

Sensibilisation au Syndrome de l'intestin irritable

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Audrey-Ann Robichaud, Christine Tran et Magali Lachapelle

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Alimentation

Nordin, E., Hellström, P. M., Dicksved, J., *et al.* (2023). Effects of FODMAPs and Gluten on Gut Microbiota and Their Association with the Metabolome in Irritable Bowel Syndrome : A Double-Blind, Randomized, Cross-Over Intervention Study. *Nutrients*, 15(13), 3045. <https://doi.org/10.3390/nu15133045>

A mechanistic understanding of the effects of dietary treatment in irritable bowel syndrome (IBS) is lacking. Our aim was therefore to investigate how fermentable oligo- di-, monosaccharides, and polyols (FODMAPs) and gluten affected gut microbiota and circulating metabolite profiles, as well as to investigate potential links between gut microbiota, metabolites, and IBS symptoms.

Patel, N. V. (2021). “Let Food Be Thy Medicine” : Diet and Supplements in Irritable Bowel Syndrome. *Clinical and Experimental Gastroenterology*, 14, 377-384. <https://doi.org/10.2147/CEG.S321054>

The purpose of this review is to introduce options for dietary therapies and supplements for the treatment of irritable bowel syndrome (IBS). IBS is a common condition with heterogeneity in pathogenesis and clinical presentation. Current treatment options are targeted at symptom relief with medications. Patients naturally pursue dietary modifications when dealing with symptoms. Dietary therapy for IBS has been poorly studied in the past; however, newer evidence suggests the use of certain diets, such as the low FODMAP (fermentable oligosaccharides, disaccharides, monosaccharides and polyols) diet, as an intervention in patients with IBS for symptom improvement. Exclusion strategies are frequently tried, such as gluten restriction or lactose avoidance, but lack quality evidence behind their use. Additionally, supplements, such as fiber, probiotics, and peppermint oil, have also been used for IBS with more recent data suggesting the use of these supplements with specific caveats.

Rej, A., & Penny, H. A. (2023). Current evidence for dietary therapies in irritable bowel syndrome. *Current Opinion in Gastroenterology*, 39(3), 219-226. <https://doi.org/10.1097/MOG.0000000000000930>

Dietary therapies have been demonstrated to improve symptoms in patients with IBS. In view of insufficient evidence to recommend one diet over another currently, specialist dietetic input in conjunction with patient preference is required to determine implementation of dietary therapies. Novel methods of dietetic delivery are required in view of the lack of dietetic provision to deliver these therapies.

Singh, P., Tuck, C., Gibson, P. R., & Chey, W. D. (2022). The Role of Food in the Treatment of Bowel Disorders : Focus on Irritable Bowel Syndrome and Functional Constipation. *American Journal of Gastroenterology*, 117(6), 947-957. <https://doi.org/10.14309/ajg.0000000000001767>

Irritable bowel syndrome (IBS) and functional constipation (FC) are among the most common disorders of gut–brain interaction, affecting millions of individuals worldwide. Most patients with disorders of gut–brain interaction perceive food as a trigger for their gastrointestinal symptoms, and specific dietary manipulations/advice have now been recognized as a cornerstone therapeutic option for IBS and FC. We discuss in detail the 2 most common dietary interventions used for the management of IBS-general dietary advice based on the National Institute for Health and Care Excellence guidelines and a diet low in fermentable oligosaccharides, disaccharides, monosaccharides, and polyols (FODMAPs). We summarize the literature around the possible

mechanisms of FODMAP-mediated IBS pathophysiology, the current 3-step, top-down approach of administering a low FODMAP diet (LFD) (restriction phase, followed by reintroduction and personalization), the efficacy data of its restriction and personalization phases, and possible biomarkers for response to an LFD. We also summarize the limitations and challenges of an LFD along with the alternative approach to administering an LFD (e.g., bottom-up). Finally, we discuss the available efficacy data for fiber, other dietary interventions (e.g., Mediterranean diet, gluten-free diet, and holistic dietary interventions), and functional foods (e.g., kiwifruit, rhubarb, aloe, and prunes) in the management of IBS and FC.

Veraza, D. I., Calderon, G., Jansson-Knodell, C., *et al.* (2024). A systematic review and meta-analysis of diet and nutrient intake in adults with irritable bowel syndrome. *Neurogastroenterology & Motility*, 36(1), e14698. <https://doi.org/10.1111/nmo.14698>

Numerous individual and environmental factors including diet may play an important role in the pathophysiology of irritable bowel syndrome (IBS). It is unclear to what degree dietary intake is affected in individuals with IBS. We aimed to perform a systematic review and meta-analysis to summarize dietary intake of adults with IBS and to compare dietary intake between adults with IBS and non-IBS controls.

Whelan, K., & Staudacher, H. (2022). Low FODMAP diet in irritable bowel syndrome : A review of recent clinical trials and meta-analyses. *Current Opinion in Clinical Nutrition & Metabolic Care*, 25(5), 341-347. <https://doi.org/10.1097/MCO.0000000000000854>

The low fermentable oligosaccharides, disaccharides, monosaccharides and polyol (FODMAP) diet is widely used in the dietary management of irritable bowel syndrome (IBS). The aim of this review is to summarize recent evidence regarding the use of the low FODMAP diet in IBS and other gastrointestinal disorders from recent clinical trials and meta-analyses.

