



Women and Irritable Bowel Syndrome (IBS)

IBS is a very common gastrointestinal (GI) condition, estimated to affect 8-20% of the US population – 5-19% of men and 14-24% of women. The classic GI symptoms of IBS are chronic or recurrent abdominal pain and/or discomfort and associated changes in bowel habits (diarrhea and/or constipation).

Rome II Diagnostic Criteria for IBS:

- At least 12 weeks (which need not be consecutive) in the preceding 12 months of abdominal discomfort or pain that has two out of three features:
 - Relieved with defecation and/or
 - Onset associated with a change in frequency of stool and/or
 - Onset associated with a change in the form (appearance) of stool
- Symptoms that cumulatively support the diagnosis of IBS:
 - Abnormal stool frequency (perhaps more than 3 bowel movements per day or less than 3 bowel movements per week)
 - Abnormal stool form (lumpy/hard or loose/watery)
 - Abnormal stool passage (straining, urgency, feeling of incomplete evacuation)
 - Passage of mucus
 - Bloating or feeling of abdominal distension

- IBS is one of the most common reasons for **work or school absenteeism**, second only to the common cold -- people with IBS miss 3-4 times as many work days annually as the national average of 5 days.
- Among women, **IBS is most prevalent during menstruation years**, with symptoms being most severe during postovulatory and premenstrual phases.
- Studies have found that over 50% of patients seeing a gynecologist for **lower abdominal pain** have IBS.
- Women with IBS are more likely than women with other bowel symptoms to ultimately be diagnosed with **endometriosis**.
- Women with IBS are three times more likely to receive a **hysterectomy** than women without IBS.

- Many individuals with IBS also suffer from **non-GI symptoms** – 2/3rds of IBS patients report rheumatological symptoms, such as skin rashes, muscle contraction headache and myalgias. **Fibromyalgia (FM)** syndrome occurs in up to 60% of IBS patients; up to 70% of patients with a diagnosis of FM have symptoms of IBS.
- Faculty and Investigators at the UNC Center for Functional GI & Motility Disorders conducted a **National Survey of the Effects of Changes in Female Sex Hormones on Irritable Bowel Symptoms**:
 - Menstruation is associated with exacerbation of IBS symptoms in the majority of women
 - Pregnancy appears to improve IBS symptoms temporarily for many women
 - Oral estrogen and progesterone supplements do not seem to have any effect on IBS symptom levels
 - Irregular menses have no association with IBS symptom severity
 - Hysterectomy or tubal ligation appear to have little effect on IBS severity
 - Endometriosis increases bloating symptoms but not other symptoms in IBS women
- **Sexual abuse** is an important risk factor in IBS. Researchers associated with the Center have found:
 - Among women in a referral-based gastroenterology clinic, 51% reported a history of sexual and/or life threatening physical abuse
 - Those patients with functional disorders (e.g., IBS, unexplained abdominal pain) had experienced more severe types of abuse such as rape and life threatening physical violence
 - Among patients in a referral-based gastroenterology clinic, those with abuse history (compared to patients without abuse):
 - had on average three more medical symptoms (e.g., pelvic pain, headaches, genitourinary complaints, shortness of breath)
 - greater pain
 - twice the number of days spent in bed due to illness
 - greater disability in all areas of functioning (e.g., physical work, home management, psychosocial)
 - more physiological distress
 - more lifetime surgeries

Please visit our website www.med.unc.edu/ibs for further information on IBS and other functional GI and motility disorders, and consider participating in one of our on-going research studies (research subjects are always needed). Thank you!