Irritable Bowel Syndrome in Children

Irritable bowel syndrome (IBS) is a common chronic digestive disorder that does not have a known cause. IBS affects many people of all ages, including children. IBS is not a disease--it is a syndrome. A syndrome is a group of symptoms that occur together. It does not damage the intestine.

CAUSES

IBS is thought to be a functional disorder because it is caused by a problem in how the intestines, or bowels, work. This means there is nothing wrong with the way your intestines are made, but there is something wrong with the way things are working.

People with IBS tend to have overly sensitive intestines that have muscle spasms in response to food, gas, and sometimes stress. These spasms may cause pain, diarrhea, and constipation. The cause is not known.

SYMPTOMS

IBS may cause recurring abdominal pain in children. The diagnosis of IBS is based on having any two of the following:

- Pain that is relieved by having a bowel movement.
- The start of pain is associated with a change in the frequency of stools.
- The onset of pain is associated with a change in stool consistency.

An important part of the diagnosis is that symptoms must be present for at least 12 weeks in the preceding 12 months. The 12 weeks do not have to be continuous.

In children and adolescents, IBS affects girls and boys equally and may mostly cause diarrhea, mostly cause constipation, or have a changing stool pattern. Increased diarrhea may happen just before menstrual periods. Bloating and a sense of incomplete bowel emptying can occur. An urgent need to have a bowel movement can occur.

Children with IBS may also have headache, nausea, or mucus in the stool. Belching, heartburn, trouble swallowing and quickly feeling full with meals can occur. Stress does not cause IBS, but it can trigger symptoms.

DIAGNOSIS

If the history, physical exam and tests show no sign of disease or damage, the caregiver may diagnose IBS.

TREATMENT

There is no cure currently for IBS. If it is difficult for a child to take in adequate fiber, a fiber supplement (such as products that contain psyllium husk) may be recommended. Bowel training to teach the child to empty the bowels at regular, set times during the day may also help. Medicines are rarely used for children with IBS but sometimes the following may be tried:

- Diarrhea medicine.
- Anxiety or depression medicines.
- Constipation medicine.
- Medicines for intestinal spasms or other intestinal issues.

Learning stress management techniques or counseling may also help some children with IBS.

HOME CARE INSTRUCTIONS

In children, IBS is treated mainly through changes in diet. Eating more fiber and less fat may help prevent

spasms. Avoid caffeine. Your child's caregiver may suggest keeping a daily diary of symptoms, events and diet. This may help identify things that trigger symptoms. A trial diet of removing triggers can then be tried. Since milk sugar (lactose) can sometimes make IBS worse, your child's caregiver may suggest a diet without milk products. If gas and bloating are a problem, a trial diet without these foods may help:

- Beans.
- Cabbage.
- Broccoli.
- Cauliflower.
- Brussel sprouts.

Avoid chewing gum, carbonated drinks and eating quickly. These cause gas and more discomfort. Treat your child normally. Avoid a lot of attention for the pain. Encourage normal activities and school attendance.

SEEK MEDICAL CARE IF YOUR CHILD EXPERIENCES:

- Unexplained fever.
- Weight loss.
- Joint pain.
- Pain or diarrhea that wakens your child from sleep.
- Frequent or repeated vomiting.
- New or worsening symptoms.

SEEK IMMEDIATE MEDICAL CARE IF YOUR CHILD HAS:

- Severe abdominal pain
- A fainting episode
- Blood in the stool.

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