

Irritable Bowel Syndrome (IBS) in Children

National Digestive Diseases Information Clearinghouse



U.S. Department
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What is irritable bowel syndrome (IBS)?

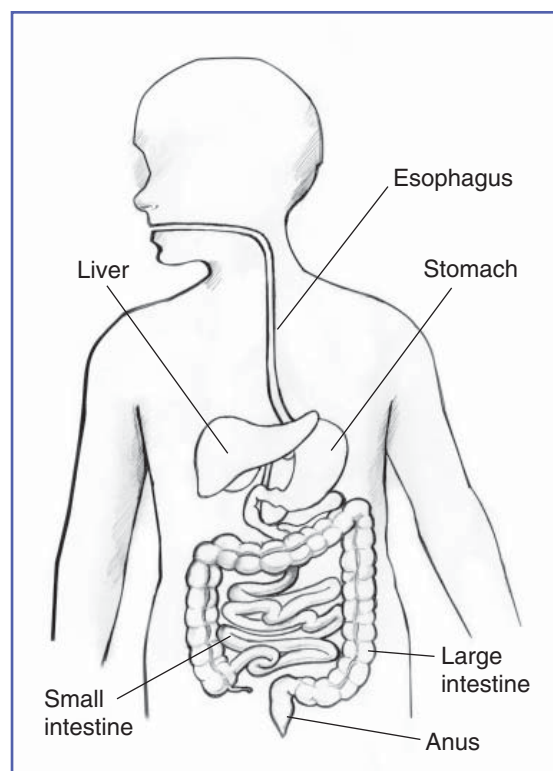
IBS is a functional gastrointestinal disorder marked by abdominal pain or discomfort, bloating, and irregular bowel habits, such as diarrhea or constipation. Functional gastrointestinal disorders are defined by their symptoms. IBS can cause a great deal of discomfort and distress, but it is not life threatening, does not damage the bowel, and does not progress to other diseases. IBS should not be confused with inflammatory bowel disease (IBD), a group of diseases including ulcerative colitis and Crohn's disease.

What is the bowel?

The bowel is the section of the gastrointestinal tract that begins after the stomach, ends at the anus, and has two main sections: the small intestine and the large intestine—also called the colon.

What causes IBS?

The cause of IBS is unknown. Research suggests people with IBS are more sensitive to gas or stool in the colon. People with IBS can also have abnormalities in how their intestines contract, called motility, which refers to the rate stool moves through the intestines. Whereas a faster rate of movement may cause diarrhea, a slower rate may result in constipation.



The bowel has two main sections: the small intestine and the large intestine.

Researchers have proposed many explanations for the increased bowel sensitivity and abnormal bowel motility associated with IBS, such as

- reactions to certain foods
- overgrowth of bacteria in the colon
- psychological stress, including anxiety and depression

- problems in the way the brain and the gastrointestinal tract communicate with each other, called the brain-gut connection

Who gets IBS?

IBS is common in people of all ages, including children. About 14 percent of high school students and 6 percent of middle school students report IBS-like symptoms.¹

IBS affects boys and girls equally, although in adults it is more common in women than in men.

What are the symptoms of IBS?

The frequency and severity of IBS symptoms vary widely and may include

- abdominal pain or discomfort
- intestinal bloating
- irregular bowel habits, including diarrhea, constipation, or both
- a change in the appearance of stool, including stools that are loose, hard, thin, or pelletlike
- mucus in the stool
- the need to strain to have a bowel movement
- a sense of urgency when having a bowel movement
- the sensation of not completely emptying the bowels

How is IBS diagnosed?

IBS is diagnosed based on symptoms. A diagnostic manual called *Rome III* guides doctors in diagnosing and treating functional gastrointestinal disorders, including IBS. According to *Rome III*, for a child to be diagnosed with IBS, abdominal pain or discomfort must be present at least 1 day per week for a period of 2 months or longer. Two or more of the following must also occur at least 25 percent of the time:

- The pain or discomfort is relieved by having a bowel movement.
- The pain or discomfort is associated with an increase or decrease in the number of bowel movements.
- The pain or discomfort is associated with a change in the appearance of stool.