Applications mobiles

Fondation canadienne de la Santé digestive. (2022). *Comment utiliser l'application myIBS du CDHF ?* <https://cdhf.ca/fr/comment-utiliser-lapplication-myibs-du-cdhf/>

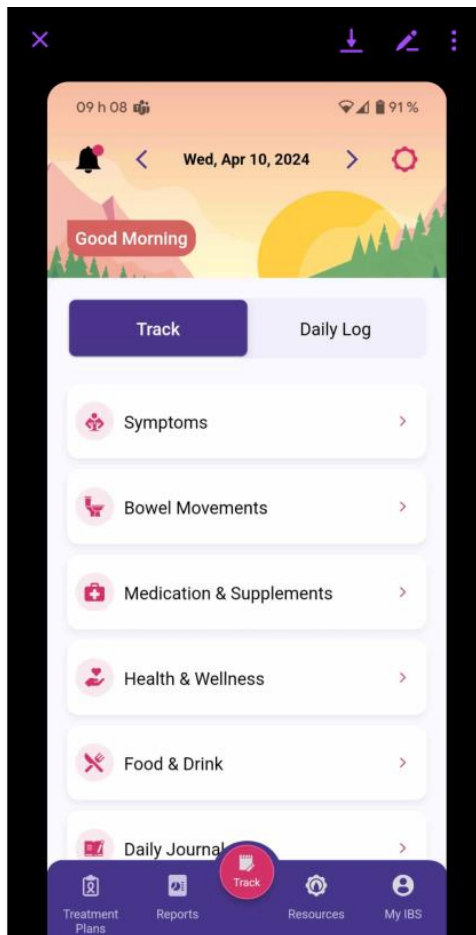
La Fondation canadienne de la Santé digestive a créé une application journal de bord qui couvre tous les aspects du syndrome du colon irritable (voir Figure 1 -- Interface de l'application) :

- Symptômes
- Selles
- Médication
- Bien-être
- Repas

Ce journal de bord permet de déterminer les causes de crises du colon irritable pour arriver à mieux les prévenir.

Anglais seulement. Gratuit, sans publicités.

Figure 1 -- Interface de l'application



Monash University. (2019). *Low FODMAP Diet App*. <https://www.monashfodmap.com/ibs-central/i-have-ibs/get-the-app/>

Cette application a été créée par la Monash University en Australie. Grâce à un code de couleur, il est facile de connaître la teneur en FODMAP de certaines d'aliments. Les aliments sont catégorisés de manière intuitive (voir Figure 2 – Guide des aliments), ce qui permet une navigation agréable. Chaque aliment a une photo, ce qui facilite le repérage de l'information (voir Figure 3 – Liste des fruits).

L'application inclut également des centaines de produits canadiens, ce qui facilite le choix des aliments. Depuis quelques temps, l'application propose aussi quelques recettes.

Disponible en français. Coût : environ 12\$

Figure 2 – Guide des aliments



Figure 3 – Liste des fruits



Temeraire. (2024). *Low FODMAP diet A to Z*.

https://play.google.com/store/apps/details?id=uk.co.temeraire1798.fodmapaz&hl=en_US

Cette application indique la teneur en FODMAPs des aliments grâce à un code de couleur. La liste de tous les aliments se répartit sur trois colonnes de texte en ordre alphabétique, sans image (voir Figure 4 – Interface principale). Il s'agit d'appuyer sur un aliment pour connaître sa teneur en FODMAP (voir Figure 5 – Teneur en FODMAP)

Les paramètres offrent deux types de filtres (voir Figure 6 – Application de filtres)

- Teneur en FODMAPs
- Catégorie d'aliments

Anglais seulement. Gratuit avec publicités.

Figure 4 – Interface principale



Figure 5 – Teneur en FODMAP

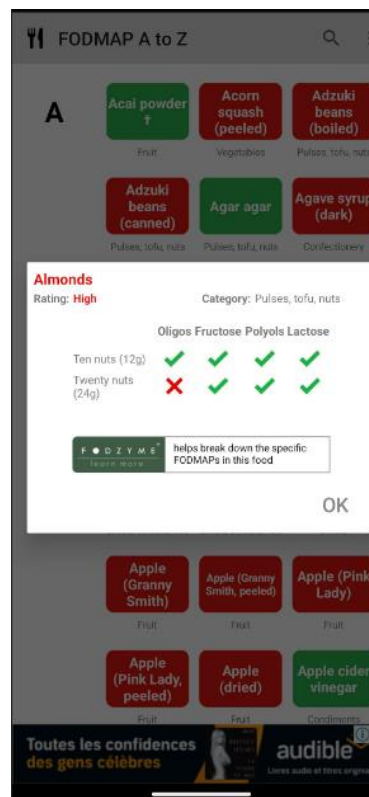
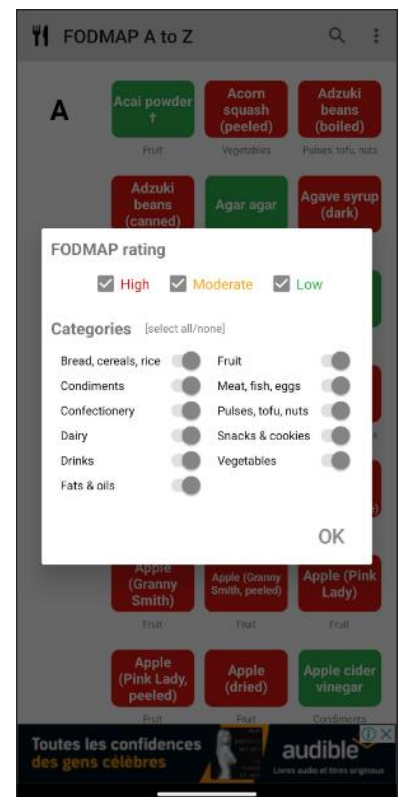


Figure 6 – Application de filtres



Documentation clinique

Beniwal-Patel, P., & Shaker, R. (Éds.). (2019). Irritable bowel syndrome in women. In *Gastrointestinal and liver disorders in women's health : A point of care clinical guide*. Springer.

This guide provides the answers to patient questions that are frequently posed to practitioners who care for pregnant and non-pregnant women with GI and liver disorders. The first part of the text outlines gender-based differences in GI disorders, including GERD, liver disease, pancreatic disease, IBD, and IBS. The second part of the text reviews common GI and liver diseases that occur during pregnancy, while guiding clinicians through various diagnostic and therapeutic/management approaches. GI and liver diseases that are covered in this section include nausea and vomiting, viral hepatitis, and pregnancy-specific liver disorders such as preeclampsia, HELLP syndrome, and intrahepatic cholestasis. The text concludes with a chapter on the safety of GI procedures for the pregnant patient.

Written by experts in the field, *Gastrointestinal and Liver Disorders in Women's Health: A Point of Care Clinical Guide* is a valuable resource for the busy clinician who needs the best evidence-based answers to patient questions at their fingertips.

