Preface

Irritable Bowel Syndrome

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Guest Editor

The irritable bowel syndrome (IBS) remains an enigmatic condition that has come under much greater scrutiny in the past decade, leading to notable advances that are summarized in this issue of the Gastroenterology Clinics of North America.

There continues to be progress in refining the clinical definition of IBS; however, there are also controversies, as highlighted by Dr. Longstreth in his expert review of this topic. Although there is increasing evidence that IBS occurs worldwide, some intriguing data also exist suggesting that the condition is less common in Asia, which may reflect genetic or environmental factors. These and other issues in the epidemiology of IBS are reviewed by Dr. Cremonini and myself in this issue. The diagnosis of IBS has become much more straightforward, following recent emphasis on the futility of testing in the setting of a clear-cut history and the absence of any “red flags.” Drs. Cash and Chey review the available data here, including the controversies surrounding celiac disease and IBS. The cause of IBS remains unclear, but disturbances of motility and visceral hypersensitivity are now well described. Dr. Quigley reviews the evidence for these abnormalities as possible biological markers in IBS. Of great interest is the hypothesis that some forms of IBS represent a low-grade inflammatory bowel disease. This seems more likely than ever, and Dr. Bercik and colleagues review the rapidly growing literature in this intriguing area. The role of food intolerance in IBS has been largely ignored, despite positive studies suggesting at least a subset of IBS patients truly will respond to elimination diets, as Drs. Lea and Whorwell discuss. Why does bloating
commonly occur in IBS? This has been a perplexing question, but recent data support the view that there may be intestinal gas trapping and increased gas producing intestinal flora, as reviewed by Drs. Azpiroz and Malagelada. Many patients with IBS have symptoms outside the intestinal tract, leading some to believe that this may be a disease of the brain rather than the gut. Dr. Chang tackles this important area, reviewing the latest work on brain imaging in IBS. The role of psychiatric and psychologic dysfunction in IBS continues to be debated, although there is no doubt they contribute to its morbidity, as reviewed by Drs. Pallson and Drossman. Intense interest currently surrounds the potential role of genes in IBS, and this topic is reviewed by Drs. Park and Camilleri. The number of candidate genes potentially linked to IBS continues to grow, and research here may change the field. The treatment of IBS remains challenging, and indeed the evidence base for current therapies is more limited than some appreciate, as reviewed by Dr. Schoenfeld. Finally, Dr. Spiller considers potential future therapies for IBS, including approaches to disease modification.

It is very pleasing to have been able to gather the current world authorities in the field to review the state-of-the-art in IBS. It seems more likely than ever that at least a subset of patients with IBS truly have structural disease; current research has the promise of leading to more efficacious treatments for those who suffer with this affliction.

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