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## **Irritable bowel syndrome and quality of life**

### **Zespół jelita drażliwego, a jakość życia**

#### **Summary**

Irritable bowel syndrome (IBS) is a chronic disease of the small intestine and colon, which is not conditioned either organic or biochemical changes. It is manifested in chronic pain or discomfort in the abdomen, supplemented by disturbances in bowel habits (constipation, diarrhea). This paper presents the results of a diagnostic survey for knowledge of IBS in the population of Lublin.

**Keywords:** irritable bowel syndrome, poorly soluble diet, diarrhea, constipation

#### **Streszczenie**

Zespół jelita drażliwego (ZJD) jest przewlekłą chorobą jelita cienkiego i grubego, która nie jest uwarunkowana ani zmianami organicznymi ani biochemicznymi. Objawia się on przewlekłym bólem lub dyskomfortem w jamie brzusznej, uzupełnionym o zaburzenia w oddawaniu stolca (zaparcie, biegunka). Artykuł przedstawia wyniki sondażu diagnostycznego dotyczącego znajomości choroby wśród populacji lubelskiej cierpiącej na ZJD.

**Słowa kluczowe:** zespół jelita drażliwego, dieta uboga błonnikowa, biegunka, zaparcie.

## **Introduction**

Irritable bowel syndrome (IBS) is a chronic disease of the small intestine and colon, which is not conditioning organic or biochemical changes. IBS occur in as many as 10-20% of the population and concerns of young people (mostly aged 30-40 years old) were twice as likely in women than men (Mule deer, 2006; Mule deer in 2007).

Now, in force, proposed at a conference in Los Angeles, so-called. Rome III criteria, since 2006. According to them, the IBS recognize when there is a recurring pain or discomfort in the abdomen, lasting for at least three days a month for the last three months, during the six months preceding the appointment with a specialist, associated with two (or more) symptoms: improvement after a bowel movement, beginning discomfort associated with a change in frequency of bowel movements and the beginning of symptoms associated with a change in stool consistency. Rome III Criteria include eight major groups. Each of these includes several types of disorders distinguished on the basis of characteristic symptoms: a total of 45 functional disorders, including 17 occurring in infants, children and adolescents (Drossman, 2006).

IBS is a chronic condition with interwoven remissions and exacerbations. Depending on the prevailing side can be distinguished: the dominant form of constipation (hard or lumpy stools, to be cast in an effort followed by a feeling of incomplete bowel movement fewer than three bowel movements per week), diarrheal form (semi-liquid or watery stools preceded by painful urination, occurs when meals, mental stress and hours of the morning or during the day) and mixed form (hard or lumpy stools or watery and loose, figure intertwined that a dozen or so days) (Paradowski, 2007).

According to the Rome III Criteria in addition to pain / discomfort in the abdomen, and disturbances in bowel habits in patients with IBS you notice symptoms such as feeling sticks in the throat, functional dysphagia, hiccups, coronary-liked pain, heartburn / burning sensation behind the breastbone, aerophagia, belching, feeling of fullness in the upper abdomen, feeling of early satiety, Restoring food, nausea and vomiting, bloating, admixture of mucus in the stool. More than that observed as fatigue, urological and gynecological disorders (Paradowski, 2007).

## **Materials and methods**

The paper used the method of diagnostic survey, engineering study was to survey and tool-interview by questionnaires, the questionnaire.

The study was conducted on 100 patients, aged from 15 to over 60 years of age patients who are public health care in Lublin and sufferers of IBS. Respondents agreed to participate in surveys conducted.

Sheet survey consisted of 22 questions concerning knowledge of IBS. These included issues such as symptoms, medications, causes of exacerbations, the impact of factors on the quality of health (diet, sports).

## **Results**

The vastmajority (79%) patients with irritable bowel syndrome are women. Incidence men is not as high as 30% (Fig. 1).

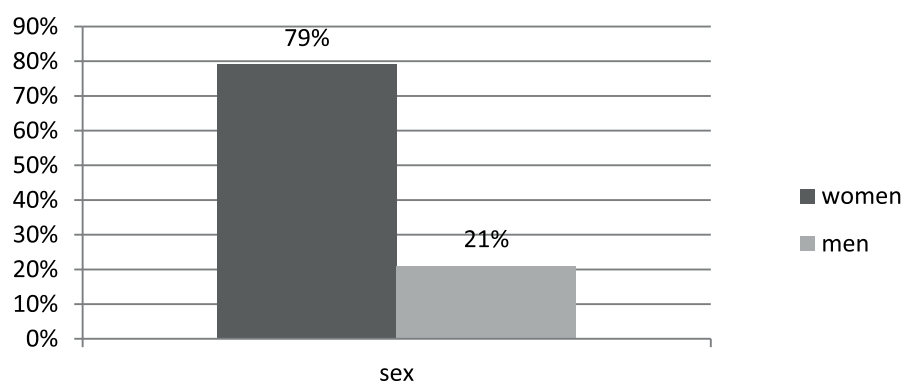


Fig. 1. Percentage of women and men in the survey.

The disease affects the most numerous age group (95 people) in the interval between 15 and 50 years old as much as 95%, a smaller group of patients (5%) above 50 years of age. (5 persons). None of the affected individuals had less than 15 years (Fig. 2).