Brennstuhl, M.-J. (2018). Syndrome de l'intestin irritable (SII) ou colopathie fonctionnelle. In *Alimentation santé : De l'intestin au régime méditerranéen, toute l'alimentation santé expliquée*. Dunod.

Confrontée à l'augmentation du stress et des maladies dites « de civilisation », fortement dépendantes de notre mode de vie, la médecine a changé, pour se tourner davantage vers une autre compréhension du patient, plus globale et plus uniquement physiologique. La nutrition, micro-nutrition, ou encore l'alimentation santé, en constitue un aspect essentiel. L'avancée récente des connaissances a permis de découvrir la complexité de cette discipline, mais aussi d'améliorer ses applications préventives et thérapeutiques.

Cet ouvrage propose une initiation à cette nouvelle vision de la santé et de la maladie, de manière ludique et simplifiée. Alternant présentation des recherches et résultats pratiques, il explique comment potentialiser son alimentation afin d'agir sur les troubles neuropsychiatriques, les maladies de civilisation, le vieillissement et le bien-être de l'individu. Il propose une méthode pour retrouver le seul modèle alimentaire à être scientifiquement validé comme un modèle de santé : le modèle méditerranéen.

Dajti, E., Frazzoni, L., Iascone, V., *et al.* (2023). Systematic review with meta-analysis : Diagnostic performance of faecal calprotectin in distinguishing inflammatory bowel disease from irritable bowel syndrome in adults. *Alimentary Pharmacology & Therapeutics*, 58(11-12), 1120-1131. <https://doi.org/10.1111/apt.17754>

Symptoms of inflammatory bowel disease (IBD) often overlap with those of irritable bowel syndrome (IBS).

Fichna, J. (2020). A comprehensive overview of irritable bowel syndrome : Clinical and basic science aspects. Academic press.

A Comprehensive Overview of Irritable Bowel Syndrome: Clinical and Basic Science Aspects presents up-to-date knowledge in the field and provides a comprehensive summary of this area of

study, including an overview on IBS, starting from its pathogenesis, including genetic, microbial and physiological background, through symptom recognition, diagnosis and IBS treatment, both non-pharmacological and pharmacological.

Gao, X., Tian, S., Huang, N., *et al.* (2024). Associations of daily sedentary behavior, physical activity, and sleep with irritable bowel syndrome : A prospective analysis of 362,193 participants. *Journal of Sport and Health Science*, 13(1), 72-80.
<https://doi.org/10.1016/j.jshs.2023.02.002>

Irritable bowel syndrome (IBS) substantially affects quality of life and requires early prevention. This study aimed to elucidate the relationships between IBS and daily behaviors, including sedentary behavior (SB), physical activity (PA), and sleep. In particular, it seeks to identify healthy behaviors to reduce IBS risk, which previous studies have rarely addressed.

Goldenberg, J. (2022). Irritable Bowel Syndrome. In N. M. Farmer & A. V. Ardisson Korat (Éds.), *Cooking for health and disease prevention : From the kitchen to the clinic*. CRC Press.
<https://doi.org/10.1201/b22377>

Poor diet and substandard nutrition are underlying causes of many diseases including cardiovascular disease, diabetes, and cancer. Collectively, these ailments are the leading causes of premature death, most of which are preventable. *Cooking for Health and Disease Prevention: From the Kitchen to the Clinic* helps demonstrate cooking as a fundamental bridge between ideal nutrition and long-term health. Clinicians, patients, and the public often lack adequate knowledge to help select and prepare foods for optimal disease management. This book provides information to clinicians and their patients about foods and cooking principles to help prevent common health conditions.

Greenberger, N. J., Blumberg, R. S., & Burakoff, R. (Éds.). (2016). Irritable Bowel Syndrome. In *Current diagnosis & treatment gastroenterology, hepatology, & endoscopy* (3rd edition). McGraw-Hill Medical.

Part of the acclaimed CURRENT series, this trusted, practical resource reviews how to diagnose and treat the entire spectrum of digestive tract and liver disorders.

Authored by faculty physicians at Harvard Medical School and Brigham and Women's Hospital, *CURRENT Diagnosis & Treatment: Gastroenterology, Hepatology, & Endoscopy* features a streamlined, consistent presentation, with each chapter outlining the essentials of diagnosis for each condition.

Kethu, M. D., Sripathi. (2023). *The IBS Guide*. Forestbrook Publishers.
<http://ebookcentral.proquest.com/lib/ciuss/s/detail.action?docID=7423717>

The IBS Guide is a comprehensive and informative guide that aims to provide a clear understanding of Irritable Bowel Syndrome (IBS) and empower readers with practical strategies to manage this often-frustrating condition. Written by Dr Sripathi Kethu, a renowned gastroenterologist with years of experience in treating patients with IBS, this book combines scientific knowledge with a compassionate approach to help readers navigate through the complexities of IBS. Inside, you'll discover:

- An in-depth exploration of the causes, symptoms, and triggers of IBS
- The latest research on the brain-gut connection and its impact on IBS

- Effective strategies for managing stress, diet, and lifestyle to alleviate symptoms Insights into the role of the gut microbiome and its influence on IBS Information on various treatment options, including medications, natural therapies, and psychological interventions
- Real-life success stories from patients who have successfully managed their IBS symptoms
- A collection of delicious and gut-friendly recipes to support a healthy digestive system

The IBS Guide goes beyond just providing information; it offers practical advice and guidance to help individuals regain control over their digestive health. Whether you are newly diagnosed with IBS or have been struggling with it for years, or a health care provider who cares for patients with IBS, this book will equip you with the knowledge and tools to better manage IBS symptoms and improve overall well-being of patients with IBS. Don't let IBS hold you back from living a fulfilling life. Take the first step towards understanding and managing your IBS with The IBS Guide.

Mamula, P. (2023). *Pediatric Inflammatory Bowel Disease* (J. R. Kelsen, A. B. Grossman, R. N. Baldassano, & J. E. Markowitz, Éds.; 4e édition). Springer Nature.

