Abdominal Pain

Abdominal Pain in IBS

Abdominal pain is a common feature of IBS and can be tricky to diagnose and manage. Abdominal pain in IBS typically varies with lower GI function (change in bowel habit, defaecation) and time/emotional state and is longstanding (by definition >6 months). Exacerbations of symptoms are not associated with abnormalities on blood or stool testing, although some abdominal tenderness is often present.

The diagnosis of abdominal pain is an art laced with a bit of science and plenty of clinical experience. In most patients, careful examination and history taking to exclude alarm symptoms is sufficient to exclude a sinister cause of abdominal pain and sometimes observation to determine the temporal pattern and progression of symptoms and signs is the best course to follow.

Causes of Abdominal Pain in IBS

Visceral hypersensitivity is a characteristic of many patients with IBS. Visceral hypersensitivity describes increased sensitivity to often normal intra-abdominal sensations, which may then be misinterpreted by the patient as a sign of disease. This may lead to a cycle of excessive attention to these sensations (hypervigilance), anxiety and escalating discomfort/attention.

Clinical Features of Abdominal Pain in IBS

If pain varies with GI function (swallowing, postprandial, defaecation), has associated GI features (nausea, vomiting, change in bowel habit), or has a colicky cramping nature, it is more likely to be gastrointestinal in origin.
Pain in IBS is usually associated with a change in stool consistency or frequency or is related to defaecation.

Management of Abdominal Pain in IBS

IBS treatment is aimed at reducing symptoms. Treatments which relieve constipation, diarrhoea, abdominal bloating and distension and anxiety/stress will all likely lead to improvements in abdominal pain as well. Specific treatments targeted to IBS pain which have some proven benefits include:

- Medications
    - Antispasmodics
    - Tricyclic antidepressants
    - SSRI antidepressants
    - Fibre supplements such a psyllium
    - Peppermint oil
    - Probiotics

- Low FODMAP diet
- Psychological therapies such as hypnotherapy and CBT

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Chronic narcotic use likely increases visceral sensitivity (in addition to its other negative GI effects) and can lead to narcotic bowel syndrome. It is strongly recommended that narcotic analgesics are avoided in the management of chronic abdominal pain.

Abdominal bloating and distension are some of the most bothersome symptoms in patients with chronic bowel problems affecting up to 96% of patients.