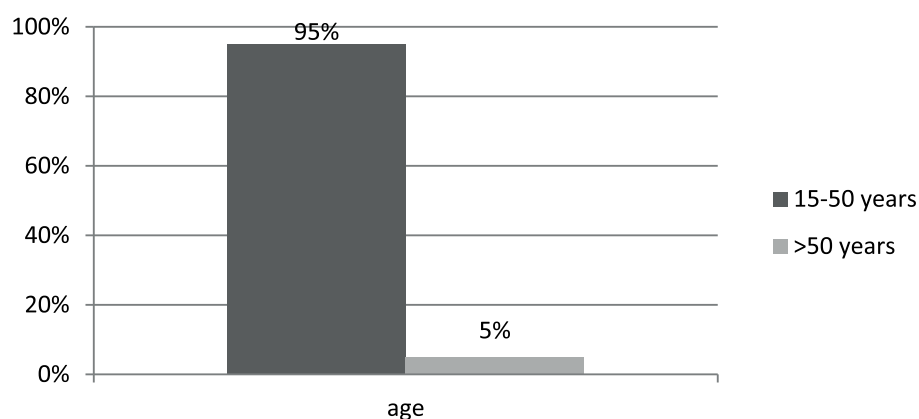


Fig. 2. Percentage distribution of respondents according to age.

Group of patients who know what is irritable bowel syndrome is the most analyzed group (88 persons)- 88%. Only 12% (12 people) of the patients said they did not have adequate knowledge about the disease (Fig. 3).

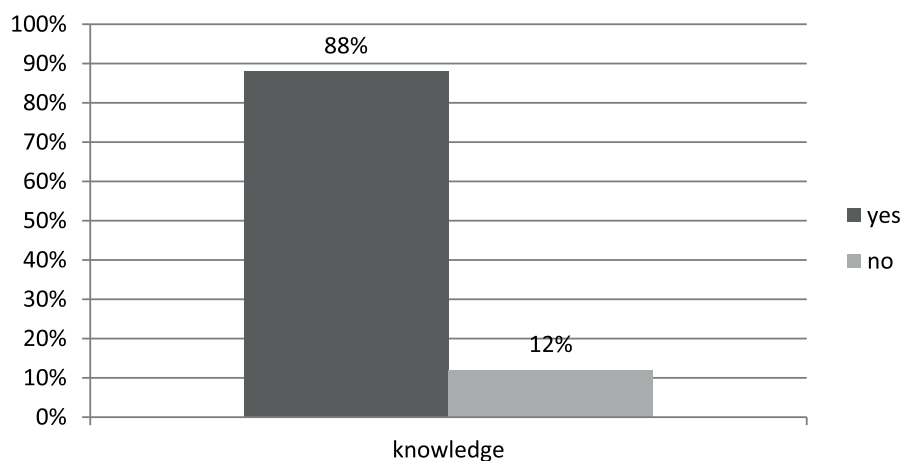


Fig. 3. Percentage distribution of respondents according to the knowledge of the disease.

In the studied population of patients, 62% (62 osoby) revealed the presence of a IBS constipation. Patients with a mixed variety are 26%, and the smallest group (12%) are suffering from diarrheal form (Fig. 4).

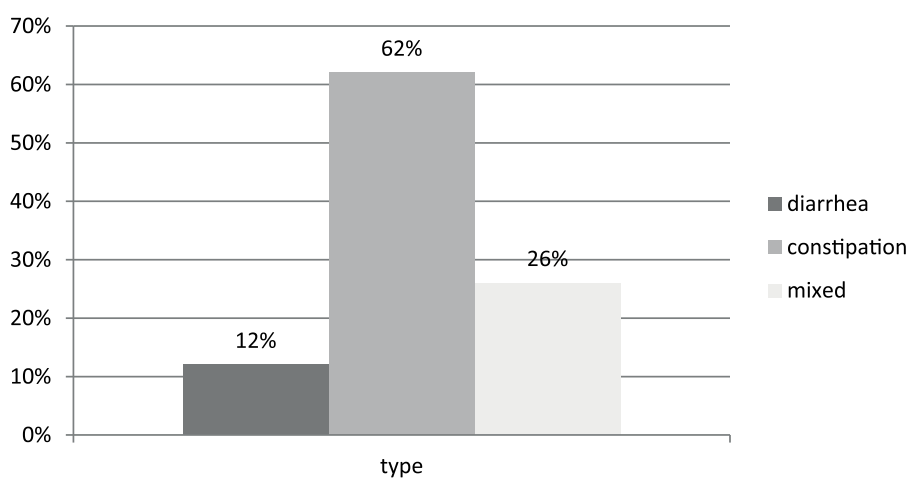


Fig. 4. The proportion of respondents, depending on the form of IBS.

The most common symptoms include pain and/ or flatulence (44%), other values are approximate 26% for diarrhea and /or constipation and 21% of the gas and / or the transferred. Symptoms such as malaise, accompanied by 9% of respondents (Fig. 5).