The latest edition of this essential text provides a comprehensive overview of the unique pediatric issues of inflammatory bowel disease. Through new and thoroughly revised chapters, the volume features updates on all aspects of etiology, diagnosis, and treatment, with an emphasis on recent understanding of pharmacokinetics and the utilization of cutting edge therapeutic monitoring to maximize efficacy of medical management. The new edition also highlights newer, recently approved drugs, emerging therapies, and the most recent recommendations regarding post-operative management for patients who ultimately require surgery. Written by experts in the field, *Pediatric Inflammatory Bowel Disease, Fourth Edition* is a valuable resource for both pediatric and adult gastroenterologists involved in the care of children with inflammatory bowel disease.

Moayyedi, P., Mearin, F., Azpiroz, F., *et al.* (2017). Irritable bowel syndrome diagnosis and management : A simplified algorithm for clinical practice. *United European Gastroenterology Journal*, 5(6), 773-788. <https://doi.org/10.1177/2050640617731968>

Effective management of irritable bowel syndrome (IBS), a common functional gastrointestinal disorder, can be challenging for physicians because of the lack of simple diagnostic tests and the wide variety of treatment approaches available.

Molinder, H., Agréus, L., Kjellström, L., *et al.* (2015). How individuals with the irritable bowel syndrome describe their own symptoms before formal diagnosis. *Upsala Journal of Medical Sciences*, 120(4), 276-279. <https://doi.org/10.3109/03009734.2015.1040529>

To investigate how individuals fulfilling the Rome II criteria for irritable bowel syndrome (IBS) spontaneously described their symptoms.

Pimentel, M., Mathur, R., & Barlow, G. M. (Éds.). (2024). Irritable Bowel Syndrome. In *Clinical Understanding of the Human Gut Microbiome*. Springer.

This book synthesizes important areas of research and clinical focus in the gut microbiome and provides an up-to-date reference for clinicians seeking to expand their knowledge. The breadth and complexity of gut microbiome research makes it difficult for physicians and clinicians to access information. To aid readers, *Clinical Understanding of the Human Gut Microbiome* integrates a variety of human gut microbiome research so that physicians and clinicians can then make the best decisions in the care of their patients.

The book will provide an overview of the different players in the gut microbiome, including bacteria, yeast and other fungi, archaea, parasites, and viruses. It also describes how these microbes and their products and metabolites influence diverse clinical areas including diabetes, functional gastrointestinal disorders, colorectal cancer, and neurological disorders such as Parkinson's disease and the potential of emerging treatments.

Pitchumoni, C. S., & Dharmarajan, T. S. (Éds.). (2021). Irritable bowel syndrome. In *Geriatric Gastroenterology* (2nd ed. 2021). Springer International Publishing : Imprint: Springer.

Aging trends in the United States and Europe continue to demonstrate an increasingly older society, a trend that is unlikely to change for decades to come. This trend renders it prudent for health care providers to better prepare for the changes in society and their health needs. The current number of older adults (aged over 65), about 13% of the U.S. population, is expected to grow to over 20% in the next 20 years. Preparation for the changes in society involves provision of training for current and future generations of physicians to deal with health problems of older adults. Training programs in internal medicine and gastroenterology are required to deal with disorders of aging in the present day hospitalized, long-term care and community older adults. Physiological changes and disease processes in older adults differ significantly from those of the young; these are aspects that trainees and practicing physicians need to have an understanding of. Yet texts devoted to gastrointestinal illness in the elderly are scant at this stage and are clearly in demand. This text provides a comprehensive overview of gastrointestinal disease and disorders in older adults. Divided into sixteen sections, this major reference work covers all aspects of gastroenterology as it pertains to older adults, including epidemiology, gastrointestinal physiology, motility disorders, luminal disorders, hepatobiliary disease, systemic manifestations, neoplastic disorders, gastrointestinal bleeding, and gastrointestinal cancer. In addition to fully revised chapters from the previous edition of *Geriatric Gastroenterology*, the latest edition features new chapters on drug injury to the GI tract, gut microbiota and aging, dysphagia, diabetes and its manifestations, and nursing for GI disorders. Nutrition and related disorders, as well as capsule endoscopy and its utility in the geriatric population, are also highlighted in the text. Presented in a simple, easy to read format, the volume includes numerous figures, tables, and key points to enable ease of understanding.

Rakel, D. (Éd.). (2018). Irritable bowel syndrome. In *Integrative medicine* (Fourth edition). Elsevier.

Stay on the cutting edge of today's most promising trends in complementary and alternative medical treatments with Dr. David Rakel's *Integrative Medicine*, 4th Edition. Written by physicians who are experts in both traditional and integrative medicine, this highly regarded, evidence-based reference covers therapies such as botanicals, supplements, mind-body, lifestyle choices, nutrition, exercise, spirituality, and more. *Integrative Medicine*, 4th Edition uses a clinical, disease-oriented approach, offering practical guidance for reducing costs and improving patient care.

Schlienger, J.-L. (2020). Troubles fonctionnels intestinaux : Intestin irritable et dyspepsie non ulcéreuse. In *Diététique en pratique médicale courante* (3e édition). Elsevier Masson.

La diététique a de tout temps été l'une des branches majeures de la médecine. Confortée par les avancées physiopathologiques, les enquêtes épidémiologiques et les études d'intervention randomisées, la diététique participe à la thérapeutique, avec la pharmacologie dont elle consolide les actions et permet parfois d'en différer la mise en oeuvre.

La diététique a un rôle en prévention primaire, elle participe du traitement de nombreuses maladies et constitue parfois le traitement exclusif comme dans certaines maladies innées du

métabolisme ou la maladie coeliaque. Cependant, le recours à la prescription diététique est souvent lent et complexe en ce qu'elle fait référence à un savoir-faire reposant sur la maîtrise de connaissances spécifiques.

Cette troisième édition, actualisée et enrichie, fait également le point sur, notamment : les aliments ultra-transformés, les additifs, les procédés culinaires (à risque et favorables), les modèles alimentaires et la dimension éthique dans l'alimentation ; les nouveaux objectifs du PNNS, l'état nutritionnel de la population française et le végétarisme ; les complications et les carences nutritionnelles après une chirurgie bariatrique ; la stéatose et la stéatohépatite non alcoolique ; le jeûne thérapeutique et les régimes hypotoxiques. Ce manuel donne ainsi aux médecins et aux diététicien(ne)s les clefs pour élaborer une intervention diététique efficace et pertinente.

