Understanding IBS

A Simple Guide to Gut Health, Symptoms, and Evaluation

Introduction

Irritable Bowel Syndrome, more commonly known as IBS, is one of the most common gastrointestinal conditions seen in medicine today. It is estimated that approximately 10 to 15 percent of individuals in North America experience symptoms consistent with IBS, and many more people will deal with digestive symptoms at some point in their lifetime.

Although IBS is not considered life-threatening, it can have a very real impact on quality of life. Symptoms may interfere with work, social activities, travel, sleep, exercise, and emotional wellbeing. Many individuals find themselves planning their day around bathroom access, avoiding certain foods, or feeling anxious about flare-ups occurring during important events or social situations.

For some individuals, symptoms may come and go. For others, IBS becomes a more persistent and frustrating part of daily life. It is not uncommon for patients to feel discouraged after being told that their imaging or colonoscopy is "normal" even though they continue to experience very real digestive symptoms.

One important thing to understand is that IBS is considered a functional digestive disorder. This means the digestive tract may not be functioning optimally even though many standard tests, such as colonoscopy or imaging, may appear normal. In other words, the issue is often related more to how the digestive system is behaving rather than visible structural damage.

What IBS Can Feel Like

IBS symptoms can vary significantly from person to person. Some individuals mainly struggle with constipation, others with diarrhea, and some experience a combination of both. Symptoms may fluctuate over time and are often influenced by stress, sleep, food choices, hormones, travel, illness, or changes in routine.

Many people with IBS describe symptoms such as abdominal cramping, bloating, excess gas, loose stools, constipation, nausea, urgency with bowel movements, or a sensation of not fully emptying after going to the bathroom. Some people experience heartburn or upper digestive symptoms as well. A common pattern is for symptoms to improve temporarily after a bowel movement. Cramping and urgency are often followed by a short period of relief. Symptoms also tend to occur during waking hours.

Given the connection of the gut and the brain, there are many atypical presentations of IBS which are more systemic and may include brain fog, fatigue, headaches, muscle aches, body aches, sleep disturbances, palpitations, and anxiety. These symptoms remind us that the body's systems are all interconnected.

IBS is commonly divided into several patterns. Some people experience IBS with constipation, often referred to as IBS-C. Others experience IBS with diarrhea, or IBS-D. Some individuals alternate between constipation and diarrhea and may have what is referred to as mixed IBS.

Why IBS Can Be So Complex

One of the reasons IBS can be frustrating is because there is usually not one single cause. Instead, many different factors may contribute to symptoms, which is why two people with IBS may have completely different experiences and triggers.

For some individuals, stress and anxiety play a major role. Others may notice that food reactions, microbiome imbalance, infections, digestive insufficiency, inflammation, or poor gut motility contribute more significantly to their symptoms.

The digestive system and nervous system are deeply connected. Many people notice that their digestive symptoms worsen during periods of stress, emotional overwhelm, poor sleep, or major life changes. Stress can influence digestion, inflammation, gut motility, and even the balance of bacteria within the gastrointestinal tract.

This connection does not mean symptoms are “all in your head.” The gut and nervous system truly communicate closely with one another. In many patients, stress and digestive symptoms create a cycle where stress worsens digestive symptoms, and digestive symptoms then increase anxiety and emotional distress and we call this somatization.

Digestion Starts Earlier Than Most People Think

Most people think digestion begins in the stomach, but digestion actually starts in the mouth. Chewing food properly and eating in a calmer state can influence how well food is broken down and processed throughout the gastrointestinal tract. We are all, including myself, guilty of eating between tasks on a busy day or rushing through a meal while watching a show. This robs our body of a mindful and calm rest state that is meant for digesting a meal whether mechanically through chewing or chemical through our enzymes. Certain enzymes begin the digestive process before food even reaches the stomach like amylase that is released in the mouth.