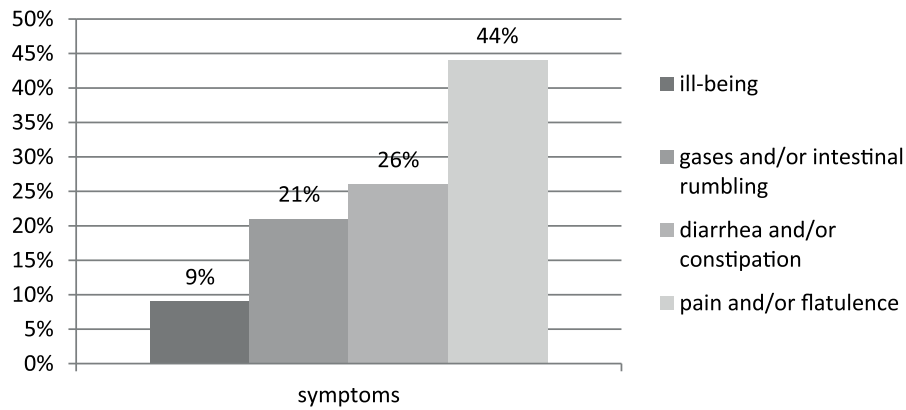


Fig. 5. Percentage distribution of respondents according to the reported symptoms.

Of the 100 respondents to the survey, 61% of known problems for several years. The second largest group consisted of patients with IBS during a six-year (28%). The smallest group represented patients with IBS diagnosed in the last 3 months (12%) (Fig. 6).

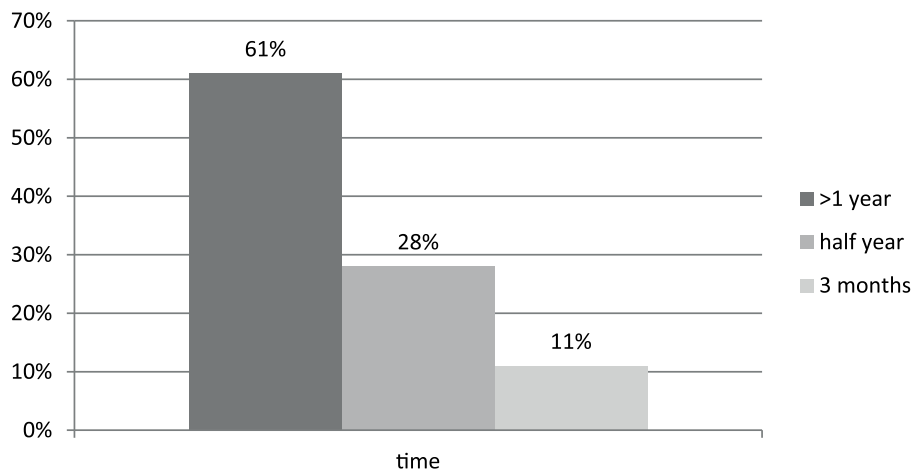


Fig. 6. The proportion of respondents, depending on the time of persistent discomfort.

The permanent medical uses little more than half of the patients (57 patients)- 57%, 43% considered to be ineffective consultation with a doctor (Fig. 7).

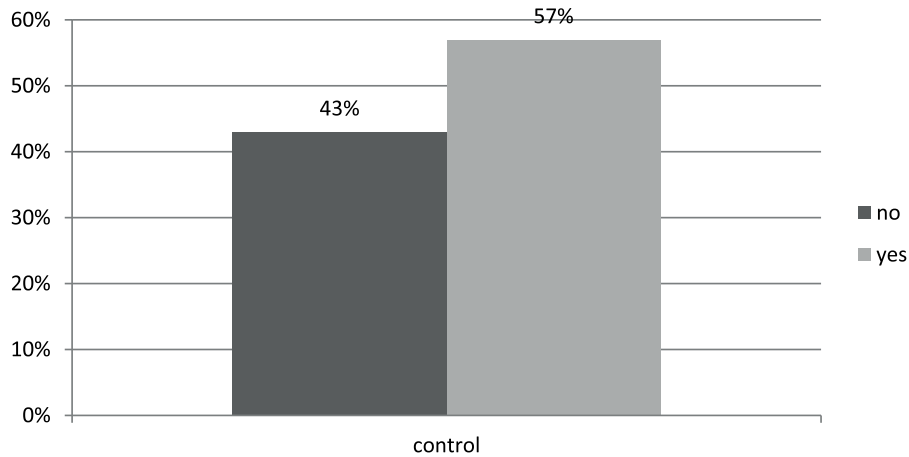


Fig. 7. Percentage distribution of respondents according to the medical surveillance.

Nearly half of the patients (49%) taking medications only when severe symptoms, with regular visits to the doctor uses 27% of the respondents. The smallest group of respondents are taking medication conservatively 11% (Fig. 8).

