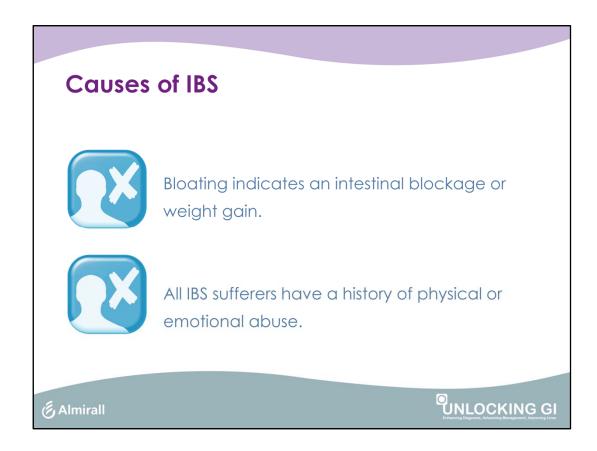
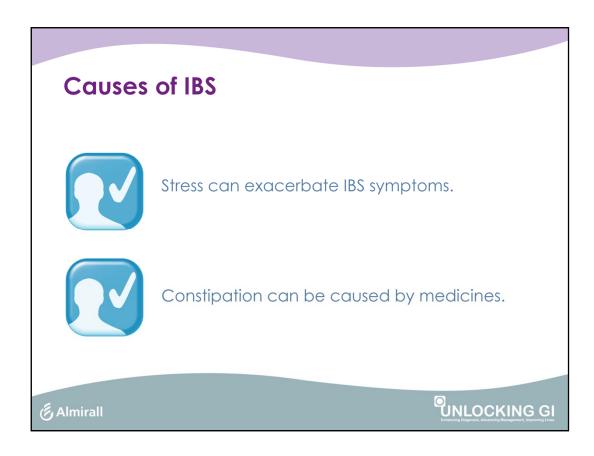


There are many misconceptions around the causes of IBS, which are important to address:

- IBS is due to food allergy FALSE, although food intolerance (non-lgE mediated) may be a contributing factor for some patients
- IBS is a purely psychological condition FALSE. There are also physiological components

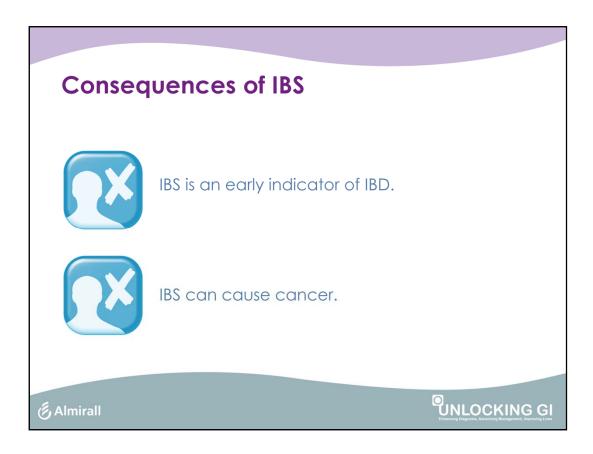


- Bloating (a feeling of excess gas) or distension (a physical increase in abdominal girth) in IBS patients indicates intestinal blockage or weight gain – FALSE; bloating and distension are thought to be due to multiple mechanisms, including abnormal gas handling and visceral sensory dysfunction<sup>1</sup>
- All IBS sufferers have a history of physical or emotional abuse FALSE.
  While a history of abuse may contribute to the development of functional disease in a minority of patients, it is a myth that all patients with IBS have suffered physical or emotional abuse
- 1. Agrawal A, Whorwell PJ. Review article: abdominal bloating and distension in functional gastrointestinal disorders epidemiology and exploration of possible mechanisms. *Alimentary Pharmacology and Therapeutics* 2008; **27**: 2-10.



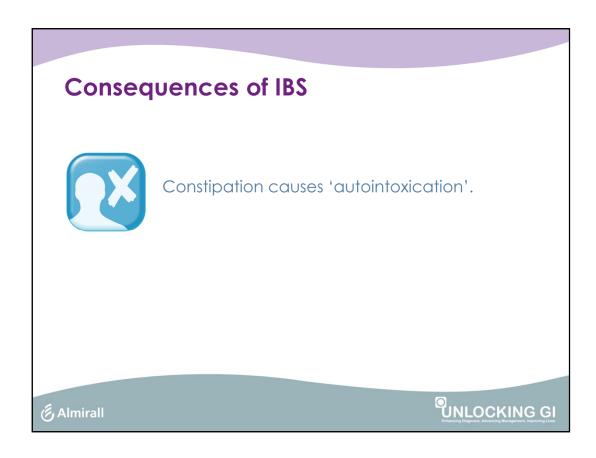
However, some common conceptions about IBS are true:

- Stress can exacerbate IBS symptoms TRUE
- Medicines can cause constipation TRUE, e.g. codeine

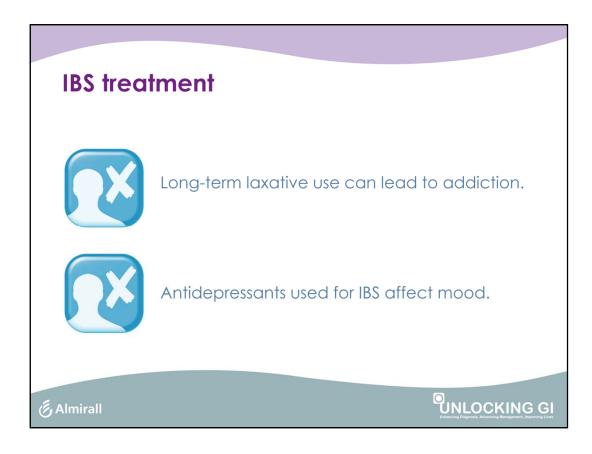


There are also misconceptions around the consequences of IBS, such as:

- IBS is an early indicator of inflammatory bowel disease FALSE
- IBS can lead to cancer FALSE



 Constipation causes 'autointoxication', whereby toxic substances are absorbed into the body from stools – FALSE



Patients may also worry about IBS treatments. Myths include:

- Long-term laxative use is unhealthy/can lead to addiction FALSE
- Antidepressants used in IBS affect mood FALSE

Patients may initially be wary of taking antidepressants for IBS because they believe that they affect mood and are addictive. However, at low doses (typically <50mg), antidepressants may help to reduce pain perception without affecting mood. It is important to highlight this to patients to encourage compliance.

1. BSG guidelines: Spiller R, Aziz Q, Creed F, Emmanuel A, Houghton L, Hungin P, *et al.* Guidelines on the irritable bowel syndrome: mechanisms and practical management. *Gut* 2007; **56**: 1770-1798.