Des fiches diététiques pour les prescripteurs facilitent également l'applicabilité du régime décrit dans chaque situation : équilibre alimentaire, maladies métaboliques, digestives, cardiovasculaires ou rénales, cancers ou intolérances alimentaires, etc.

Srinivasan, S., & Friedman, L. S. (Éds.). (2018). Irritable bowel syndrome. In *Sitaraman and Friedman's essentials of gastroenterology* (Second edition). John Wiley & Sons.

The revised second edition of *Essentials of Gastroenterology* provides a highly practical and concise guide to gastroenterology. The text covers every major disorder likely to be encountered during both GI training and in clinical practice. It also offers a handbook for preparing for Board examinations (e.g., USMLE and Internal Medicine Board examinations) as well as a handy clinical consultation tool. Fully updated to reflect the latest scientific information and practice guidelines, each section of the book covers a specific area of the gastroenterology tract and follows a standard outline: general information, normal physiology, etiology and pathophysiology, clinical presentation, diagnosis, differential diagnosis, complications, prognosis, and treatment.

Wald, A. (2024). *Clinical manifestations and diagnosis of irritable bowel syndrome in adults*.

UpToDate. https://www.uptodate.com/contents/clinical-manifestations-and-diagnosis-of-irritable-bowel-syndrome-in-adults?search=irritable+bowel+syndrome&source=search_result&selectedTitle=6%7E150&usage_type=default&display_rank=6

Irritable bowel syndrome (IBS) is a functional disorder of the gastrointestinal tract characterized by chronic abdominal pain and altered bowel habits. However, only a small percentage of those affected seek medical attention. Approximately 40 percent of individuals who meet diagnostic criteria for IBS do not have a formal diagnosis. IBS is associated with increased health care costs and is the second highest cause of work absenteeism. In the United States, IBS accounts for 25 to 50 percent of all referrals to gastroenterologists. This topic will review the clinical manifestations and diagnosis of IBS. The pathophysiology and management of IBS are discussed in detail separately.

Gestion des symptômes

Algera, J., Lövdahl, J., Sjölund, J., *et al.* (2023). Managing pain in irritable bowel syndrome : Current perspectives and best practice. *Expert Review of Gastroenterology & Hepatology*, 17(9), 871-881. <https://doi.org/10.1080/17474124.2023.2242775>

Irritable bowel syndrome (IBS) is characterized by chronic symptoms (>6 months) of abdominal pain in combination with a disturbed bowel habit. There is an association between the intensity of abdominal pain and the need for health care utilization. A bidirectionally disordered gut-brain interaction is central in the pathophysiology of IBS where a number of factors, gastrointestinal and non-gastrointestinal, can contribute to the illness experience. In order to treat abdominal pain in IBS, mapping these factors in a multidimensional clinical profile is helpful.

Feuerstein, J. D., & Cheifetz, A. S. (Éds.). (2021). *Management of Inpatient Inflammatory Bowel Disease : A Comprehensive Handbook* (1st ed. 2022 edition). Springer.

This handbook provides a concise, state-of-the-art overview on the management of inflammatory bowel disease (IBD) in the hospitalized patient. The book reviews epidemiology and risk factors for hospitalization in patients with ulcerative colitis (UC) and Crohn's disease, as well as medical and surgical management strategies for patients hospitalized with UC or Crohn's disease. The book also highlights complex disease management cases involving co-infection from clostridium difficile and/or CMV. The volume also spotlights nutrition management, quality of care, and management of pediatric and pregnant patients hospitalized with IBD flares.

Kamal, H. Y., Morneault-Gill, K., & Chadwick, C. B. (2023). What is new with irritable bowel syndrome. *Current Opinion in Pediatrics*, 35(5), 574-578. <https://doi.org/10.1097/MOP.0000000000001280>

This review aims to summarize the most up-to-date criteria for diagnosis of pediatric irritable bowel syndrome (IBS) and treatment options. It also explores recent research that has been performed evaluating risk factors, pathophysiology, and treatment designed to improve quality of life for those who suffer from IBS. IBS is a common disorder in pediatrics and one of the most common causes of abdominal pain for children; thus, it can be quite debilitating for individuals to achieve a satisfactory quality of life on a routine basis. Reliable, available treatment is needed but can be challenging to find, given the variety of symptoms and triggers involved and lack of a clear understanding of how IBS develops.

Nunan, D., Cai, T., Gardener, A. D., Ordóñez-Mena, J. M., Roberts, N. W., Thomas, E. T., & Mahtani, K. R. (2022). Physical activity for treatment of irritable bowel syndrome. *Cochrane Database of Systematic Reviews*, 2022(6). <https://doi.org/10.1002/14651858.CD011497.pub2>

Current recommendations for people with irritable bowel syndrome (IBS) to partake in physical activity are based on low-level evidence, do not incorporate evidence from all available randomised controlled trials (RCTs) and provide little information regarding potential adverse effects.

Radziszewska, M., Smarkusz-Zarzecka, J., & Ostrowska, L. (2023). Nutrition, Physical Activity and Supplementation in Irritable Bowel Syndrome. *Nutrients*, 15(16), 3662. <https://doi.org/10.3390/nu15163662>

Irritable Bowel Syndrome (IBS) is a chronic, recurrent functional disorder of the intestine diagnosed based on the Rome IV criteria. Individuals suffering from IBS often associate the severity of their symptoms with the food they consume, leading them to limit the variety of foods they eat and seek information that could help them determine the appropriate selection of dietary items. Clear nutritional recommendations have not been established thus far. NICE recommends a rational approach to nutrition and, if necessary, the short-term implementation of a low FODMAP diet. Currently, the FODMAP diet holds the greatest significance among IBS patients, although it does not yield positive results for everyone affected. Other unconventional diets adopted by individuals with IBS lack supporting research on their effectiveness and may additionally lead to a deterioration in nutritional status, as they often eliminate foods with high nutritional value. The role of physical activity also raises questions, as previous studies have shown its beneficial effects on the physical and mental well-being of every individual, and it can further help alleviate symptoms among people with IBS. Supplementation can be a supportive element in therapy. Attention is drawn to the use of probiotics, vitamin D, and psyllium husk/ispaghula. This review aims to analyze the existing scientific research to determine the impact of various food items, physical activity, and dietary supplementation with specific components through dietary supplements on the course of IBS.

