- Sleep / Digestion

Sleepless nights may be the reason for your bowel troubles

Treating irritable bowel syndrome may first involve treating insomnia, says gastroenterologist Professor Gwee Kok Ann

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If you have unexplained bouts of abdominal



pain, bloating, constipation or diarrhoea, you may have a condition known as Irritable Bowel Syndrome (IBS).

IBS affects about one in 10 people in Singapore. A study led by Professor Gwee, a gastroenterologist from Gleneagles Hospital and an adjunct associate professor of medicine at the National University of Singapore, found that people who suffer from it tend to be under 50, and are more educated and aff luent.

The symptoms tend to occur repeatedly, usually over a few months or even years. Possible triggers for IBS include food poisoning, use of antibiotics, surgery in the abdomen, and major life events that may cause great stress to a person.

Increasingly, studies have shown that IBS is linked to insomnia, with IBS patients reporting disturbed sleep or difficulty falling asleep.

Prof Gwee explains how IBS and insomnia are related and shares coping strategies.

Q How does one differentiate between IBS and other digestion problems?

Diarrhoea in IBS patients is usually mild, occurring not more than three times a day and not severe enough to cause dehydration.

Conversely, when one has food poisoning, a person may experience abdominal pain and severe diarrhoea that lasts for one to three days.

Some IBS patients may also experience constipation in the form of hard or pellety stools, and an incomplete feeling of emptying the bowels. This is usually due to bloating.

IBS patients who experience mild constipation, are more bothered by their bloating and, hence, may mistakenly attribute this to indigestion.

Others may also mistake their pain for gastric, because the pain can occur in the stomach and may be worse after a meal.

Q How should patients seek help if they have IBS?

There is no test to confirm that one has IBS. The doctor will rule out other more serious conditions. As symptoms of IBS are similar to other diseases such as stomach ulcers, infections, colitis, and cancer, it is important to see a doctor for medical evaluation.

Q How is sleep affected in patients with IBS?

Patients with IBS experience more sleep disturbances. They may have difficulty falling asleep, shorter time spent asleep, have

frequent arousal and awakening during sleep, and feel less well-rested after sleeping.

A lack of sleep affects us in many ways, including worsening IBS symptoms. The more waking episodes the patient experiences during their sleep, the worse their abdominal pain and bowel sensitivity the next day. They may also become more prone to constipation.

However, it is unusual for IBS symptoms to wake a patient from sleep. If a patient wakes up from abdominal pain, doctors consider this an alarm symptom, and will usually suspect a

more serious condition such as stomach ulcer or gallstone disease.

Q Can treatment for insomnia relieve IBS symptoms?

There is indirect evidence that treatments which can improve sleep can relieve the symptoms of IBS. An example is that hypnotherapy, a form of psychological

treatment to help patients reach deep relaxation, has been shown to relieve IBS symptoms. Anti-depressant and anti-anxiety

medications which cause sleepiness can also help. However, these may cause constipation.

Q What are some management strategies for IBS patients who experience difficulty sleeping?

Pay attention to your sleep hygiene. This means creating a clear separation of time and space between work or other stimulating activity near your bedtime.

Stop working at least an hour before you plan to go to bed. During this time, try to take your mind off work and do something relaxing like listening to gentle music or deep breathing exercises.

Make your bedroom environment as calming as possible. Try to avoid doing work in the bedroom. Changing your diet may also help. Avoid caffeine after lunch and food high in FODMAP (fermentable oligosaccharides, disaccharides, monosaccharides and polyols). These include foods such as yoghurt, ice cream, wheatbased food such as cereal and bread, beans and lentils, as well as fruits such as apples, apricots, pears and peaches.

These foods contain certain types of sugars

that worsen gastrointestinal symptoms such as bloating, gas and diarrhoea.

Many patients with IBS also cannot tolerate high-fibre foods as these will cause more bloating and gas.

Try to regulate your bowels by having a routine. The most effective time for having a bowel movement is in the morning, and eating a hearty breakfast can help.

Q What is your advice for patients suffering from IBS?

IBS can be overcome, but needs a strong effort by both patient and physician. The treatment approach has to be tailored to the patient's own symptoms and life situation.

It is not helpful to tell IBS patients to stress less or be less anxious. Only a small minority of IBS patients have serious psychological problems.

For the majority of patients, IBS usually occurs due to a combination of disturbed physiological functions, low-grade inf lammation, inappropriate diet, sleep disturbance, and mild degrees of stress.

It also does not help to simply tell IBS sufferers to eat a healthy diet. Many 'healthy' foods, especially foods such as high-fibre cereals like oats and fruits, will cause more

bloating, gas and even diarrhoea.