

Irritable Bowel Syndrome

Definition & Facts

What is IBS?

Irritable bowel syndrome (IBS) is a group of symptoms that occur together, including repeated pain in your [abdomen](#) and changes in your [bowel movements](#), which may be [diarrhea](#), [constipation](#), or both. With IBS, you have these symptoms without any visible signs of damage or disease in your [digestive tract](#).

IBS is a functional gastrointestinal (GI) disorder. Functional GI disorders, which doctors now call disorders of gut-brain interactions, are related to problems with how your brain and your [gut](#) work together. These problems can cause your gut to be more sensitive and change how the muscles in your bowel contract. If your gut is more sensitive, you may feel more abdominal pain and bloating. Changes in how the muscles in your bowel contract lead to diarrhea, constipation, or both.

Are there different types of IBS?

Three types of IBS are based on different patterns of changes in your bowel movements or abnormal bowel movements. Sometimes, it is important for your doctor to know which type of IBS you have. Some medicines work only for some types of IBS or make other types worse. Your doctor might diagnose IBS even if your bowel movement pattern does not fit one particular type.

Many people with IBS have normal bowel movements on some days and abnormal bowel movements on other days.

IBS with constipation (IBS-C)

With IBS-C, on days when you have at least one abnormal bowel movement

- more than a quarter of your [stools](#) are hard or lumpy and
- less than a quarter of your stools are loose or watery

IBS with diarrhea (IBS-D)

In IBS-D, on days when you have at least one abnormal bowel movement

- more than a quarter of your stools are loose or watery and
- less than a quarter of your stools are hard or lumpy

IBS with mixed bowel habits (IBS-M)

In IBS-M, on days when you have at least one abnormal bowel movement

- more than a quarter of your stools are hard or lumpy and
- more than a quarter of your stools are loose or watery

How common is IBS?

Studies suggest that about 12 percent of people in the United States have IBS.¹

Who is more likely to develop IBS?

Women are up to two times more likely than men to develop IBS.¹ People younger than age 50 are more likely to develop IBS than people older than age 50.²

Factors that can increase your chance of having IBS include:

- having a family member with IBS
- a history of stressful or difficult life events, such as abuse, in childhood
- having a severe infection in your digestive tract

Women are two times more likely than men to develop IBS.

What other health problems do people with IBS have?

People with IBS often have other health problems, including¹

- certain conditions that involve [chronic](#) pain, such as [fibromyalgia](#) , [chronic fatigue syndrome](#) and [chronic pelvic pain](#)
- certain digestive diseases, such as [dyspepsia](#) and [gastroesophageal reflux disease](#)
- certain mental disorders, such as [anxiety](#) , [depression](#) , and [somatic symptom disorder](#)

References

[1] Chey WD, Kurlander J, Eswaran S. Irritable bowel syndrome: a clinical review. *Journal of the American Medical Association*. 2015;313(9):949–958.

[2] Lacy BE, Mearin F, Chang L, et al. Bowel disorders. *Gastroenterology*. 2016;150(6):1393–1407.

Symptoms & Causes

What are the symptoms of IBS?

The most common symptoms of irritable bowel syndrome (IBS) are pain in your [abdomen](#), often related to your [bowel movements](#), and changes in your bowel movements. These changes may be [diarrhea](#), [constipation](#), or both, depending on what [type of IBS](#) you have.

Other symptoms of IBS may include

- [bloating](#)
- the feeling that you haven't finished a bowel movement
- whitish [mucus](#) in your [stool](#)

Women with IBS often have more symptoms during their [periods](#).

IBS can be painful but doesn't lead to other health problems or damage your [digestive tract](#).

To diagnose IBS, your doctor will look for a [certain pattern in your symptoms](#) over time. IBS is a chronic disorder, meaning it lasts a long time, often years. However, the symptoms may come and go.

What causes IBS?

Doctors aren't sure what causes IBS. Experts think that a combination of problems may lead to IBS. Different factors may cause IBS in different people.