Ruiz-Sánchez, C., Escudero-López, B., & Fernández-Pachón, M.-S. (2024). Evaluation of the efficacy of probiotics as treatment in irritable bowel syndrome. *Endocrinología, Diabetes y Nutrición (English Ed.)*, 71(1), 19-30. <https://doi.org/10.1016/j.endien.2024.01.003>

Irritable bowel syndrome (IBS) is a gastrointestinal functional disorder mainly characterised by abdominal pain, bloating and altered bowel habits. Dysbiosis might seem to be involved in the pathogenesis of the disease. Probiotics represent a potential treatment, since these could favour the functional microbiota and improve symptoms. The aim was to review the effectiveness of the use of probiotics in IBS symptomatology, analysing the influence of duration and dose. 18 articles were included. At the individual level, Lactobacillus, Bifidobacterium and Bacillus could be useful in the treatment of symptoms. Bifidobacterium bifidum reported the best results (1×10^9 CFU/day for 4 weeks). The most effective combination was 2 Lactobacillus strains, one of Bifidobacterium and one of Streptococcus (4×10^9 CFU/day for 4 weeks). Future clinical trials should confirm these results and analyse the difference between individual and combined treatments.

Wald, A. (2024). *Treatment of irritable bowel syndrome in adults—UpToDate*. UpToDate. https://www.uptodate.com/contents/treatment-of-irritable-bowel-syndrome-in-adults?search=irritable+bowel+syndrome&source=search_result&selectedTitle=1%7E150&usage_type=default&display_rank=1

Irritable bowel syndrome (IBS) is a chronic disorder of brain-gut interaction characterized by chronic abdominal pain and altered bowel habits in the absence of an organic disease. Approximately 10 to 15 percent of adults and adolescents have symptoms consistent with IBS, and although not all individuals with IBS seek medical care, patients with IBS make up a significant percentage of all outpatient visits to gastroenterologists and other health care providers [1].

This topic will review the management of IBS. Our recommendations are largely consistent with the American College of Gastroenterology and American Gastroenterological Association guidelines [2-5]. The clinical manifestations and diagnosis of IBS are discussed separately. (See "Clinical manifestations and diagnosis of irritable bowel syndrome in adults".)

Littérature

El-Salhy, M., Hatlebakk, J. G., & Hausken, T. (2015). *Understanding and controlling the irritable bowel*. Springer.

This book provides up to date information about IBS and its developments in the last decade and provides ways of controlling IBS based on the authors' long experience in treating IBS patients. Although IBS is a tortuous disorder and interferes with the patients' daily activities, it does not develop into a serious disease or kill its sufferer. Understanding and learning ways of controlling IBS does not only help patients to lead normal lives, but also enables them to help their children and closest relatives.

Fondation canadienne de la Santé digestive. (2023, mars 31). *Boîte à outils du SII pour les personnes nouvellement diagnostiquées*. Fondation canadienne de la Santé digestive. <https://cdhf.ca/fr/boite-a-outils-du-sii-pour-les-personnes-nouvellement-diagnostiquees/>

Si l'on vous a récemment diagnostiqué un syndrome du côlon irritable (SCI), vous vous demandez probablement ce que vous devez faire maintenant. La FCDH a rassemblé quelques éléments à prendre en compte et à connaître au fur et à mesure que vous avancez dans votre diagnostic de SII dans cette boîte à outils du SII pour les personnes nouvellement diagnostiquées.

Il est important de noter qu'il n'existe pas d'approche unique pour la prise en charge du syndrome de l'intestin irritable, car chaque personne atteinte du syndrome de l'intestin irritable a sa propre expérience des symptômes et des déclencheurs. Nous vous recommandons de travailler avec votre médecin ou votre diététicien pour trouver ce qui vous convient le mieux. Cependant, il existe plusieurs options de traitement qui peuvent aider à réduire ses effets afin que vous puissiez vivre votre vie. Nous avons présenté quelques stratégies fondées sur des données probantes dans nos nouvelles ressources ci-dessous. L'autonomisation commence par l'information – alors commençons !

International Foundation for Gastrointestinal Disorders. (2024, avril 1). *You and IBS : an animated patient guide to irritable bowel syndrome*. You and IBS. <https://www.YouAndIBS.org/en-ibs/home>

This resource is intended for patients with IBS. You will find expert advice about IBS to help you discuss key issues with your healthcare provider and make important decisions related to management and treatment. Easy-to-understand animations with audio narration, expert video explanations, patient experience videos, slide shows, and educational downloads are available to you. This educational activity has been developed by the International Foundation for Gastrointestinal Disorders and Mechanisms in Medicine Inc.

Lim, T., & Larsen, G. (2022). *What The Sh*t : Living with Irritable Bowel Syndrome*. Tatiana Lim.

Do you have Irritable Bowel Syndrome (IBS)? Do you know someone with IBS? What The Sh*t is everything you want to know about living with Irritable Bowel Syndrome (IBS). Tatiana first started experiencing symptoms linked to her IBS in late 2018 and was later diagnosed in 2019. Faced with a lifelong chronic illness with no known cause, she became lost and confused. This book is a perfect mix of her own story, answers to questions she always had, interesting scientific studies and everything in between.

Sabate, J.-M. (2023). Intestin irritable : Équilibrez votre microbiote et faites la paix avec votre côlon ! (Nouvelle édition). Larousse.

Douleurs, ballonnements, diarrhées ou constipation, flatulences, gargouillements... Ces symptômes courants vous sont-ils familiers ? Votre médecin vous a-t-il pourtant dit que « vous n'aviez rien » ? . En réalité, vous souffrez sans doute du syndrome de l'intestin irritable (SII), appelé aussi colopathie fonctionnelle. Ce trouble digestif touche plusieurs millions de Français, plus souvent les femmes. Bien que généralement sans gravité, il peut sérieusement gêner les activités sociales et professionnelles, appauvrir la qualité de vie, et entraîner anxiété et dépression.. Cet ouvrage fait un point complet et actualisé avec les dernières études sur cette maladie aussi répandue que méconnue :

- Les symptômes du SII, les examens et le diagnostic ;
- Les causes du SII, le rôle de l'alimentation et du microbiote ;
- Les traitements, le régime pauvre en Fodmaps et l'efficacité des médecines douces.