The digestive tract itself is incredibly large. The intestinal lining contains structures called villi that help absorb nutrients from food. The surface area of the gastrointestinal tract is enormous and acts as one of the body’s largest points of contact with the outside world.

Different parts of the digestive system release enzymes that help break down carbohydrates, proteins, and fats. The pancreas plays an especially important role in releasing digestive enzymes into the small intestine. When digestion and absorption are not functioning properly, symptoms such as bloating, gas, abdominal discomfort, and bowel changes may occur.

Some specialty stool tests evaluate markers such as pancreatic elastase, which may help assess digestive enzyme function and pancreatic support of digestion. These tests are often not ordered during conventional digestive evaluations.

Understanding the Gut Microbiome

The gastrointestinal tract contains many microorganisms that play important roles in digestion, immune function, nutrient production, and inflammation regulation.

When the balance of these organisms becomes disrupted, symptoms such as bloating, cramping, diarrhea, constipation, food reactions, and excess gas may develop. This imbalance is often referred to as dysbiosis.

In some individuals, certain bacteria or yeast may become overgrown even if there is not an active infection. Small intestinal bacterial overgrowth, commonly referred to as SIBO, is another condition that may contribute to symptoms in some patients who experience excessive bloating, gas, abdominal discomfort, or irregular bowel habits.

SIBO is thought to occur when bacteria that normally belong in the large intestine shift upward into the small intestine, where they begin fermenting food earlier than they should. This can contribute to increased gas production, bloating, cramping, diarrhea, constipation, or mixed bowel symptoms.

SIBO is commonly evaluated through a breath test, often referred to as a hydrogen or methane breath test. During this test, patients consume a specific solution and breathe into collection tubes over time. The test measures gases produced by microbes within the gastrointestinal tract and may help identify whether there is excess bacterial fermentation occurring in the small intestine.

The microbiome is an area of growing interest in medicine because of its connection to digestion, inflammation, mood, metabolism, and immune function.

Food Allergies, Sensitivities, and Intolerances

Not all food reactions are the same, and understanding the difference can be helpful.

Food allergies involve stronger immune reactions and may cause symptoms such as hives, swelling, difficulty breathing, or severe allergic responses. These reactions tend to occur more quickly and can sometimes become medical emergencies.

Food sensitivities are often more subtle and may contribute to lower-grade inflammation and digestive discomfort over time. Symptoms may not occur immediately after eating and may develop hours or even days later in some individuals.

Food intolerances are commonly related to difficulty digesting certain foods. Certain gut microbes may ferment poorly digested sugars or carbohydrates, leading to bloating, gas, cramping, or loose stools.

Common food triggers for some individuals with IBS may include gluten, dairy, eggs, coffee, alcohol, beans, chocolate, certain carbohydrates, processed foods, or highly inflammatory dietary patterns.

It is important to understand that food triggers can vary significantly from person to person. A food that causes symptoms for one individual may not cause symptoms for another. This is one reason why a more individualized approach to digestive health can be so important. Both our unique genetics and microbiomes play a role here.

How IBS Is Diagnosed

IBS is generally diagnosed based on symptoms, medical history, physical examination, and ruling out more serious conditions. There is no single blood test or imaging study that definitively diagnoses IBS.

Healthcare providers often use symptom-based criteria that include recurrent abdominal pain occurring at least one day per week over the last three months along with symptoms related to bowel movements, changes in stool frequency, or changes in stool appearance or form.

One important point is that many individuals with IBS have a normal colonoscopy and no visible structural abnormalities in the digestive tract. This is because IBS is considered a functional disorder rather than a structural disease.

At the same time, healthcare providers still want to make sure more serious conditions are not being missed. This is why a thoughtful evaluation can be important.

Common Testing That May Be Recommended

Depending on symptoms and history, a healthcare provider may recommend testing such as blood work, stool testing, celiac testing, breath testing for SIBO, or sometimes colonoscopy.

Basic testing may include a complete blood count, comprehensive metabolic panel, inflammatory markers such as ESR or CRP, and evaluation for autoimmune conditions like celiac disease.

