# IRRITABLE BOWEL SYNDROME: TOWARDS AN INTEGRATED APPROACH

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## INTRODUCTION

Functional Gastrointestinal Disorders are defined as chronic or recurrent gastrointestinal symptoms characterised by abdominal pain, constipation and/or diarrhoea (Tally, 1994; University of North Carolina, 1998). These disorders are of concern because of their high incidence, associated morbidity, expense and the impact of these disorders on people's quality of life.

Drossman (1993, **in** University of North Carolina (UNC), 1998) found that of 5 400 U.S. households, 69% of people met the criteria for at least one of the functional gastrointestinal disorders which represents a 59% increase in the incidence of functional gastrointestinal disorders since 1983 (Drossman, **in** UNC, 1998; Drossman, 1983).

In particular, Irritable Bowel Syndrome (IBS) sufferers account for 2,4 - 3,5 million visits to doctors annually. Furthermore, IBS sufferers spend $40 million annually on treatment for their condition. They also tend to have 3 to 4 times more disability days than other workers, which illustrates the debilitating effect of this disorder (Drossman, **in** UNC, 1998).

It is therefore necessary that the etiology of IBS be researched, as well as the course and management of this debilitating disease. The studies presented in this series aimed to improve the understanding of the multiple agents that influence the development and course of IBS.

## IRRITABLE BOWEL SYNDROME: A MULTIDIMENSIONAL APPROACH

IBS is not only a medical condition. It should rather be described as a multidimensional disorder, characterised by multiple causes and influences.

In exploring the predisposing factors that might play a role in the development of IBS it seems as if certain personality traits can have an influence. Wilson, Stuart and Pretorius (1999) found that people with IBS might have a higher incidence of associated psychopathology. It also becomes apparent that IBS sufferers report relatively diverse ranges of psychopathological personality trends. Bloch, Stuart and Pretorius (1999) found that IBS sufferers might have a greater degree of confusion and apprehension in accurately responding to emotional states and sensations of hunger or satiety than other people. It seems then as if IBS sufferers have similar thought processes and behavioural tendencies as bulimic sufferers. Stanley, Stuart and Pretorius (1997) hypothesised that IBS sufferers display certain "health behaviours" as a result of certain personality traits. These health behaviours might have an influence, not only on the development of IBS, but also on the maintenance of the disorder.

In studying the literature on IBS, it becomes clear that psychological stress has an influence on the development and maintenance of IBS (UNC, 1998). Bayne, Stuart and Pretorius (1999) found that IBS sufferers do not necessarily experience more stress than other people, but they do experience these stressors with greater intensity. Everyday stressors can thus become so overwhelming that IBS sufferers cannot cope with them effectively. In fact, Pokroy, Mayer, Stuart and Pretorius (1998) found that IBS sufferers tend to use unhealthy coping mechanisms in dealing with stress. In a preliminary phenomenological study done by Meadows, Elford, Lackner, Backlund and Belic (1995) they found that a high percentage of IBS sufferers had at some time in their lives experienced a number of traumatic family-related deaths.

It is tempting to hypothesise that IBS sufferers have not learnt, as a result of earlier experiences and personality traits, to effectively deal with life stressors. Eventually, the stress might become too much to deal with, and this inability to deal with stress combined with certain health behaviours, may result in a physiological response in the form of IBS. This however, is only a hypothesis and its validity and usefulness remains to be researched.

Further research also needs to be done to distinguish between predisposing factors, direct influences and resultant behaviour and thoughts of IBS. At this stage it is still difficult to distinguish cause and effect of IBS.

We propose a multidimensional approach to study, treat and manage IBS as well as other functional gastrointestinal disorders. We suggest a biopsychosocial model which takes into account 1) biological factors influencing the development and course of IBS, 2) psychological factors which includes the experience of stress and coping as well as personality and psychopathology and 3) the role of social influences (such as diet, social support, work environments and social attitudes) in the development and management of IBS.

## MANAGEMENT OF IRRITABLE BOWEL SYNDROME

Assuming that multiple causes lead to the development of functional gastrointestinal disorders, a multidimensional approach to the treatment and management of these disorders and specifically, IBS is required. It seems as if the traditional medical model of treatment is not sufficient. Psychoeducation and therapeutic interventions are also

necessary, specifically in dealing with stress and understanding the disorder.

The medical profession and other disciplines, such as psychology need to act in a partnership as to effectively deal with functional gastrointestinal disorders. The Centre for Psychogastroenterology at RAU is one example of such a partnership where different disciplines all play a role in the management of functional gastrointestinal disorders.

## CONCLUSION

We suggest that in treating and managing any disorder, but specifically the functional gastrointestinal disorders, a holistic approach should be taken. The management of any illness should not focus only on the biological dimension but the richness and complexity of the person as a 'whole' should be taken into account.

*"Every human being is a tapestry. You pull one thread, one undesirable color, and the art unravels. You end up staring at the walls" (Tolins, 1992).*

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