

THE CRITICAL ROLE OF THE FAMILY DOCTOR IN THE TREATMENT OF IRRITABLE BOWEL SYNDROME

IBS (irritable bowel syndrome) is a chronic gastrointestinal disorder that affects approximately 10% of the global population.¹ Characterized by a collection of symptoms, including abdominal discomfort, bloating, and altered bowel habits, IBS is considered a functional disorder.

THE FAMILY PHYSICIAN SETS THE TONE FOR THE IBS PATIENT JOURNEY

The first time a general practitioner is likely to suspect IBS is typically when a patient mentions GI symptoms during a general check-up, or in instances where continued frustration to alleviate such symptoms (e.g., by using over-the-counter remedies) prompts a patient to seek medical guidance. It is at this point that the general practitioner will typically begin the process of determining whether they are dealing with a functional disorder or an organic condition.

At this stage, it is important that the physician conducts a thorough history in order to identify:

- a) potential red flags (e.g., rectal bleeding) that may warrant further investigation, and
- b) possible dietary or environmental triggers that may be suggestive of an identifiable intolerance.

Should the physician question whether there is an underlying organic disease, or feel that endoscopic assessment may be warranted, referral to a gastroenterologist is an appropriate course of action. However, in the absence of red flags, an IBS diagnosis can often be made with confidence, opening up many treatment possibilities that can be driven directly by the general practitioner.

THE INDIVIDUALISTIC NATURE OF IBS CAN MAKE PATIENTS FEEL INVALIDATED



Dr. Talia Zenlea, gastroenterologist at Women's College Hospital in Toronto, understands the challenge that general practitioners face in diagnosing patients with IBS: *"There is no definitive test that confirms IBS. Instead, it's a clinical diagnosis based on a good history."*

Where other medical conditions may have easily identifiable or readily accessible metrics, IBS presents differently for each individual. Thus, treatment is geared towards improved symptom control and quality of life, and often one size doesn't fit all.

It is precisely this lack of specificity, as per the functional nature of the disorder, that may leave both patient and physician vulnerable to frustration and misunderstanding. *"The subjectivity of IBS symptomology often results in patients feeling unheard. It's important to validate a patient's experience, as this can go a long way when it comes to willingness to explore treatment options,"* Dr. Zenlea explains.

Another important consideration is how the gastroenterologist referral is framed. *"A referral anywhere, including to a specialist, or by the specialist or GP to an allied health provider, can sometimes be perceived by the patient as dismissive. This can impact the doctor-patient relationship in the long term, and can result in the patient having unrealistic expectations,"* says Dr. Zenlea. According to Dr. Zenlea, the GP plays a critical role introducing and reinforcing a team-based, multidisciplinary approach. *"The message to convey is: 'I hear you. I believe you. And we need to work together to get you feeling better.'"*

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IBS REQUIRES A MULTIDISCIPLINARY TREATMENT APPROACH

According to a recent review article,² the most effective treatment for IBS involves a multidisciplinary approach consisting of:

- **targeted lifestyle changes,**
- **stress reduction techniques,**
- **dietary modifications, and**
- **pharmacological intervention.**

With this in mind, Dr. Zenlea stresses the value that registered dietitians, cognitive behavioural therapists, and other allied health professionals offer patients with IBS: *“Taking a holistic approach to IBS management allows for more tailored recommendations to be incorporated into a patient’s treatment regime, which may result in a more favourable response.”*

When it comes to IBS management, there is a need for more formalized lifestyle interventions, including cognitive behavioural therapy, mindfulness practices and even gut-directed hypnotherapy. Given that most general practitioners and gastroenterologists are not trained in these interventions, the need to form a collaborative, multidisciplinary care team for patients with IBS is paramount.

Similarly, dietary modifications should be made in a structured and systematic manner to assess their impact on IBS symptoms. This is best conducted under the supervision of a registered dietitian, all of whom have undergone specific training in this area of patient care. For example, the dietitian may suggest a particular elimination diet for a fixed period of time, followed by a gradual reintroduction of potential dietary triggers, to closely monitor their impact on IBS symptoms.

The use of supplemental dietary fibre, enteric-coated peppermint oil, and probiotics, such as Align, are also an important aspect of IBS treatment, and can be recommended by a general practitioner. The rationale behind probiotic supplements is complex and undetermined. Though, it is known that gut microorganisms differ in the gases they release, as they process certain foods, which is thought to contribute towards IBS symptoms. Therefore, one of the ways to avoid the excessive bloating experienced by many IBS patients is by changing the composition of the gut microbiome through the introduction of specific probiotic strains, like those found in Align.

The final branch of IBS treatment involves symptom-based pharmacotherapy. Over-the-counter remedies and prescription drugs may reduce symptoms like diarrhea or constipation and help patients with IBS feel better. That said, Dr. Zenlea accentuates that pharmacotherapy should be considered an adjunct to lifestyle measures: *“Many patients who are referred to me with IBS have only partial improvement with medications, and require the expertise of my allied health colleagues to best manage their symptoms.”*

KEY TAKEAWAYS

IBS is a complex, functional disorder that requires a team of allied health providers to help improve patient quality of life through targeted dietary, lifestyle, and pharmacological interventions. The role of the general practitioner is paramount in validating the patient experience, instilling patients’ confidence in a multidisciplinary treatment approach, and setting realistic expectations. When practitioners are able to work together in such a way, each maximizing the positive impact they can have, expected outcomes for IBS patients will be optimal.



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*Among Doctors and Gastroenterologists who recommended a brand of probiotic in ProVoice surveys 2015 to 2020.

References: 1. Moayyedi et al. Canadian Association of Gastroenterology Clinical Practice Guideline for the Management of Irritable Bowel Syndrome (IBS). Journal of the Canadian Association of Gastroenterology. 2019. 2. Chey et al. Behavioral and Diet Therapies in Integrated Care for Patients with Irritable Bowel Syndrome. Gastroenterology. 2021.