These tests help evaluate for inflammation, infection, nutritional concerns, autoimmune conditions, and structural abnormalities.

Advanced stool testing is another area that some practitioners may explore. Certain specialty stool tests evaluate digestion, absorption, intestinal permeability, inflammation, microbiome balance, and immune activity within the gastrointestinal tract.

Examples of specialty testing include GI-MAP from Diagnostic Solutions Laboratory and GI Effects from Genova Diagnostics. These tests evaluate markers such as pancreatic elastase, calprotectin, fat absorption, microbial balance, yeast overgrowth, and more.

Calprotectin is a stool marker that may suggest inflammation within the gastrointestinal tract. Pancreatic elastase may provide information about digestive enzyme function. These tests can sometimes provide additional clues to underlying digestive dysfunction and may be a valuable investment into understanding one's health journey.

Looking at the Whole Person

Digestive symptoms are rarely evaluated in isolation alone. A thorough evaluation often involves looking at the entire person and their health history.

A healthcare provider may explore areas such as childhood history, antibiotic exposure, birth history, breastfeeding history, stress patterns, sleep, diet, lifestyle habits, and emotional health.

Physical examination may also provide important clues. Providers may examine the abdomen, skin, nails, tongue, nutritional status, and overall appearance for signs that may point toward underlying digestive or inflammatory concerns.

Tracking symptoms over time can also be helpful. Some individuals benefit from food logs, symptom questionnaires, bowel habit tracking, or monitoring stress levels to better identify patterns and triggers.

Two of the more evidence-based and helpful food journaling tools for individuals with IBS include the Monash FODMAP App and the mySymptoms Food Diary app.

The Monash FODMAP app was developed by the researchers who created the low FODMAP diet and can help identify foods that may trigger bloating, abdominal pain, diarrhea, or constipation based on scientifically tested serving sizes.

The mySymptoms Food Diary app allows individuals to track meals, bowel habits, stress, sleep, and symptoms over time to help identify patterns and possible triggers that may not be immediately obvious.

Together, these tools may improve awareness of dietary triggers and support a more personalized approach to understanding digestive symptoms and IBS flare-ups.

Symptoms That Need Closer Medical Attention

Although IBS is common, certain symptoms deserve closer medical evaluation and follow-up and should never be ignored.

These alarm features may include symptoms beginning after age 50, blood in the stool, unexplained weight loss, progressively worsening abdominal pain, diarrhea waking someone from sleep, anemia, elevated inflammatory markers, or a family history of colon cancer or inflammatory bowel disease.

If these symptoms are present, follow-up with a healthcare provider is important to ensure a more serious condition is not being overlooked.

Final Thoughts

IBS is common, complex, and often influenced by many different factors. Because symptoms and triggers vary significantly from person to person, taking a thoughtful and individualized approach to evaluation can be very important.

Understanding digestion, microbiome balance, stress, food reactions, inflammation, and gut function may help provide a more complete picture of digestive health and overall wellbeing.

If you are experiencing symptoms such as abdominal bloating, cramping, constipation, diarrhea, food-related digestive issues, or ongoing gut health concerns, or if you would like to better understand and optimize your gut health, we invite you to schedule a meet and greet online through Thrive Wellness MD website.

For Further Reading

• Palsson OS, et al. Prevalence of Rome IV Functional Bowel Disorders Among Adults in the United States, Canada, and the United Kingdom. Gastroenterology. 2020.

• Ballou S, et al. Effects of Irritable Bowel Syndrome on Daily Activities. Clin Gastroenterol Hepatol. 2019.

• Hadjivasilis A, et al. New Insights into Irritable Bowel Syndrome: From Pathophysiology to Treatment. Ann Gastroenterol. 2019.

• Zhan K, et al. Gut Microbiota-Bile Acid Crosstalk in Diarrhea-Predominant IBS. Biomed Res Int. 2020.