GERD and IBS: Is There a Connection?

by KRYSTINA OSTERMEYER

GERD and IBS

As you all know, GERD and IBS are GI illnesses. Gastroesophageal reflux disease (GERD) occurs due to stomach contents backing up into the esophagus, causing irritation, such as heartburn.

Irritable bowel syndrome (IBS) is an illness of the GI tract that cases either diarrhea or constipation (or both) with no known cause, although plenty of theories exist.

The question is – could GERD and IBS be related?

Is There a Connection Between GERD and IBS?

In an Iranian research study, 6,476 patients with GI symptoms presented. 1,419 met IBS criteria, while, 2,658 were diagnosed with GERD.

The study aimed to find if the patients had symptoms of just their diagnosed condition, or if they had symptoms of both conditions.

The conclusion of the study, it was found that 63.6 percent of the IBS patients (69 percent women, 31 percent men) and 34.7 percent of non-IBS patients had GERD. Amongst the patients with GERD, 33.9 percent of the patients met IBS criteria, in contrast to 13.5 percent of non-GERD patients.

According to the researchers, “This finding shows that in overlapping GERD and IBS, other functional abnormalities of the GI tract are also highly prevalent, suggesting a common underlying dysfunction.”

What Could Be Causing the Connection?

There are several theories as to what could be causing this connection, although the researchers indicate that further studies should be done to evaluate these ideas.

One interesting theory is that helicobacter pylori may play a role. Helicobacter pylori is an infection of the GI tract that was found in certain populations. Researchers tested for helicobacter pylori and found it with increasing frequency in their subjects with GERD than non-GERD patients.

However, there was not a large statistical difference in their subjects with both GERD and IBS. The study also indicated that women were more likely than men to have both GERD and IBS, although there was a similar sex distribution in the GERD only patients.

The researchers theorized that this might be because, "sex hormones which was assumed to play a role in IBS, based on the exacerbation of IBS symptoms with the onset of menses. Another possibility might be a lower pain

perception threshold in women compared to men; although visceral hyperalgesia is a leading hypothesis for IBS."

The study closes by indicating that because the results bear heavily on women, further investigation is warranted, although it is noted that these results are similar to studies performed in Western countries.

When You're Not Sure What's Going On…

If you've got a diagnosis of either GERD or IBS, but are questioning that you may also have the other condition, it is helpful to know the symptoms. This way, you can speak with your physician about what is going on with your health.

Symptoms of GERD

- Heartburn (a burning sensation in the chest and throat, sometimes accompanied by a sour taste in the mouth)
- A feeling of a lump in the throat
- A dry cough
- Acid reflux (regurgitation of food or sour liquid)
- Hoarseness or a sore throat
- Dysphagia (difficulty swallowing)
- Chest pain

Please note that a symptom of GERD is chest pain; do not ignore this symptom if you've never had it and seek emergency medical attention because chest pain can be a sign of more severe conditions, such as a myocardial infarction (MI or heart attack) or a pulmonary embolism (PE).

Symptoms of IBS

Some of the symptoms of IBS may include:

- Diarrhea, especially that is violent and recurring
- Constipation
- Diarrhea and constipation that alternates
- Belly pains or cramping in the lower abdomen; this typically IBS pain worse after eating and better after a bowel movement
- Copious amounts of gas and bloating
- Stools that are hard or ribbon-like
- Abdominal distension (an abdomen that sticks out)

How to Discuss Your Symptoms with Your Physician

Consulting GI symptoms with your physician can be nerve-wracking. Walking into your appointment with notes can be helpful.

For example, write down discussion points on a piece of paper or note card. Doing this will allow you to make sure that everything you want to discuss gets discussed. Make sure that you write down questions as well.

Make sure you leave room on your paper for notes as well. You may want to write down something that you don't want to forget. It is also a good idea to ask your physician for education handouts or have them draw you pictures if you're having a hard time visualizing something.

Sometimes, when you're dealing with GERD or IBS, a referral to a specialist called a gastroenterologist is indicated. Be sure to ask for a referral to this type of doctor if you feel like you need it.

If your doctor is requesting that you make dietary changes, it may also help you to ask for a referral to a

registered dietitian who can simplify these changes for you.

Remember – you are your own advocate!