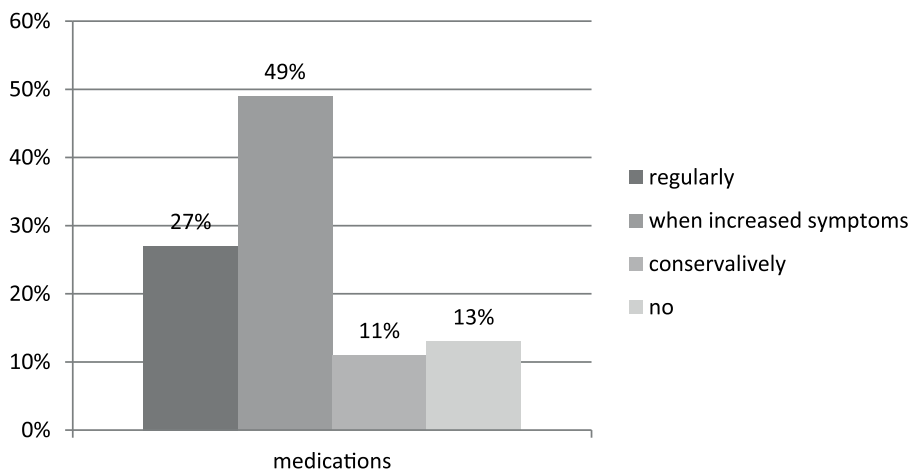


Fig. 8. Percentage distribution of respondents according to the systematic use of pharmacological agents.

In the overall study population were the most commonly used drug preparations antimeorism (26%). Almost identical data emerged in relation to the antidepressant (23%) and pain relievers systolic (24%). At least patients benefit from antibiotic treatment (1%) (Fig. 9).

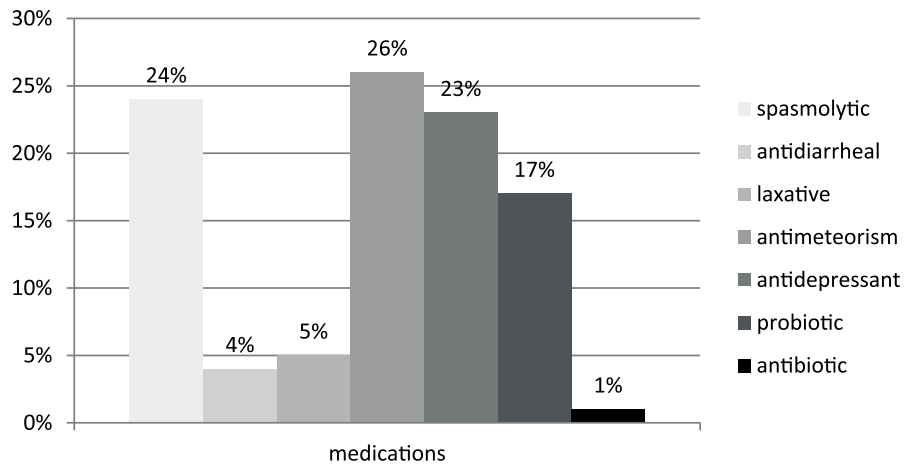


Fig. 9. Percentage distribution of respondents according to the group of pharmacological medication.

A broad group of respondents (54%) of the flax seeds to improve peristalsis. Popularity among patients also showed a herbal tea (36%). Carefully bran are used because only 10% of respondents (Fig. 10).

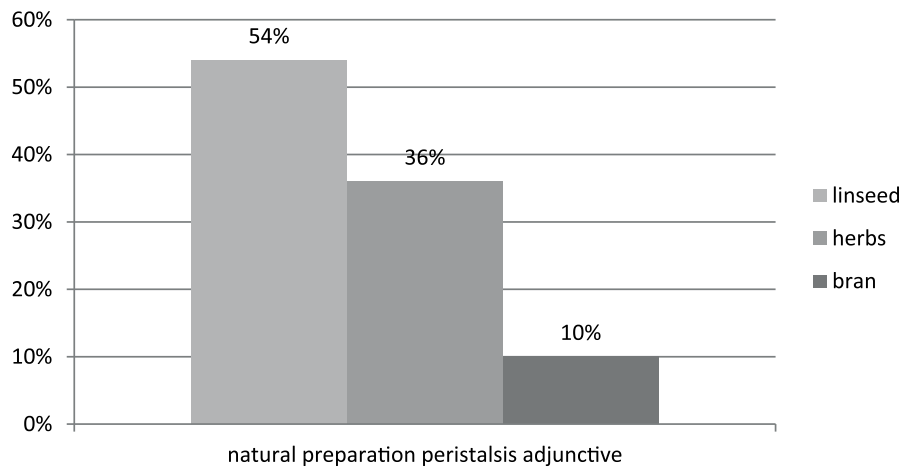


Fig. 10. Percentage distribution of respondents according to the consumed natural aids bowel.

In the vast number of the population of patients (62%) poor-fiber diet was the cause of developing IBS. Overuse of laxative sand hormone replacement therapy has left an impact on 32% of the respondents. The smallest circle represents 2% of patients because of previous infection of intestinal (Fig. 11).

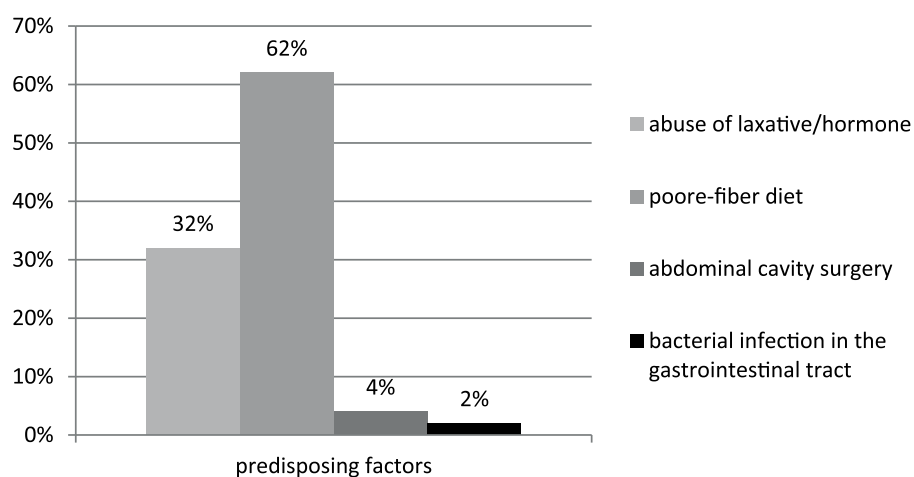


Fig. 11. Percentage distribution of respondents according to the etiological agent.

