

# Digestive Disturbances May Be Stress Related

DURHAM, NC -- Our bodies respond to stress differently. High blood pressure, migraines and cardiovascular disease are three well-known examples. One stress-related ailment often overlooked is irritable bowel syndrome. Surveys suggest that one-third of the general population experience its symptoms, while few seek medical attention.

"Many patients live with irritable bowel syndrome as part of their daily existence without realizing it," said Duke gastroenterologist Michael E. McLeod, M.D., in a newsletter published by Duke University Medical Center.

"The symptoms include nausea, swallowing difficulties, vomiting, diarrhea, constipation and chest and abdominal pain. In general, the symptoms are intermittent and occur in not only the colon (large intestine) but the entire gastrointestinal tract - esophagus, small intestine and the stomach," he says.

Irritable bowel syndrome can result from stress ranging from an immediate change in the environment (such as a flat tire or being late for an appointment) to prolonged depression related to some loss or spontaneous depression that has no obvious cause. For example, a man may attribute a bout of diarrhea and stomach cramps to something he ate for lunch, but an earlier disagreement with the boss may have triggered this not quite understood sequence of events in the gastrointestinal tract.

Unlike people with type A personalities who are thought to be prone to cardiovascular disease, there is no typical personality profile of people with this disorder, according to McLeod.

The intestinal tract is a hollow tube of muscle, where each muscle contracts in a sequential fashion to propel food and liquid in an orderly manner, a process known as normal motility. "It appears that at certain times a segment of muscles may contract simultaneously and cause a spasm akin to a Charlie horse in a leg muscle," McLeod says.

The spasm creates pressure that may propel fluid downstream too rapidly and back up the system, resulting in distension upstream from the spasm. "A person may have diarrhea, bloating and pain from one area of spasm," he says.

A doctor must exclude other gastrointestinal ailments before diagnosing irritable bowel syndrome, especially if the patient is over age 40, when malignancies are more common. Colon and ovarian cancers can produce a narrow bowel and cause

similar discomfort in the gastrointestinal tract.

"Many times symptoms of irritable bowel syndrome are blamed on hernia, gallstones and adhesions, and surgery is performed to correct an abnormality seen on X-ray," McLeod says. "Patients will have temporary improvement for four to six months as a placebo effect." The physical disorder was coincidental and not the cause of irritable bowel syndrome. Patients sometimes undergo several unnecessary operations because of recurring symptoms.

The most common of these disorders is irritable colon syndrome or spastic colon. A patient complaining of diarrhea,

increased mucus production, a sensation of incomplete rectal emptying, hard stool, lower abdominal cramping and constipation will be checked for inflammation, polyps, tumors or other abnormalities with proctoscopy, an outpatient procedure, which enables the doctor to examine the lower intestine.

Stool will be checked for blood, parasites and white cells. X-rays of the colon also may be performed. Because lower gastrointestinal complaints in women may indicate ovarian malignancies, a doctor will recommend a pelvic exam. Every five to seven years, patients may have to repeat tests to ensure that a current flare-up is not in-

dicative of another problem, McLeod says. (Lactose intolerance inability to digest milk sugar can cause cramps, diarrhea and bloating and also must be excluded.)

The esophageal motility disorders, one area in which irritable bowel syndrome is manifested, are due to muscle spasms that may mimic pain associated with heart disease. "The pain felt below the breastbone is described as squeezing or pressing and frequently radiates to the back and neck," he says. Swallowing difficulties also occur.

To determine whether the pain is stress-related or due to inflammation or other disorders, the patient will undergo an en-

teric time of day and meals -- unlike patients with peptic ulcer whose pain has a clear relation to meals, McLeod says. A patient may be given a barium X-ray or endoscopy to see if an ulcer is present.

Once the doctor rules out and physical disorders, McLeod says patient education is the first step in treatment. It's important for a patient to understand there are real physiological events occurring. Anxiety and depression amplify as well as produce these symptoms.

"A person with high blood pressure responds to stress via his vascular system but may be unaware of it. A person with irritable bowel syndrome will ex-

perience discomfort, which can be identified with a stressful situation."

McLeod often suggests that a patient may want to start a journal to record gastrointestinal complaints and to note any correlating stressful events. This might help a person identify stress-producing situations and change them.

Exercise and relaxation therapy, such as bio-feedback and meditation, help channel tension. "The patient needs to understand that the disorder will fluctuate depending on an ability to control stress in his or her life," he says.

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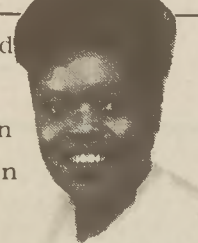
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By Deborah Crandall

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3. Improved stamina.
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