Société canadienne de recherche intestinale. (2013). *Syndrome de l'intestin irritable (SII)*. Société canadienne de recherche intestinale. <https://badgut.org/centre-information/sujets-de-a-a-z/syndrome-de-lintestin-irritable/?lang=fr>

Le SII est un trouble gastro-intestinal (GI) fonctionnel qui est chronique et souvent débilitant. Ses symptômes comprennent la douleur abdominale, le ballonnement et des changements dans les comportements intestinaux, tels que la constipation ou la diarrhée ou encore des selles qui alternent entre les deux. Dans le SII, le fonctionnement ou le mouvement intestinal n'est pas tout à fait normal. C'est la maladie GI la plus courante au monde et le trouble le plus fréquemment présenté par les personnes qui consultent un spécialiste gastro-intestinal (gastroentérologue).

Le SII peut commencer au cours de l'enfance, à l'adolescence ou à l'âge adulte et peut disparaître de façon inattendue pour certaines périodes au cours de la vie d'une personne et réapparaître à n'importe quel âge. Des études suggèrent qu'il peut toucher environ de 13 à 20 % des Canadiens à un moment quelconque. Le risque pour un Canadien de développer le SII au cours de sa vie est de 30 %. Au Canada et dans la plupart des pays occidentaux, le SII semble se manifester beaucoup plus fréquemment chez les femmes que chez les hommes, mais la raison de ce fait demeure incertaine.

Société Canadienne de Recherche Intestinale. (2015, octobre 29). *Vidéos sur le syndrome de l'intestin irritable (SII)*. Société gastro-intestinale | www.mauxdeventre.org. <https://badgut.org/videos-sii/?lang=fr>

Le syndrome de l'intestin irritable (SII) est un trouble gastro-intestinal fonctionnel qui est chronique et souvent débilitant. Ses symptômes comprennent la douleur abdominale, le ballonnement et des changements dans les comportements intestinaux qui mènent à la constipation ou à la diarrhée ou encore à des selles qui alternent entre les deux consistances extrêmes. Le SII est un trouble fonctionnel, c'est-à-dire que le fonctionnement ou le mouvement des selles n'est pas tout à fait normal.

Pour en apprendre davantage, visionnez notre série de vidéos en deux volets sur le SII et consultez notre page sur le SII.

Tremblay, L. (2007). Autotraitement du mal de ventre, ou, Soulager les troubles digestifs fonctionnels et les symptômes associés : Diarrhée, constipation, migraine, insomnie, anxiété, etc (3e édition revue et augmentée). Larry Tremblay.

Ce livre porte sur ce que l'on peut faire pour soulager de façon naturelle les symptômes associés aux troubles digestifs fonctionnels (TDF). Parmi ceux-ci on retrouve la dyspepsie qui consiste en une digestion difficile accompagnée parfois de reflux, de ballonnements et de nausées. Elle accompagne souvent le syndrome de l'intestin irritable (SII) qui est une douleur diffuse dans le gros intestin et qui comporte des épisodes de crampes, de flatulences, de diarrhée et/ou de constipation. A cela peut s'ajouter des symptômes tels la migraine, l'insomnie, l'anxiété et l'anxiété, des maux de dos, etc. Le livre montre qu'il est possible de réduire sensiblement ces malaises et de favoriser un bon fonctionnement du système digestif naturellement. Selon l'auteur, il est possible mener une vie normale et sans douleur malgré un TDF. Ce livre est sans doute le plus complet que l'on puisse trouver sur le sujet, ainsi que celui qui permet le plus de développer l'autonomie du patient dans la gestion et le traitement de ses symptômes d'où le titre « Autotraitement...».

Wald, A. (2023). *Patient education : Irritable bowel syndrome (Beyond the Basics)*. UpToDate. https://www.uptodate.com/contents/irritable-bowel-syndrome-beyond-the-basics?search=irritable+bowel+syndrome&source=search_result&selectedTitle=2%7E150&usage_type=default&display_rank=2

Irritable bowel syndrome (IBS) is a chronic condition of the digestive system. Its primary symptoms are abdominal pain and changes in bowel habits (constipation and/or diarrhea).

IBS is very common. An estimated 10 to 20 percent of people experience symptoms of IBS, although only about 15 percent of affected people actually seek medical help.

The chronic nature of IBS and the challenge of controlling its symptoms can be frustrating for both patients and health care providers. However, there are treatments and therapies that can help.

Médicaments et suppléments

Alliance for Education on Probiotics. (2023). *Guide clinique des produits probiotiques vendus au Canada*. https://aeprobio.com/wp-content/uploads/2023/01/2023_ProbioticGuide_CanFr.pdf

Ce Guide clinique est conçu de manière à utiliser les données scientifiques sur les produits probiotiques pour en extraire des renseignements cliniques pratiques et pertinents. Il est destiné à être utilisé comme outil d'aide à la prise de décisions cliniques par les cliniciens, et vise à leur permettre de sélectionner facilement le produit, la dose et la préparation appropriés pour une indication précise.

Notre objectif est de favoriser le choix du bon produit et de la bonne souche de probiotiques, en vue d'obtenir les résultats souhaités. Le présent Guide clinique ne se veut ni une revue systématique ni une « ligne directrice de pratique clinique. » Il ne doit aucunement permettre aux entreprises de faire des allégations en matière de santé dans le cadre de la commercialisation de leurs produits

Chen, M., Yuan, L., Xie, C.-R., *et al.* (2023). Probiotics for the management of irritable bowel syndrome : A systematic review and three-level meta-analysis. *International Journal of Surgery*, 109(11), 3631-3647. <https://doi.org/10.1097/JS9.0000000000000658>

Previous systematic reviews demonstrated a potentially beneficial effect of probiotics on irritable bowel syndrome (IBS). However, these studies are either affected by the inclusion of insufficient trials or by the problem of dependent data across multiple outcomes, and an overall effect size has not been provided. We aimed to determine the effect of probiotics on IBS through a three-level meta-analysis and clarify potential effect moderators.