No test can show if a person has IBS; however, a doctor may run tests to rule out diseases with symptoms similar to IBS. Signs and symptoms that suggest a problem other than IBS include

- persistent pain in the upper right or lower right area of the abdomen
- difficulty swallowing
- persistent vomiting
- gastrointestinal bleeding
- waking up during the night with diarrhea or because of abdominal pain
- a family history of IBD, celiac disease, or peptic ulcer disease
- arthritis
- inflamed, pus-filled masses around the rectum, also called perirectal disease
- involuntary weight loss

¹Hyams JS, Burke G, Davis PM, Rzepski B, Adrilonis PA. Abdominal pain and irritable bowel syndrome in adolescents: a community-based study. *The Journal of Pediatrics*. 1996;129(2):220–226.

- a sudden stop in height growth
- delayed puberty
- unexplained fever

How is IBS treated?

No cure for IBS exists; however, treatment can reduce symptoms. Treatment is guided by the symptoms present, their severity, and the child's response to treatment. Treatment includes dietary changes, medication, and stress management.

Dietary Changes

- Reducing or eliminating certain foods may improve symptoms. Common trigger foods include fatty foods, dairy products, carbonated beverages, and caffeine. Keeping a diary of symptoms, bowel habits, and diet may help identify foods that trigger IBS symptoms.
- Eating high-fiber foods, such as fruits, vegetables, and whole grain breads and cereals, may also help. Fiber helps relieve constipation and promotes regular bowel movements.
- Eating several small meals throughout the day instead of a few large ones may reduce symptoms.

Medications to Control Constipation and Diarrhea

- Fiber supplements, such as Metamucil or Citrucil, help control constipation.
- Laxatives, such as PEG 3350 (MiraLax, GlycoLax), mineral oil, or bisacodyl (Dulcolax), relieve moderate to severe constipation.

- Loperamide (Imodium) and bismuth subsalicylate (Pepto-Bismol) help relieve diarrhea.
- Antispasmodics, such as dicyclomine (Bentyl), relax smooth muscle contractions in the bowel and can, theoretically, lessen pain related to IBS but should be used with caution due to potentially serious side effects.
- Antidepressants, including selective serotonin reuptake inhibitors (SSRIs) and tricyclic antidepressants (TCAs), are used to treat IBS, although their effectiveness in children is not well documented.

Before taking any of these medications, children and their parents should seek the advice of a health care provider to help weigh the potential benefits against the risk of possible side effects.

Stress Management

Understanding that IBS is not a life-threatening disease can help reduce a child's anxiety, which may in turn lessen IBS symptoms. Certain types of counseling, including cognitive behavior therapy and hypnotherapy, have been shown to help manage IBS symptoms. Parents can help reduce a child's stress by discussing potential IBS-related issues with school personnel—for example, the need for ready access to a private restroom.

What is the outlook for a child with IBS?

IBS symptoms typically fluctuate. Symptoms may go away for a long period of time only to return for no obvious reason. The majority of people with IBS continue to report symptoms 5 years after initial diagnosis.

Points to Remember

- Irritable bowel syndrome (IBS) is a functional gastrointestinal disorder marked by abdominal pain or discomfort, bloating, and irregular bowel habits.
- IBS is common in people of all ages, including children.
- Treatment for IBS includes dietary changes, medication, and stress management.
- IBS can cause a great deal of discomfort and distress, but it is not life threatening, does not damage the bowel, and does not progress to other diseases.

Hope through Research

The National Institute of Diabetes and Digestive and Kidney Diseases conducts and supports many basic and clinical research studies on IBS, including epidemiological studies examining its possible genetic and environmental causes.

Participants in clinical trials can play a more active role in their own health care, gain access to new research treatments before they are widely available, and help others by contributing to medical research. For information about current studies, visit www.ClinicalTrials.gov.

For More Information

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- searching the NIDDK Reference Collection at www.catalog.niddk.nih.gov/resources
- visiting MedlinePlus at www.medlineplus.gov

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Publications produced by the Clearinghouse are carefully reviewed by both NIDDK scientists and outside experts. This publication was reviewed by Jeffrey S. Hyams, M.D., Connecticut Children's Medical Center.

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