

## Some information on IBS in ME/CFS

Margaret Williams 14th Nov 2004

1. Irritable Bowel Syndrome. Dr David Smith. Medical Adviser, ME Association Newsletter, Winter 1987-88

“This particular problem is common in postviral syndromes. It may be due to an overstimulation of the autonomic nervous system as a response to the virus inflammation of the central nervous system and /or due to muscle dysfunction because of the persistent virus effect within the gut”

2. Prevalence of irritable bowel syndrome in chronic fatigue. Original Paper. JE Gomborone et al. JRCGP:Nov / Dec 1996:30:6:512-513.

This study was supported by Action for ME. 63% fulfilled a diagnosis of IBS. This is much greater than the estimates of prevalence of IBS in the general population (22%).

3. Gastrointestinal Manifestations of Chronic Fatigue Syndrome (CFS): Symptoms Perceptions and Quality of Life Herbert Hyman Thomas E Wasser. JCFS: 1998:4:1:43-52

The classification of IBS should be modified to include a subset of patients who have a combination of IBS and ME/CFS. It is the authors' hypothesis that a pattern of immune dysfunction exists in ME/CFS in which immune products are transmitted to the gut via the lymphatic system, reacting on both luminal contents and intestinal motor system. Abdominal wall pain due to segmental neuropathy. The patients' quality of life (QOL) score revealed significant difference between those with both ME/CFS and IBS and those with ME/CFS without IBS.

4. Overlapping conditions among patients with chronic fatigue syndrome, fibromyalgia and temporomandibular disorder Aaron LA; Burke MM; Buchwald D Arch Intern Med 2000: Jan 24:160(2):221-227

A growing literature suggests that a variety of co-morbid illnesses also may commonly exist in these patients, including IBS and interstitial cystitis. Lifetime rates of IBS were particularly striking in ME/CFS (92%); FM (77%) and TMD (64%) compared with controls.

5. High prevalence of serum markers of celiac disease in patients with chronic fatigue syndrome A Skowera, S Wessely et al J Clin Path April 2001:54:335-336

We now suggest that screening for CD should be added to the relatively short list of mandatory investigations in suspected cases of CFS.

6. Gut Symptom Questionnaire Dr R Burnet, Endocrine Unit, Royal Adelaide Hospital, North Terrace, Adelaide, South Australia 5000  
[endocrin@mail.rah.sa.gov.au](mailto:endocrin@mail.rah.sa.gov.au)

This questionnaire is very relevant to those with ME/CFS --- from observations, it seems that everyone with ME/CFS has a disturbed gut in some way.

7. Chronic Fatigue Syndrome: The Yeast Concept AM Levin  
 JCFS 2001:8(2):71-76

Discusses the overgrowth of bowel yeast and its infiltration through the bowel wall into the blood stream.

8. Systematic review of the co-morbidity of IBS with other disorders  
 Whitehead WE, Palsson O, Jones KR Gastroenterology 2002:122(4):1140-1156

The nonpsychiatric disorders with the best-documented association are FM (and) ME/.CFS. Multivariate statistical analyses suggest that these are distinct disorders and not manifestations of a common somatization disorder.

9. Brain link to fatigue syndrome Julie Robotham Sydney Morning Herald,  
 May 4 2002.

An area of the brain that controls the stomach receives considerably less blood in some people with ME/CFS, a study shows (led by Dr Stephen Unger, Director of nuclear medicine at Queen Elizabeth Hospital and Dr Rey Casse, neurologist). Unexplained stomach and bowel symptoms are common complaints for ME/CFS patients. In a separate study, Dr Richard Burnett of the Royal Adelaide Hospital has shown that ME/CFS patients who report gastric symptoms empty fluid from their gut at less than half the speed of people who are well. "Talking to patients, about half of them have some kind of gut symptoms. A delay in liquid means a central problem. It comes from the brain".

10. CFIDS and overlapping syndromes: Variations on a Theme? Katrina Berne PhD  
 IBS is more common than IBD in people with CFIDS. A distressing disorder that greatly affects one's quality of life, IBS was once dismissed as a mild, psychogenic disorder of gut motility. It is now regarded as the result of brain-gut dysfunction with dysregulation of the autonomic nervous system. This autonomic dysfunction may account for the presence of IBS in both ME/CFS and FM.

11. IBS as a common precipitant of central sensitisation Verne GN, Price DD  
 Curr Rheumatol Rep 2002:4(4):322-328

New neuroimaging techniques using functional magnetic resonance imaging and positron emission tomography scanning are beginning to provide insight into cortical participation in

the processing of pain. Visceral hypersensitivity or decreased pain thresholds to distension of the gut is considered to be a biologic marker for IBS

**12. Researchers identify molecular alterations in patients with IBS**

Science Daily News Release 15<sup>th</sup> October 2003

University of Vermont. Peter Moses, Associate Professor of Medicine and Gary Mawe, Professor of Anatomy and Neurobiology.

Our finding that key elements of serotonin signalling are changed in IBS lends credibility to the notion that IBS is not simply a psychological or social disorder as was once thought, but instead due to altered gut biochemistry and interactions between the gut and the brain”

**13. IBS: a model of the brain-gut interactions** Mulak A, Bonaz B

Med Sci Monit: 2003;10(4):RA55-62

Processes modulating responsiveness to stressors along the brain-gut axis involve neural pathways, the immunological and endocrinological mechanisms. ENS function, central processing and autonomic regulation play an important role in the brain-gut dialogue.

**Some Books on ME/CFS that mention IBS (there are many more)**

1989 Living with M.E. Dr Charles Shepherd  
pub. Cedar (William Heineman) pp 52-55

1989 Understanding M.E. Dr David Smith  
pub. Robinson Publishing, London pp 21; 132-135

1991 The Disease of a Thousand Names Dr David Bell  
pub. Pollard Publications, Lyndonville, New York pp 4; 39  
("Pain in the abdomen may be prominent, and is localised either in the mid abdomen, or in the liver and spleen area")

1991 Post-Viral Fatigue Syndrome ed: Rachel Jenkins and James Mowbray  
pub. John Wiley & Sons, Chichester pp 244; 266-279

1992 The Clinical and Scientific Basis of Myalgic Encephalomyelitis Chronic Fatigue Syndrome ed: Byron M Hyde, Jay Goldstein, Paul Levine  
pub. The Nightingale Research Foundation, Ottawa, Canada pp 523; 671

**Some booklets / leaflets on ME/CFS that mention IBS (there are many more)**

1985 Diagnostic Criteria. Dr Gorringer ANZMES

1989 A Patient Guide The CFIDS Association of America (regularly updated)

1991 ME: PVFS: Diagnostic and Clinical Guidelines for Doctors Peter O Behan  
Professor of Neurology, Consultant Neurologist, University Dept of Neurology, Glasgow  
Published by the ME Association.

1994 Guidelines for the care of patients Dr Charles Shepherd, Medical Adviser, ME  
Association

2001 ME/CFS/PVFS: An exploration of the key clinical issues Dr Charles Shepherd  
Dr Abhijit Chaudhuri

From their foundation, both the UK ME Association and Action for ME have regularly provided information leaflets for both patients and doctors that include reference to abdominal problems in ME/CFS.