Functional gastrointestinal (GI) disorders such as IBS are problems with brain-gut interaction—how your brain and [gut](#) work together. Experts think that problems with brain-gut interaction may affect how your body works and cause IBS symptoms. For example, in some people with IBS, food may move too slowly or too quickly through the digestive tract, causing changes in bowel movements. Some people with IBS may feel pain when a normal amount of gas or stool is in the gut.

Certain problems are more common in people with IBS. Experts think these problems may play a role in causing IBS. These problems include

- stressful or difficult early life events, such as physical or sexual abuse
- certain mental disorders, such as [depression](#), [anxiety](#), and [somatic symptom disorder](#)
- [bacterial](#) infections in your digestive tract
- small intestinal bacterial overgrowth, an increase in the number or a change in the type of bacteria in your [small intestine](#)
- food intolerances or sensitivities, in which certain foods cause digestive symptoms

Research suggests that [genes](#) may make some people more likely to develop IBS.

Diagnosis

How do doctors diagnose IBS?

To diagnose irritable bowel syndrome (IBS), doctors review your symptoms and medical and family history and perform a physical exam. In some cases, doctors may order tests to rule out other health problems.

What tests do doctors use to diagnose IBS?

In most cases, doctors don't use tests to diagnose IBS. Your doctor may order blood tests, stool tests, and other tests to check for other health problems.

Blood test

A health care professional will take a blood sample from you and send the sample to a lab. Doctors use blood tests to check for conditions other than IBS, including anemia, infection, and digestive diseases.

Stool test

Your doctor will give you a container for catching and holding a stool sample. You will receive instructions on where to send or take the kit for testing. Doctors use stool tests to check for blood in your stool or other signs of infections or diseases. Your doctor may also check for blood in your stool by examining your rectum during your physical exam.

Other tests

Doctors may perform other tests to rule out health problems that cause symptoms similar to IBS symptoms. Your doctor will decide whether you need other tests based on

- blood or stool test results
- whether you have a family history of digestive diseases, such as celiac disease, colon cancer, or inflammatory bowel disease
- whether you have symptoms that could be signs of another condition or disease

Other tests may include

- [hydrogen breath test](#) to check for [small intestinal bacterial overgrowth](#) or problems digesting certain [carbohydrates](#), such as [lactose intolerance](#)
- [upper GI endoscopy](#) with a [biopsy](#) to check for celiac disease
- [colonoscopy](#) to check for conditions such as colon cancer or inflammatory bowel disease

Treatment

How do doctors treat IBS?

Doctors may treat irritable bowel syndrome (IBS) by recommending changes in what you eat and other lifestyle changes, medicines, [probiotics](#), and mental health therapies. You may have to try a few treatments to see what works best for you. Your doctor can help you find the right treatment plan.

Changes to what you eat and other lifestyle changes

Changes in what you eat may help treat your symptoms. Your doctor may recommend trying one of the following changes:

- eat more [fiber](#)
- avoid [gluten](#)
- follow a special eating plan called the low FODMAP diet

Read more about [eating, diet, and nutrition for IBS](#).

Research suggests that other lifestyle changes may help IBS symptoms, including

- increasing your physical activity
- reducing stressful life situations as much as possible
- getting enough sleep

Medicines

Your doctor may recommend medicine to relieve your IBS symptoms.

To treat IBS with [diarrhea](#), your doctor may recommend

- [loperamide](#)
- [rifaximin \(Xifaxan\)](#) , an [antibiotic](#)
- [eluxadoline \(Viberzi\)](#)
- [alosetron \(Lotronex\)](#) , which is prescribed only to women and is prescribed with special warnings and precautions

To treat IBS with [constipation](#), your doctor may recommend

- fiber supplements, when increasing fiber in your diet doesn't help
- [laxatives](#)

- [lubiprostone \(Amitiza\)](#)
- [linaclotide \(Linzess\)](#)
- [plecanatide \(Trulance\)](#)

Other medicines may help treat pain in your [abdomen](#), including

- [antispasmodics](#)
- [antidepressants](#) , such as low doses of tricyclic antidepressants and selective serotonin reuptake inhibitors
- [coated peppermint oil capsules](#)

Follow your doctor's instructions when you use medicine to treat IBS. Talk with your doctor about possible side effects and what to do if you have them.

