

## Irritable Bowel Syndrome: Stress-Associated GI Dysfunctional Disorder

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A 30-year-old woman came to my clinic for help. Her husband lost his job a couple of years ago; her income became the only source to support a family of four. Since then, she has had abdominal pain with intermittent nausea, vomiting and diarrhea. She had difficulty falling asleep or staying asleep at night and she got easily agitated quite often. Her primary care physician referred her to a gastroenterologist after seeing no improvement with prescribed medications.

The GI physician asked her to have complete upper and lower endoscopies to identify intra-luminal GI disorders. The patient declined the procedure due to high copayment. She was treated with high dose acid suppression drugs and symptom-relieving medication, which actually made her symptoms worse. Seeking second opinion, she changed to another GI doctor, who nevertheless insisted on doing complete upper and lower endoscopies to identify the cause of her GI problems. Otherwise he was not able to offer any further help. But the patient could not afford the procedure.

Then she came to my clinic. She said she could try anything but endoscopy. I carefully studied her medical records and lab results. She has had extensive lab work and abdominal imaging study, all with negative findings, which basically ruled out celiac sprue, porphyria, C1-esterase inhibitor deficiency, inflammatory bowel diseases and pancreatic exocrine insufficiency. My conclusion is that she most likely has Irritable Bowel Syndrome (IBS), which is a stress-associated GI dysfunctional disorder. The unique mechanism for her symptoms might be related to bile acid associated gastritis and diarrhea. I agree with the other GI physicians that an upper and lower endoscopy will help confirm the diagnosis and rule out other rare intra-luminal GI disorders. But given her financial stress, I would like to try medications to see if they can help. Her medications were adjusted and she was asked to follow up in two weeks. She came back to my clinic with her whole family at the next visit. The husband said his wife did not have insomnia any more. Her mood has become more stable. She is easier to get along and the family is happy again. She said she did not have any abdominal pain, nausea, vomiting and diarrhea for the last two weeks. She could sleep well and became less anxious and stressed. She continues doing well in the follow-ups.

Irritable Bowel Syndrome (IBS) is a very common GI dysfunctional disorder, but the mechanism for having IBS to each individual patient can be different. Understanding the unique pathophysiology of IBS in each patient is the key to finding the right treatment. Many patients suffer from the disabling symptoms of Irritable Bowel Syndrome. Do not give up seeking help. If you have difficult GI disorders, please contact Dr. Jeff Ye, North Atlanta Medical & Digestive Care at 770-346-0900. We can help!