to other parts of my body. My carpal tunnel syndrome is also active and I have to wear braces at night time to stop my hands going numb. Jean

#### **Comment**

*Jean's illness last summer could have been triggered/rekindled by an attack of gastroenteritis. The irritation of the skin might be Scabies. But the fact that all these symptoms have flared up at around the same time may suggest that something has happened to make her anxious and this has upset her whole system. If she can relax and be mindful of her symptoms, she might discover what makes them worse and what she can do to calm them down. Too often we can get so anxious about our bodily symptoms, that we lose track of what might have been happening to bring them on.*

### **Too much has happened**

I was first diagnosed with irritable bowel at the age of 30 with symptoms of constipation, bloating, flatulence, stomach cramps and occasional nausea. I can go for months with few symptoms and then get a flare up, usually due to stress. My Mum was diagnosed with Incurable breast cancer two years ago and almost immediately I began having heartburn, indigestion, upper stomach pain, nausea and belching which was worse on waking and my GP diagnosed acid reflux, but I coped by eating healthily and getting plenty of exercise. Mum died unexpectedly three months ago

while I was on holiday and my Dad, who has dementia, was left without a carer so we had to mobilise social services quickly to put a care plan in place for him. During this time my stomach has been an absolute nightmare with acid indigestion and IBS, though not so much constipation as bloating, rumbling, nausea and wind. I have also gained quite a lot of weight over the last two years. It's almost as if when I am stressed a switch flicks on inside me and my digestion goes haywire. Pam.

#### **Comment**

*It seems clear that Pam's gut upsets (and probably her weight gain) have been triggered by her mother's death and the worry about caring for her father. She needs to talk to a counsellor or psychotherapist, who will help her process her feelings surrounding. Grief is a type of trauma. She needs help to come to terms with what has happened and gain the confidence to carry on. Diet and medication may reduce some of the symptoms, but it is likely she will need to process her feelings by talking to a therapist who is familiar with treating trauma.*

### **Too much, but it came to an end**

My life with IBS began twenty-five years ago. Looking back it seems inevitable. I'd had two very stressful years. Firstly I was made redundant from my job as an occupational health nurse and spent a year attending job interviews. During this time I was also learning to drive and had six attempts at passing my test before I passed on the seventh. At this time too my mother became ill and for six months I travelled to Scotland by coach to visit her in hospital every weekend. Then sadly she died. Shortly afterwards we moved house - twice in six weeks as our new house wasn't finished.

That summer, as it was our silver wedding anniversary, we decided to treat ourselves to a special holiday in America and also visited Mexico on a day trip where we both picked up a severe tummy bug. On return home my symptoms did not clear up. I had the usual inconclusive examinations and tests and in time was given the inevitable diagnosis of irritable bowel syndrome. Meanwhile, I started a new job as a school nurse in a large town some distance away along country roads. No public toilets of course so I took a spare set of underwear and clothing with me - luckily I never needed them though it was usually a mad dash from the car park to the toilet when I arrived at my destination. Over time I learned to manage my symptoms by avoiding stress where possible and by trial and error, discovering what foods I could and couldn't eat.

I was a school nurse for about twenty years and during this time my duties changed and my job became more stressful, so about fourteen years ago I retired thinking, hoping, that my IBS might go away. But no! For the first six months I was right back at square one. Gradually however things settled down again. I am still careful as regards my diet but am slowly introducing things which I haven't eaten for many years - red meat, bread, eggs to name a few. Could it be true that after all this time my life with IBS is coming to an end? Doris.

#### **Comment**

*Doris' IBS was also instigated by a combination of stresses occurring at the same time, but it seemed that the tummy bug she caught in Mexico that year anchored her stress to the gut. Clinical research has shown that the symptoms of gastroenteritis are more likely to persist if stress occurred at the time of the illness. But apart from the change of retirement which frequently exacerbates symptoms, her life and her IBS has settled down and she has been able to expand her diet.*

\*EFT (Emotional Freedom Technique) involves regular tapping on acupuncture points. EMDR (Eye Movement Desensitisation and Reprocessing) is a technique which involves the patient following a finger moving back and forth in front of their eyes and may mimic the eye movements that occur during dreaming. There is evidence from brain imaging techniques that both methods cause the medial orbito-frontal cortex (self awareness centre) to come on line and reduce the intensity of activation in the brainstem centres controlling emotional regulation.

# How to deal with your gut reactions during training



**Rin Cobb is a Clinical and Sports Performance Dietitian. She splits her time between working for the NHS and her freelance company 'PND Consulting' where she works with a variety of endurance athletes. Rin very much believes in practicing what she preaches and spends her free time trail running and doing triathlons.**

Physical inactivity hit the headlines once again last month, as results from a recent European study have shown how inactivity causes twice as many deaths as obesity alone<sup>1</sup>. Most of us know how good being active is for us, however despite this a third of the UK population are still not meeting the minimum 150 minutes of moderate physical activity per week<sup>2</sup>.