Just over half of respondents 53 people (53%) actively spend time (Fig. 12).

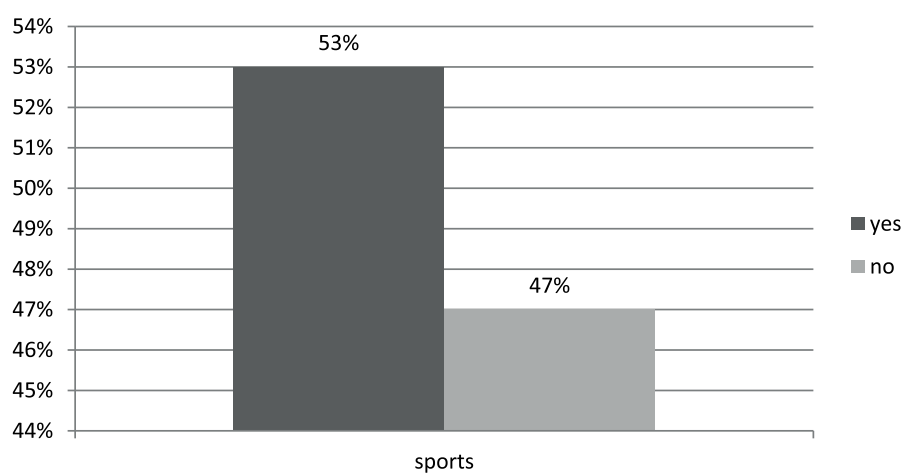


Fig. 12. The proportion of respondents, depending on the sport.

73% of respondents confirmed a positive impact of sport on the course of IBS (Fig.13).

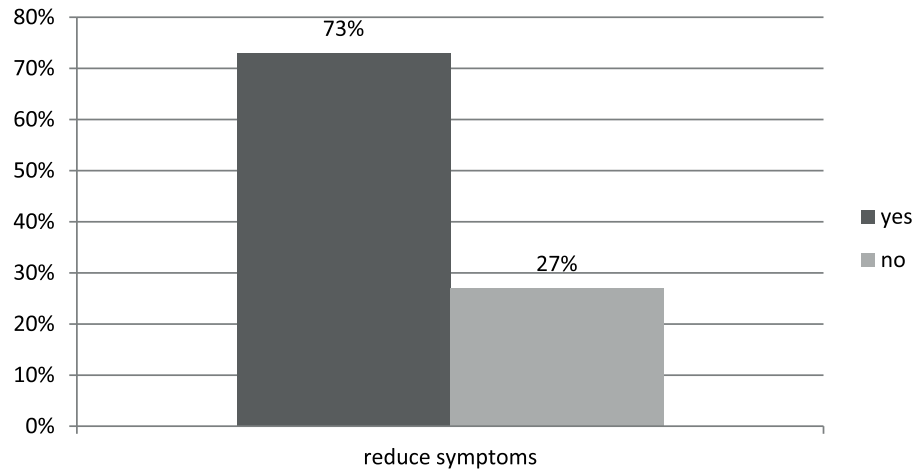


Fig. 13. Percentage of respondents according to relieve symptoms of the disease through physical activity.

One of the dominant factors (89%) deepening the symptoms of irritable bowel syndrome is stress (Fig.14).

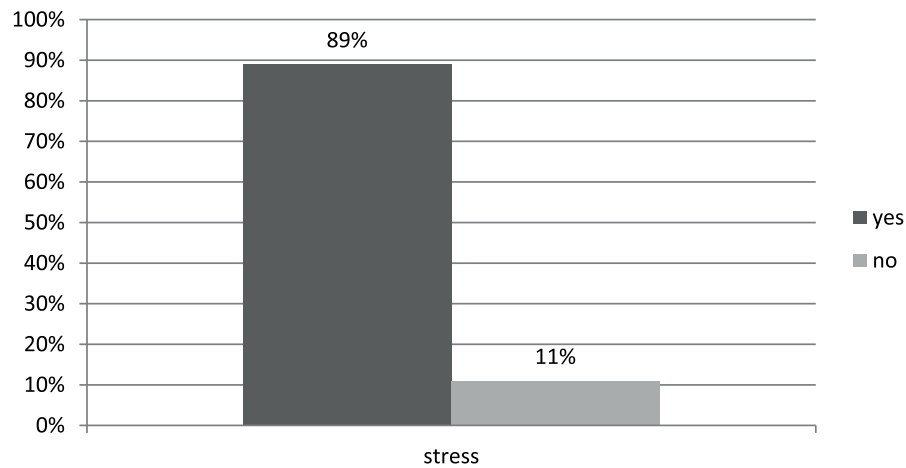


Fig. 14. Percentage distribution of respondents according to the impact of stress on deepening problems.

