

Understand the Facts (/understanding-anxiety)

Irritable Bowel Syndrome (IBS)

People feel the effects of stress and anxiety in many ways.

One common symptom is stomachaches. Anxiety can worsen symptoms of abdominal cramps and pain and make you literally feel sick to your stomach.

But when is it more than just an upset stomach? Millions suffer from gastrointestinal problems, including irritable bowel syndrome.

Irritable bowel syndrome

Also called IBS, this disorder is characterized by abdominal pain, cramping, bloating, gas, constipation, and diarrhea. Read on to learn more about IBS and its connection to stress and anxiety.

Approximately one in five adults in the United States has IBS. Women are more likely to experience symptoms, which usually begin in late adolescence or early adulthood.

There is no known specific cause, but some experts suggest people who suffer from IBS have a colon that is more sensitive and reactive to certain foods and stress. (The disorder is also known as spastic colon.) Although IBS can be painful and uncomfortable, it is not permanently damaging to the intestines, nor does it cause other gastrointestinal diseases.

People with IBS frequently suffer from anxiety and depression, which can worsen symptoms. That's because the colon is in part controlled by the nervous system, which responds to stress. Evidence also suggests that the immune system, also responding to stress, plays a role. IBS can also make you feel more anxious and depressed.

Treatment

While there is no cure for IBS, treatments can manage the symptoms and discomfort. The National Digestive Diseases Information Clearinghouse estimates that up to 70 percent of people with IBS are not receiving treatment.

Of those who do seek treatment, research has found that 50 to 90 percent have a psychiatric disorder such as an anxiety disorder or <u>depression (/understanding-anxiety/depression)</u>.

Your doctor may recommend one or a combination of the following treatments:

- Fiber supplements or laxatives to decrease constipation.
- Antispasmodic medication to control muscle spasms in the colon and reduce abdominal pain.
- · Antidepressants to help minimize symptoms of anxiety and depression.
- Cognitive-behavioral therapy (/finding-help/treatment/therapy) to learn how to cope
 with anxiety and depression. The British Society of Gastroenterology recommends
 psychological therapy as the first-line treatment for IBS when the patient has a
 history of anxiety, panic attacks, or depression. The American College of
 Gastroenterology also recommends therapy and says it can reduce both anxiety
 and IBS symptoms in some patients.
 - Find a therapist near you (http://treatment.adaa.org/).
- Relaxation techniques to reduce stress.
- Diet changes. For some, that may mean avoiding dairy products or carbonated beverages, which can aggravate symptoms. For others, that may mean increasing dietary fiber, which can relieve constipation, or eating smaller meals more often instead of two or three large meals, which can cause cramping.
- Alosetrin hydrochloride (brand name is Lotronex) specifically treats IBS and has been approved by the U.S. Food and Drug Administration (FDA) for women. This medication is recommended only when over-the-counter medication and therapy are not effective, and when the primary symptom is diarrhea. Side effects can be serious and include decreased blood flow to the colon and severe constipation. Lubiprostone (brand name is Amitiza) is also approved by the FDA but only for adult women with IBS and constipation. Side effects include nausea, diarrhea, and abdominal pain. There are no FDA-approved medications for men for the treatment of IBS.

Find out more

- International Foundation for Functional Gastrointestinal Disorders (http://www.aboutibs.org/)
- National Digestive Diseases Information Clearinghouse
 (http://digestive.niddk.nih.gov/ddiseases/pubs/ibs_ez/)
 (National Institutes of Health)
- National Center for Complementary and Integrative Health (https://nccih.nih.gov/health/providers/digest/IBS)

ADAA Overview

About ADAA (https://www.adaa.org/about-adaa)
Mission & History (/about-adaa/mission-history)
ADAA Board & Committees (https://www.adaa.org/about-adaa/people)
ADAA Staff (https://www.adaa.org/about-adaa/people/staff)
ADAA in the News (https://www.adaa.org/adaa-in-the-news)
Advertise with ADAA (https://www.adaa.org/about-adaa/year-round-sponsorship)

ADAA is not a direct service organization. ADAA does not provide psychiatric, psychological, or medical advice, diagnosis, or treatment. ADAA Disclaimer. (/additional-information-disclaimer)

Press Room

ADAA In The News (https://www.adaa.org/node/2628)

News & Updates (/about-adaa/press-room/news-updates)

Position Papers (https://www.adaa.org/about-adaa/position-papers)

Fact & Statistics (/about-adaa/press-room/facts-statistics)

Press Releases (/about-adaa/press-room/press-releases)

Multimedia (/about-adaa/press-room/multimedia)

Media Inquiries (https://www.adaa.org/node/2611)

FAQ

Do I have an anxiety disorder? (/living-with-anxiety/ask-and-learn/faqs#n16) What causes anxiety disorders? (/living-with-anxiety/ask-and-learn/faqs#n17) How do I find the right health professional? (/living-with-anxiety/ask-and-learn/faqs#n20)

More FAQs (/living-with-anxiety/ask-and-learn/faqs)

Translate This Page

Select Language ▼

Contact ADAA

8701 Georgia Ave.,

Suite #412

Silver Spring, MD 20910 Phone: 240-485-1001 Fax: 240-485-1035

information@adaa.org (mailto:information@adaa.org)
Please note: ADAA is not a direct service organization.
Contact Information (https://www.adaa.org/contact-adaa)

Media Inquiries (mailto:lbram@adaa.org)

Follow Us

(http://http://http://http:



(https://www.nimh.nih.gov/outreach/partnership-program/national-partners.shtml? utm_source=multiple&utm_medium=widget&utm_campaign=button_nationalPartners_h)