Exercise is promoted for both prevention and management of a whole host of chronic conditions and ailments. For gut health, moderate physical activity has shown to have a protective effect on reducing the risk of colon cancer, diverticular disease and constipation<sup>3</sup>, whilst for IBS sufferers has also shown to improve symptoms and quality of life<sup>4</sup>.

For those of you who do regular physical activity, you'll no doubt have already felt these benefits but if you've gone above and beyond the realms of your 150 minutes per week and are training for more fitness or perhaps a specific race or challenge, you may have found this level of exercise can actually trigger symptoms.

Gastrointestinal (GI) symptoms are prevalent amongst endurance athletes, particularly runners with as many as 20-50% experiencing some degree of GI distress<sup>5</sup>. As you can see from table 1, the symptoms reported are very similar to IBS symptoms so can we learn from how runners manage their GI distress to help you feel more confident to start to do some exercise or perhaps help you to increase your training if GI symptoms have been hampering your best efforts?

There are a number of theories as to why exercise can lead to GI symptoms based on physiological, mechanical and nutritional factors although it's likely a combination of these, which ultimately result in GI distress. Through regular training, there are several physiological adaptations that occur at the gut level such as enhanced gastric emptying, increased blood flow and being able to tolerate an increased volume of fluid<sup>4</sup> so ultimately training your gut as well as your muscles.

In more recent years, nutrition has gained a lot of interest, as it's one of the factors that can be more easily modified and has a role both as a trigger and a treatment, much like managing your own IBS symptoms. The type and timing of your last meal before exercise can affect your gut during exercise as can caffeine intake. Due to the prolonged time it takes to digest meals higher in fibre, fat and protein; these types of meals are associated with an increased risk of GI symptoms.

Dehydration is another consideration not only for performance but it can also affect your gut and increase symptoms, probably due to reducing blood flow to the gut further, so it's important to start out

well hydrated and take on board fluids during exercise.

Table 2 summarises a number of nutritional recommendations to help prevent GI symptoms during training or racing. As with all things nutrition, these factors are highly individual and so practicing and tailoring your nutrition regime to meet your needs and sensitivities is key.

So to sum up, along with a wealth of other health promoting benefits, moderate physical activity can have a positive effect on managing IBS symptoms and help improve quality of life. More intense and enduring exercise may increase the risk of GI symptoms but the gut can adapt to regular training and tailoring your nutrition strategy may help you to go the distance.

**Table 1<sup>5</sup> Symptoms Reported During Intense Exercise**

Upper GI Symptoms	Lower GI Symptoms
Reflux/heartburn	Intestinal/lower abdominal cramps
Belching	Stitch
Bloating	Flatulence
Stomach pain/cramps	Urge to defecate
Nausea	Diarrhoea
Vomiting	Intestinal bleeding

**Table 2<sup>5,6</sup> Prevention of Gut Distress during Exercise**

Meal timing	Aim to have your pre-event meal 2-4hrs before exercise and only a light snack or fluids in the 1hr before. If racing early in the morning you could have your large meal the night before and a light snack in the 1hr before.
Meal type	Ensure low in fat and protein Avoid high fibre on the day before competition.
Hydration	Avoid dehydration; aim to start exercise well hydrated (straw coloured pee) More effective to drink throughout the day before competition rather than large boluses on race day. Use isotonic sports drinks (4-8% carbohydrate) for optimal fluid and carb absorption as tolerated.
High Sugar	Avoid high sugar drinks (>10% carbohydrate) pre and during competition. Avoid high fructose foods and drinks pre competition.
Lactose	Avoid lactose pre competition and use alternatives: lactose free, soya or nut.

## References

1. Ekelund U et al (2015) Physical activity and all cause mortality across levels of overall and abdominal adiposity in European men and women: the European prospective investigation into cancer and nutrition study (EPIC). *American Journal of Clinical Nutrition* (e-pub ahead of print Jan 2015)
2. Sustrans Physical Activity and Health: facts and figures. Accessed online Feb 2014) <http://www.sustrans.org.uk/policy-evidence/the-impact-of-our-work/related-academic-research-and-statistics/physical-activity>.
3. Peters H, Vries W (2001) Potential benefits and hazards of physical activity and exercise on the gastrointestinal tract. *Gut*; 48:435-439
4. Murray R (2006) Training the gut for competition. *Current Sports Medicine reports*; 5:161-164
5. Prada de Oliveira E, Jeukendrup A (2013) Nutritional recommendations to avoid gastrointestinal complaints during exercise. *Sports Science Exchange*; 26:1-4
6. Sports Dietitians Australia (2011). Facstsheet: Runners Gut. Accessed online Feb 2014 [www.sportsdietitians.com.au/resources/upload/110519%20Gut\\_SD%20Version.pdf](http://www.sportsdietitians.com.au/resources/upload/110519%20Gut_SD%20Version.pdf)