In a group of 100 patients with the most common nutritional factor causing discomfort are swell products (27%). The least frequently cited by respondents was the natural coffee (10%) (Fig. 15).

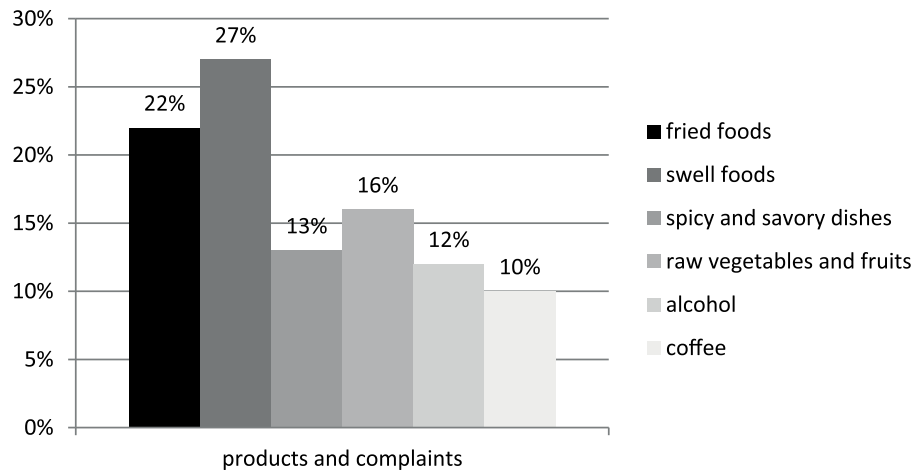


Fig. 15. Percentage distribution of respondents according to the negative effects of food on mood.

The most bother some symptoms after eating the wrong foods are for patients with irritable bowel syndrome, abdominal pain and bloating (52%). On average, surveyed a large group of constipation (21%). The appearance of diarrhea (13%) and general malaise (14%) after dietary ranks errors made almost at the same level (Fig. 16).

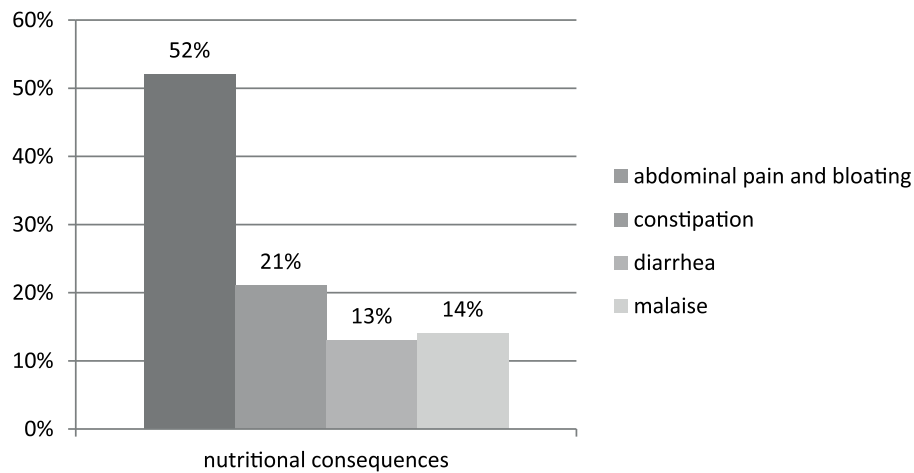


Fig. 16. The proportion of respondents, depending on the result of "mistakes habits".

Almost all respondents (96%) stated that by following a proper diet can inhibit the occurrence of unpleasant symptoms of irritable bowel syndrome. Only 4 patients (4%) patients diet had no effect on their well-being (Fig. 17).

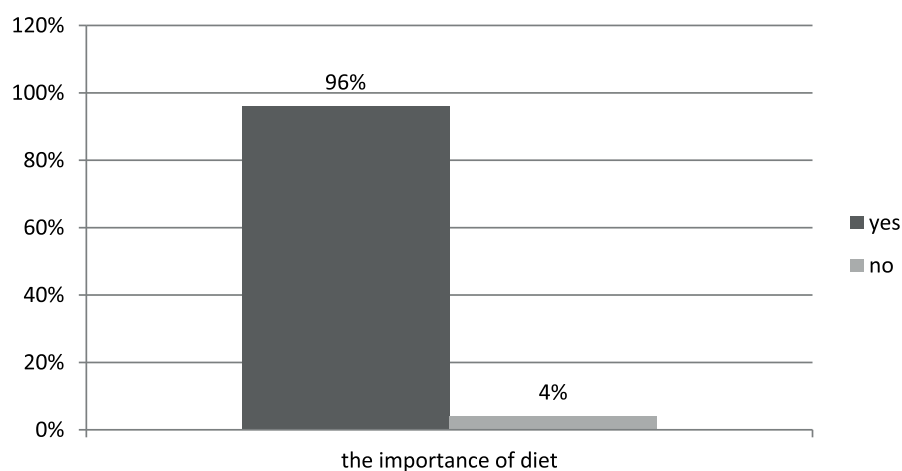


Fig. 17. The proportion of respondents, depending on the importance of diet.

