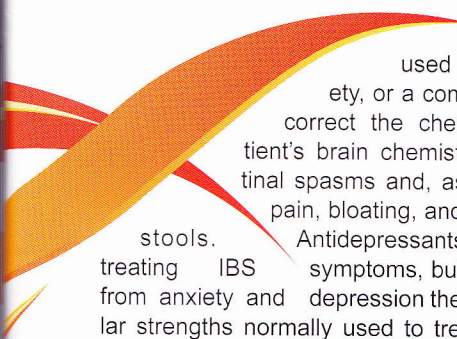


Antidepressants are known to change pain perceptions in those who suffer from pain. Most of the drugs in this class are used to treat psychological illnesses, but studies have proven that antidepressants are useful in altering gastrointestinal (GI) motility or transit. Two types of antidepressants are used in the management of IBS. Tricyclic antidepressants (TCAs) and Selective Serotonin Reuptake Inhibitors (SSRIs) help with IBS pain management and have also proven useful in altering GI motility and transit. Some antidepressants used to treat symptoms of depression, anxiety, and IBS are trazodone, amitriptyline, Zoloft, Wellbutrin, Celexa, Prozac, Paxil, Effexor, and Tofranil.



Antidepressants are often used to treat depression, anxiety, or a combination of both. They help correct the chemical imbalances in a patient's brain chemistry, assist in relieving intestinal spasms and, as stated earlier, may relieve pain, bloating, and a feeling of inability to pass stools. Antidepressants are used in low doses with treating IBS symptoms, but when a patient also suffers from anxiety and depression the doses are given at the regular strengths normally used to treat various mental illnesses. Certain antidepressants can make symptoms of IBS worse, particularly with regards to symptoms of diarrhea and constipation. Patients should consult their doctor if these prescriptions make IBS worse as there may be a better drug of choice. The right combination of antidepressants must be found to treat IBS, anxiety, and depression if patients are to feel any relief from their conditions. Some antidepressants work better than others and each works individually. Medication that works well for one person may be ineffective in another individual.

Some IBS patients may suffer from anxiety and not depression. Benzodiazepines are anti-anxiety agents used to manage anxiety and panic disorder. These prescriptions are used for short-term use to assist in the relief of IBS. Most of these medicines are narcotics and should be used with care to avoid dependency and addiction. It should be noted that these narcotics can possibly interfere with other medications the patient is taking so all medications should be carefully monitored. Some examples of anti-anxiety agents are Xanax, Klonopin, Valium, and Ativan. These medications should be used as a short-term solution. According to ibsgroup.org, patients who have taken antidepressants for their particular IBS symptoms have noted significant improvements in abdominal pain and have noticed a reduction of diarrhea, constipation, bloating, nausea, and urgency.

Other medications used to treat the various symptoms of IBS are antidiarrheals and antispasmodics. Antibiotics and probiotics are also used. First, let's discuss antidiarrheals. loperamide (Immodium), and Lomotil are often used to treat the unpleasant symptoms of diarrhea and social anxiety; however, constipation can increase as a result of its use. Hyoscyamine and Bentyl are antispasmodics used in the treatment of IBS.

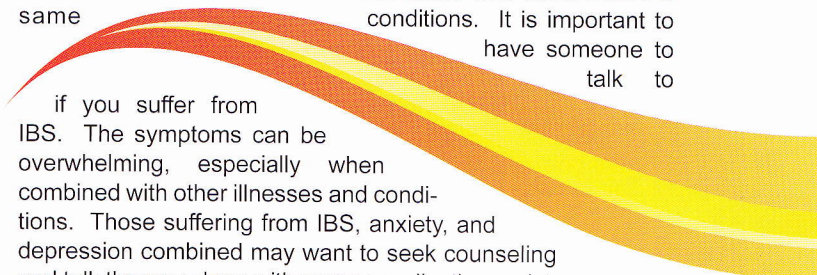
In addition to these prescriptions, Alosetron is another drug used to treat severe diarrhea in patients. Alosetron is used in women who have not had much success with other treatments. This prescription was removed by the FDA at one time (due to its possible contribution to IBD or Ischemic Bowel Disease),

but approved again for limited use only in the treatment of IBS (those with severe diarrhea only). Because of the extra care that must be taken when doctors prescribe this medication, patients must sign a certificate and consent form when given Alosetron.

Another bothersome aspect of IBS is constipation. Amitiza is approved for the treatment of chronic idiopathic constipation. Chronic idiopathic constipation means that the source of the constipation is not known and it is not due to an underlying illness. Amitiza is taken twice daily and used for constipation associated with IBS-C. The drug increases the amount of fluid in the patient's intestines and makes it easier for stool to pass. Pharmacists may also suggest MiraLAX for constipation. MiraLAX assists the stool in its ability to hold more water, which in turn makes the stool easier to pass. Stimulant laxatives may also be used to treat constipation. Correctol, Dulcolax, and Senokot accelerate how fast stools travel the intestines by irritating the lining of the intestines. These laxatives are not to be taken all of the time because they change the tone and feeling of the large intestine and patients can become dependent on stimulant laxatives to assist them in having a bowel movement.

Other illnesses can trigger IBS symptoms. Ulcerative colitis and episodes of infectious diarrhea can bring on symptoms of IBS. Those with IBS often suffer from more than one GI illness. This makes coping with IBS symptoms more complex. Patients may take a variety of medications which can cause many side effects. Pharmacists and pharmacy technicians can be a great resource and support for IBS sufferers. Medical and pharmaceutical knowledge can be difficult for patients to understand and the clearer pharmacists and technicians make information, the better understanding they will have of their illness and adhere to taking their medications.

Oftentimes IBS runs in a patient's family history. IBS can begin at any age, but it generally starts in early adulthood. Many find that IBS controls or runs their life, but it does not have to be that way. There are often self-help groups patients can attend to discuss their illness and meet others who suffer from the same conditions. It is important to have someone to talk to



if you suffer from IBS. The symptoms can be overwhelming, especially when combined with other illnesses and conditions. Those suffering from IBS, anxiety, and depression combined may want to seek counseling and talk therapy along with proper medication maintenance. An important factor to remember with IBS is the condition is not curable, but manageable.

John Gever, Senior Editor of Medpage Today covers the use of meditation called mindfulness training in the use and reduction of IBS symptoms. This information was gathered in a randomized trial. Mindfulness training diverts a patient's focus and attention away from past issues and anxieties concerning the future and assists in focusing on being in the present. Medication is not the only way to go in the treatment of IBS and there are often other ways of managing the condition.