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Functional Bowel Disorders

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Functional Bowel Disorders

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INTRODUCTION

Medical science deals with the treatment of disease, whereas medical practice deals with people who have symptoms. Sometimes these symptoms indicate diseases, but often they do not. Symptoms are the subjective representation of somatic sensation, and therefore should not be regarded as an objective representation of a physiologic occurrence. For this reason, the evaluation of symptoms must always be performed with respect to the psychosocial makeup and agenda of the patient. Somatic symptoms are common in everyday existence. When these symptoms become severe enough to interfere with everyday life, affected individuals typically seek medical care. Traditionally, physicians evaluate these symptoms seeking evidence for an infectious, inflammatory, ischemic, or neoplastic etiology.

In gastroenterology, symptoms without an organic or biochemical explanation are termed *functional* and are managed symptomatically. Historically, the absence of an obvious organic etiology or mortality led many investigators and clinicians to regard these conditions as less severe or legitimate than “real” diseases. Two important points need to be kept in mind. First, patients with functional disorders demonstrate decrements in quality-of-life scores that are comparable to patients with organic disorders producing similar symptoms. Secondly, the application of the term *functional* is much more a reflection of our inability to discern a mechanism of symptom generation than it is a commentary on the legitimacy of a patient’s complaint.

The poor fit of these disorders into the classic disease-based, reductionist model has resulted in the development of a model of illness based on a broader biopsychosocial approach.¹ Rather than searching for a single physical etiology, this model recognizes that symptoms can be generated by a variety of mechanisms, such as altered digestive motility, visceral hypersensitivity, and brain-gut dysregulation. Symptoms also are modifiable by psychosocial and cultural influences. This model is given schematically in **Figure 1**.

Functional gastrointestinal disorders are commonly seen in gastroenterologic and primary care practices.

Often they occur in fairly characteristic symptom complexes, and this tendency has allowed for their characterization and classification. Currently, the Rome II classification system is in vogue.¹

Functional bowel disorders are functional gastrointestinal disorders with symptoms attributable to the lower digestive tract. As with all functional digestive disorders, the diagnostic criteria require symptoms to be consistently present in the absence of structural or biochemical etiologies. This review will focus on the most common functional bowel disorders: irritable bowel syndrome, functional abdominal bloating, functional constipation, and functional diarrhea.

IRRITABLE BOWEL SYNDROME

IBS is probably the best known of the functional digestive disorders. The term is actually often used inappropriately as a synonym for functional digestive disorders in general. The diagnostic criteria for IBS are specific and are given in **Table 1**. The main diagnostic requirements are abdominal pain or discomfort with an alteration in bowel habits. Additionally, the pain or discomfort needs to be temporally associated with the alteration in bowel habit. Finally, these symptoms need to occur in the absence of other organic explanations.

CASE 1 PRESENTATION

An 18-year-old female college student presents to a gastroenterologist with a complaint of 8 months of lower abdominal pain and unpredictable bowel habits. She experiences pain and watery stools after meals but also has periods of constipation. There is no bleeding but she does pass mucus. Her weight is stable but her appetite is poor. She has had occasional episodes of pain at night, although it is not clear whether the pain wakes her from sleep as she is also sleeping poorly.

The patient, who is a freshman living on campus, is otherwise healthy. She experienced an episode of gastroenteritis attributed to college cafeteria food. Several of her friends experienced similar symptoms but recovered uneventfully.