More than half of respondents (63%) are aware of proper nutrition during the course of the disease and to prevent its recurrence. In 17 patients (17%) of respondents lacked knowledge of proper diet (Fig. 18).

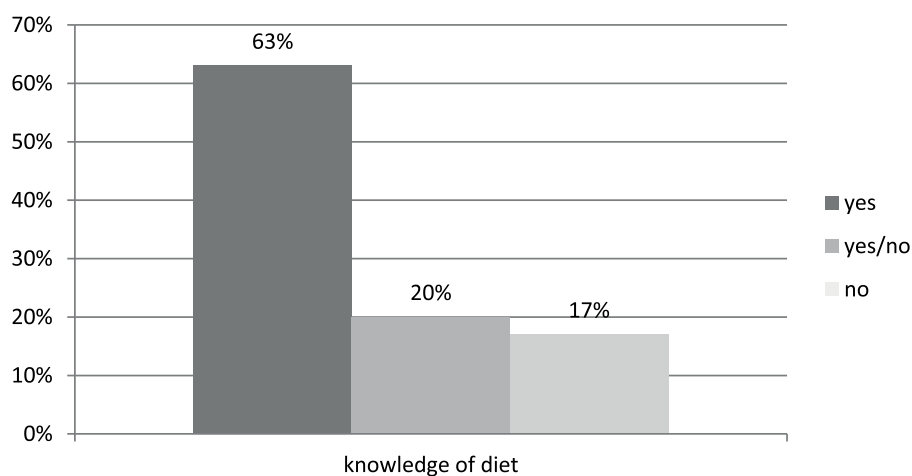


Fig. 18. Percentage distribution of respondents according to the knowledge of the nutritional guidelines in IBS.

In a large proportion (64%) patients who know the rules of nutrition in disease apply to designated diet. Minority of people (36%) of respondents are not using the recommended diet (Fig. 19).

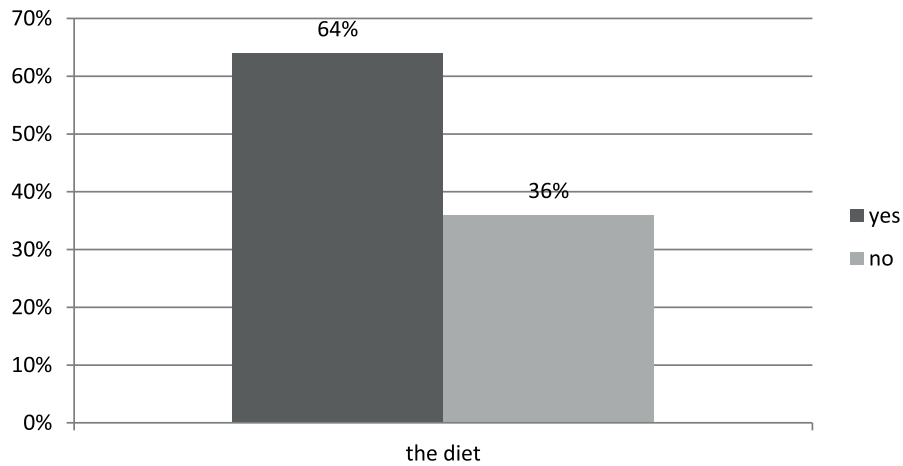


Fig. 19. Breakdown of respondents, depending on adherence to dietary recommendations.

To reduce the unpleasant sensations of the gastrointestinal tract in more than half the patients (58%) as a safe method of cooking used cooking. Braising, also enjoys popularity among the respondents (23%). However, the smallest group is selecting subjects for the treatment of food-frying products (7%) (Fig. 20).

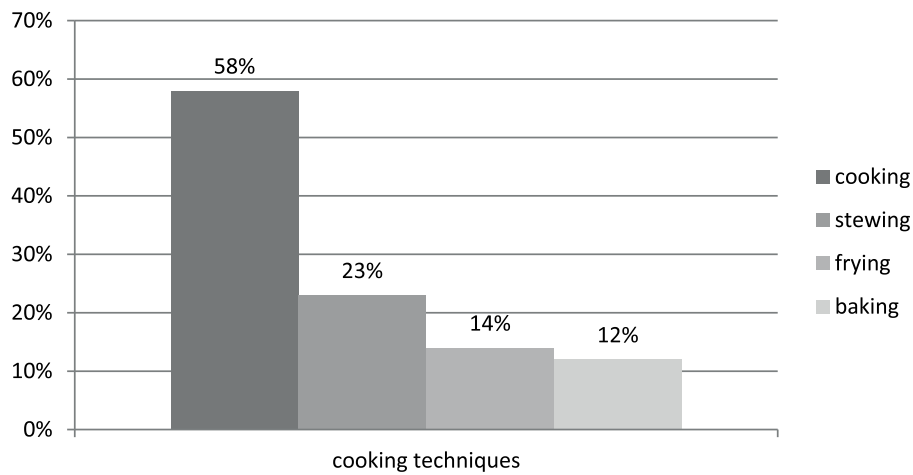


Fig. 20. Breakdown of respondents, depending on the application chosen culinary techniques.

The disease as deprived the wide strange of social contacts interviewed as many as 42 people (42%). The work was forced to give up 13% of the respondents (Fig. 21).