Your doctor may recommend medicine to relieve your IBS symptoms.

Probiotics

Your doctor may also recommend probiotics. Probiotics are live [microorganisms](#) , most often [bacteria](#), that are similar to microorganisms you normally have in your [digestive tract](#). Researchers are still studying the use of probiotics to treat IBS.

To be safe, talk with your doctor before using probiotics or any other [complementary or alternative](#) medicines or practices. If your doctor recommends probiotics, talk with him or her about how much probiotics you should take and for how long.

Mental health therapies

Your doctor may recommend mental health therapies to help improve your IBS symptoms. Therapies used to treat IBS include

- [cognitive behavioral therapy](#) , which focuses on helping you change thought and behavior patterns to improve IBS symptoms
- gut-directed hypnotherapy, in which a therapist uses hypnosis—a trance-like state in which you are relaxed or focused—to help improve your IBS symptoms
- relaxation training, which can help you relax your muscles or reduce stress

Eating, Diet, & Nutrition

How can my diet help treat the symptoms of IBS?

Your doctor may recommend changes in your diet to help treat symptoms of irritable bowel syndrome (IBS). Your doctor may suggest that you

- eat more [fiber](#)
- avoid [gluten](#)
- follow a special diet called the low FODMAP diet

Different changes may help different people with IBS. You may need to change what you eat for several weeks to see if your symptoms improve. Your doctor may also recommend talking with a [dietitian](#).

Eat more fiber

Fiber may improve [constipation](#) in IBS because it makes [stool](#) soft and easier to pass. The [2015-2020 Dietary Guidelines for Americans](#) recommends that adults should get 22 to 34 grams of fiber a day.³

Two types of fiber are

- soluble fiber, which is found in beans, fruit, and oat products
- insoluble fiber, which is found in whole-grain products and vegetables

Research suggests that soluble fiber is more helpful in relieving IBS symptoms.

To help your body get used to more fiber, add foods with fiber to your diet a little at a time. Too much fiber at once can cause [gas](#), which can trigger IBS symptoms. Adding fiber to your diet slowly, by 2 to 3 grams a day, may help prevent gas and [bloating](#).

Fiber may improve constipation in IBS.

Avoid gluten

Your doctor may recommend avoiding foods that contain gluten—a protein found in wheat, barley, and rye—to see if your IBS symptoms improve. Foods that contain gluten include most cereal, grains, and pasta, and many processed foods. Some people with IBS have more symptoms after eating gluten, even though they do not have [celiac disease](#).

Low FODMAP diet

Your doctor may recommend that you try a special diet—called the low FODMAP diet—to reduce or avoid certain foods that contain [carbohydrates](#) that are hard to [digest](#). These carbohydrates are called FODMAPs.

Examples of foods that contain FODMAPs include

- fruits such as apples, apricots, blackberries, cherries, mango, nectarines, pears, plums, and watermelon, or juice containing any of these fruits
- canned fruit in natural fruit juice, or large amounts of fruit juice or dried fruit

- vegetables such as artichokes, asparagus, beans, cabbage, cauliflower, garlic and garlic salts, lentils, mushrooms, onions, and sugar snap or snow peas
- dairy products such as milk, milk products, soft cheeses, yogurt, custard, and ice cream
- wheat and rye products
- honey and foods with high-fructose corn syrup
- products, including candy and gum, with sweeteners ending in “-ol,” such as sorbitol, mannitol, xylitol, and maltitol

Your doctor may suggest that you try the low FODMAP diet for a few weeks to see if it helps with your symptoms. If your symptoms improve, your doctor may recommend slowly adding foods that contain FODMAPs back into your diet. You may be able to eat some foods with FODMAPs without having IBS symptoms.

References

[3] U.S. Department of Health and Human Services and U.S. Department of Agriculture. 2015–2020 Dietary Guidelines for Americans. 8th Edition. <https://health.gov/dietaryguidelines/2015/guidelines/> . Published December 2015. Accessed March 2, 2017.

November 2017

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The NIDDK would like to thank:

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