
IRRITABLE BOWEL SYNDROME
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The definition of irritable bowel syndrome (IBS) has undergone an evolution from the Manning’s criteria to Rome I and Rome II criteria. Essentially, it is a functional disorder of the bowel causing abdominal pain or discomfort associated with changes in frequency and consistency of bowel motion.

In a recent door-to-door survey conducted in Hong Kong, which included 1298 subjects (528 males and 770 females), 13% of males and 21% of females were found to have satisfied the Manning’s criteria for the diagnosis of IBS. However, when the Rome I or Rome II criteria were used, there is a great discrepancy in the prevalence of IBS implying that our patients in Hong Kong may have infrequent attacks of symptoms. In this survey, it was also found that females are more frequently suffer from IBS than males and they are more likely to seek medical advice. We have also found that younger subjects have a higher prevalence of IBS and their vitality score and mental health score (SF-36) are significantly lower than control subjects.

The pathogenesis of IBS is still under dispute, whether this is a syndrome of irritable intestine or irritable brain. It has been known for sometime that in IBS patients, there are changes in colonic and small intestinal motor activity as well as visceral sensation, especially after feeding. Recent studies have also indicated an important role played by serotonin (both 5-HT3 and 5-HT4) in the pathophysiology of IBS. New therapies are under investigation but existing remedies have not proven to be highly effective. There might be a group of patients with IBS that may benefit from herbal medicine or acupuncture. Carefully designed clinical trials with critical evaluation are very much in need.