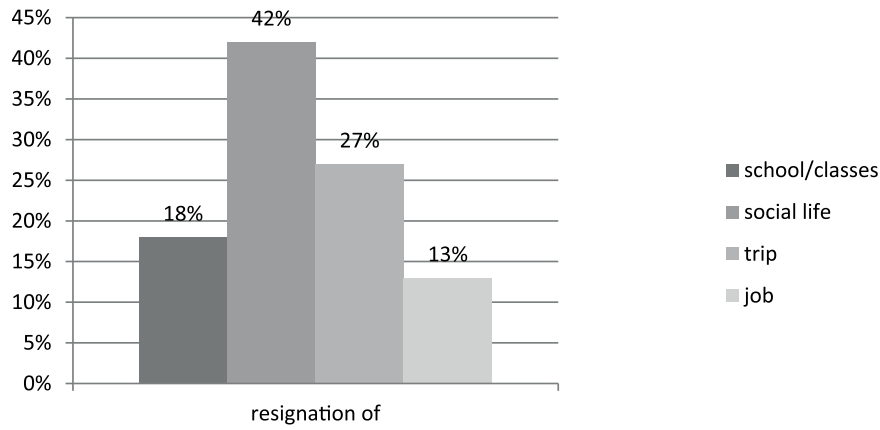


Fig. 21. The proportion of respondents, depending on its impact on everyday life.

More than half of the respondents-54 people (54%) do not fully question the principles of healthy mode of life. The smallest group in this study is a population that cares about their health 22 people (22%) (Fig. 22).

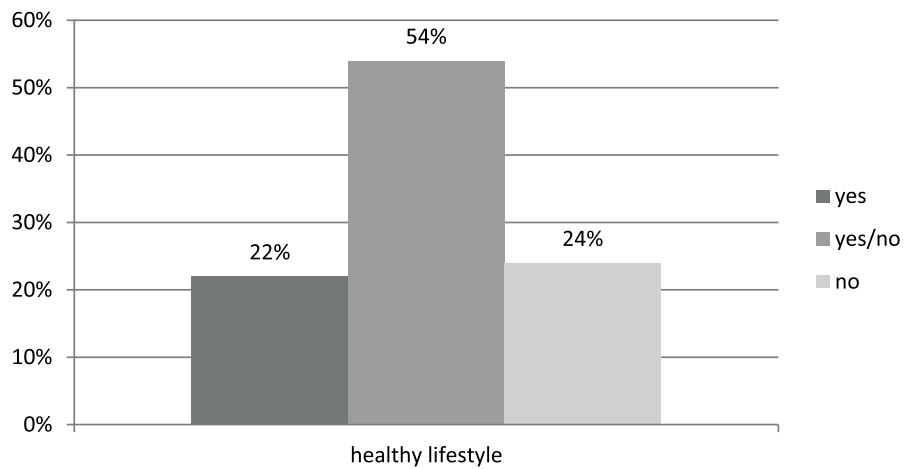


Fig. 22. Percentage distribution of respondents according to lead a healthy life.

On the basis of the survey confirmed that the predisposing factors for onset of IBS include: poor diet and stress. The elimination of this factors, and regular participation in sports, can significantly alleviate the unpleasant symptoms (pain, bloating). Another positive aspect of the diagnostic survey was the fact that in most cases patients are aware of the nature of the disease and are under constant medical supervision.

### **Conclusion**

Today's reality dictates the right attitude in human behavior. Constant stress, eating meals in a hurry, poor diet, lack of physical activity make it appear undesirable symptoms of the digestive system. At first they are discomfort, and sometimes become so troublesome that are distinct disease entity, difficult to treat. All this of course leads to reductions in quality of life, makes it difficult to work in a professional or social contacts.

Epidemiological data indicate that less than half of adults with symptoms of the disease seeking medical advice, and 25-50% of outpatients are already on treatment with gastroenterologists because of IBS. Accurate diagnosis and greater awareness in society, will certainly more effective treatment, so-mysterious to the end of the disease [Drossman, 1992; Lynn and Friedman, 1995].

### **Bibliography**

1. Drossman D.A. (2006). The functional gastrointestinal disorders and the Rome III process. *Gastroenterology*. 130, 1377–1390
2. Drossman D.A., Thompson W.G. (1992) The irritable bowel syndrome: Review and a graduated multicomponent treatment approach. *Ann Intern Med*. 116, 1009
3. Lynn R.B., Friedman L.S. (1995) Irritable bowel syndrome: managing the patient with abdominal pain and altered bowel habits. *Med Clin North Am* 79, 373.
4. Mulak A., Waszczuk E. (2007). Zespół jelita nadwrażliwego Patofizjologia zaburzeń czynnościowych układu pokarmowego. *Zaburzenia czynnościowe przewodu pokarmowego*. Cornetis. Wrocław. 111-126
5. Mulak A., Waśko-Czopnik D., Paradowski L. (2006). Choroby czynnościowe dolnego odcinka przewodu pokarmowego i zespół czynnościowego bólu brzucha według Kryteriów Rzymskich III. *Gastroenterol Pol*. 13, 6, 473-478
6. Paradowski L. (2007). Zaburzenia czynnościowe przewodu pokarmowego. Cornetis. Wrocław

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