Irritable Bowel Syndrome (IBS) in Children

Prelims: *Current events of national and international importance | Health*

Why in News?

Recent studies highlight a significant rise in irritable bowel syndrome (IBS) among children and adolescents, with prevalence estimates ranging from 5% to 15%.

- It is a ***functional gastrointestinal disorder*** involving dysregulation of the gut–brain axis.
- These problems can cause the gut to be more sensitive and change the muscles in the bowel contract.
- **Symptoms**
  - Abdominal pain, diarrhoea, constipation.
  - Bloating, flatulence, nausea, mucus in stools.
  - Symptoms often fluctuate and may improve temporarily after bowel movements.
- **Rise in Children** –
  - **Modern diets –** Low fibre, high processed food intake.
  - **Lifestyle –** Reduced physical activity, increased screen time.
  - **Stress –** Digitalisation and peer comparison amplify anxiety, disrupting the gut–brain axis.

Causes	
Gut-Brain Axis Dysfunction	Miscommunication between the brain and gut affects how the digestive system functions.
Visceral Hypersensitivity	Overly sensitive gut nerves can make normal gas or stool feel painful.
Motility Issues	Abnormally fast or slow muscle contractions lead to diarrhea or constipation.
Gut Dysbiosis	An imbalance in **Gut microbiota**
Post-Infectious IBS	Symptoms triggered by a severe bacterial or viral stomach infection.

Intestinal Permeability	A weakened gut lining allows triggers to cause low-grade inflammation.
Psychological Stress	High stress or early-life trauma can alter gut function and increase symptom severity.
Genetics	A family history of IBS may increase the likelihood of developing the condition.

Gut microbiota is the vast community of trillions of microorganisms, including bacteria, viruses, fungi, and archaea, that live within the gastrointestinal tract

Types of IBS
1. **IBS-C (Constipation) –** Predominantly hard or lumpy stools, often involving straining and infrequent bowel movements.
2. **IBS-D (Diarrhea) –** Predominantly loose or watery stools, typically marked by urgency and abdominal cramping.
3. **IBS-M (Mixed) –** Alternating bowel habits where both hard and watery stools occur frequently.
4. **IBS-U (Unclassified) –** IBS symptoms are present, but stool consistency does not consistently fit the other three categories.

- **Management**
  - **Dietary** – Low-FODMAP diet, fibre-rich foods, avoidance of individual triggers.

FODMAP Diet *– A diet focuses on reducing a group of short-chain carbohydrates (sugars) that are poorly absorbed in the small intestine and ferment in the colon, causing gas, bloating, and pain.*

  - **Lifestyle** – Bowel training, regular exercise, stress management, counselling.
  - **Supportive** – Probiotics, relaxation techniques, psychotherapy in stress-triggered cases.
  - **Awareness** – Early identification prevents chronic progression into adulthood.
- **Global prevalence** – IBS affects **10%** of the population worldwide; in India, ***women are 3 times more at risk.***

References

1. The Hindu | IBS
2. The Hindu | IBS
3. NIDDK | IBS

