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Abdominal Bloating (128) © Copyright 1996-2009 by the International Foundation for Functional Gastrointestinal Disorders

Functional Abdominal Bloating

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“I feel pregnant,” or even “I look pregnant,” are frequent complaints, at least by British patients suffering from abdominal distention or bloating. Bloating is a common symptom in irritable bowel syndrome (IBS), particularly in women, although mostly it is a nuisance rather than the most severe aspect of the disease. However, bloating may be the only symptom for some people.

Symptoms

The description of bloating given by the sufferers is surprisingly consistent. Patients report that their abdomen is relatively flat in the mornings but becomes progressively more distended over the day. By the evening, tight clothes such as jeans have to be replaced by loose fitting clothing. Some say their stomach enlarges before their eyes, and certainly a rapid onset over only a few minutes is not unusual. The distention tends to reduce after lying down, or overnight.

Eating appears to provoke the symptoms and patients may want to avoid food during the day if a flat stomach is desired in the evening, to attend a social function, for example. Many women report more bloating in the week prior to their period.

Causes

Before considering what causes bloating it must be determined whether it is a real symptom associated with an increase in waist size or merely a subjective feeling of abdominal tightness. Research we have done shows that patient reports are correct. Abdominal girth in IBS patients with bloating does indeed increase over the day, sometimes by up to four inches.

Patients and doctors alike have assumed that excess gas within the gut causes bloating. However, several techniques for measuring intra-abdominal gas volume have failed to confirm this view. Nevertheless, dietary bulking agents such as fiber which can be fermented to gas will often worsen the symptom. For the present the cause must remain unknown.

Treatment or Management

No therapy has been proven to be of definitive benefit in IBS and therefore the advice given to the patient must be a physician's individual opinion. I advise my patients that dietary and life-style factors are most likely to help bloating in the long term and are advantageous in that they may

diminish the need for regular drug treatment. I suggest trying the following:

Take small regular meals. Avoid eating little during the day followed by a large evening meal. Avoid rushed eating but rather take 30 minutes specific break to “digest” your meal. Reduce fat consumption. A varied diet low in saturated fats may help.

Reduce fiber consumption. Unless constipated (see below) do not add excess bran, fruit or fiber to your diet as these products can induce bloating. A sensible dietary fiber intake is suggested.

Avoid constipation. Bloating is often worse in severe constipation and a regular bowel habit can help reduce it. There is clearly a problem in avoiding constipation while reducing consumption of bran and bulking agents. Nevertheless, with some experimentation a happy medium can usually be found.

Take regular exercise. Exercise improves bowel function and is recommended. As well as formal exercise sessions I suspect that movement during work time may be important. Many jobs involve sitting for much if not all of a day. Long periods in this position may worsen bloating and I recommend regular breaks to “stretch the legs,” and perhaps therefore the abdomen.

Summary

Dietary and life-style measures may help to reduce bloating, although a complete cure for the symptom is perhaps asking too much. I hope these factors, combined with your personal physician's advice and pharmaceutical agents he may prescribe, might at least make the bloating more bearable and thus less of an interference with other activities.

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