Furnari, M., de Bortoli, N., Martinucci, I., *et al.* (2015). Optimal management of constipation associated with irritable bowel syndrome. *Therapeutics and Clinical Risk Management*, 11, 691-703. <https://doi.org/10.2147/TCRM.S54298>

Irritable bowel syndrome (IBS) is a common chronic functional disorder of the gastrointestinal tract, meanly characterized by recurrent abdominal pain or discomfort and altered bowel habit. It is a complex disorder involving biological, environmental, and psychosocial factors. The diagnosis is achieved according to the Rome III criteria provided that organic causes have been excluded. Although IBS does not constitute a life-threatening condition, it has a remarkable prevalence and profoundly reduces the quality of life with burdening socioeconomic costs. One of the principal concerns about IBS is the lack of effective therapeutic options. Up to 40% of patients are not satisfied with any available medications, especially those suffering from chronic constipation. A correct management of IBS with constipation should evolve through a global approach focused on the patient, starting with careful history taking in order to assess the presence of organic diseases that might trigger the disorder. Therefore, the second step is to examine lifestyle, dietary habits, and psychological status. On these bases, a step-up management of disease is recommended: from fiber and bulking agents, to osmotic laxative drugs, to new molecules like lubiprostone and linaclotide. Although new promising tools for relief of bowel-movement-related symptoms are being discovered, a dedicated doctor–patient relationship still seems to be the key for success.

Goodoory, V. C., & Ford, A. C. (2023). Antibiotics and Probiotics for Irritable Bowel Syndrome. *Drugs*, 83(8), 687-699. <https://doi.org/10.1007/s40265-023-01871-y>

Irritable bowel syndrome (IBS) is a disorder of a gut-brain interaction characterised by abdominal pain and a change in stool form or frequency. Current symptom-based definitions and the classification of IBS promote heterogeneity amongst patients, meaning that there may be several different pathophysiological abnormalities leading to similar symptoms. Although our understanding of IBS is incomplete, there are several indicators that the microbiome may be involved in a subset of patients. Techniques including a faecal sample analysis, colonic biopsies, duodenal aspirates or surrogate markers, such as breath testing, have been used to examine the gut microbiota in individuals with IBS. Because of a lack of a clear definition of what constitutes a healthy gut microbiota, and the fact that alterations in gut microbiota have only been shown to be associated with IBS, a causal relationship is yet to be established. We discuss several hypotheses as to how dysbiosis may be responsible for IBS symptoms, as well as potential treatment strategies. We review the current evidence for the use of antibiotics and probiotics to alter the microbiome in an attempt to improve IBS symptoms. Rifaximin, a non-absorbable antibiotic, is the most studied antibiotic and has now been licensed for use in IBS with diarrhoea in the USA, but the drug remains unavailable in many countries for this indication. Current evidence also suggests that certain probiotics, including *Lactobacillus plantarum* DSM 9843 and *Bifidobacterium bifidum* MIMBb75, may be efficacious in some patients with IBS. Finally, we describe the future challenges facing us in our attempt to modulate the microbiome to treat IBS.

Yan, C., Hu, C., Chen, X., *et al.* (2023). Vitamin D improves irritable bowel syndrome symptoms : A meta-analysis. *Heliyon*, 9(6), e16437. <https://doi.org/10.1016/j.heliyon.2023.e16437>

Approximately 5%–10% of the population in most geographical regions suffer from irritable bowel syndrome (IBS), which creates a significant burden on individual patients, their families, and society. Recent advances in IBS therapies have indicated that vitamin D supplementation is potential to relieve its symptoms, but evidence of this is lacking. This meta-analysis aimed to estimate the effect of vitamin D on gastrointestinal (GI) symptoms in IBS patients.

Psychologie

Császár-Nagy, N., & Bókkon, I. (2023). Hypnotherapy and IBS : Implicit, long-term stress memory in the ENS? *Heliyon*, 9(1), e12751. <https://doi.org/10.1016/j.heliyon.2022.e12751>

The association between irritable bowel syndrome (IBS) and psychiatric and mood disorders may be more fundamental than was previously believed. Prenatal, perinatal, postnatal, and early-age conditions can have a key role in the development of IBS. Subthreshold mental disorders (SMDs) could also be a significant source of countless diverse diseases and may be a cause of IBS development. We hypothesize that stress-induced implicit memories may persist throughout life by epigenetic processes in the enteric nervous system (ENS). These stress-induced implicit memories may play an essential role in the emergence and maintenance of IBS. In recent decades, numerous studies have proven that hypnosis can improve the primary symptoms of IBS and also reduce noncolonic symptoms such as anxiety and depression and improve quality of life and cognitive function. These significant beneficial effects of hypnosis on IBS may be because hypnosis allows access to unconscious brain processes.

Fondation canadienne de la Santé digestive. (2023). *SCI et stress : Y a-t-il un lien ?* Fondation canadienne de la Santé digestive. <https://cdhf.ca/fr/sci-et-stress-y-a-t-il-un-lien/>

Avez-vous déjà entendu quelqu'un vous dire que vos symptômes du syndrome de l'intestin irritable n'étaient qu'une vue de l'esprit ? En 2023, un nombre croissant d'ouvrages médicaux décrivent un lien étroit entre le cerveau et l'intestin, et à son tour entre l'intestin et le cerveau. La connexion et la communication bidirectionnelles entre le cerveau et l'intestin est la description la plus récente et la plus complète qui explique le syndrome de l'intestin irritable.

Plusieurs facteurs, tels que les événements défavorables de la petite enfance, la dépression, l'anxiété et le stress, provoquent des changements dans le cerveau. Saviez-vous que le cerveau est très "plastique" ? Il n'est pas en plastique bien sûr, mais fait référence à la neuroplasticité – ce qui signifie que la structure et la fonction du cerveau ont la capacité de changer ! En raison de l'exposition à l'environnement, du traitement du stress et des émotions, et de la pratique ou de la mise en œuvre de modes de vie spécifiques, certaines zones du cerveau peuvent se développer ou se rétrécir, et les connexions neuronales peuvent augmenter ou diminuer...

Horn, A., Stangl, S., Parisi, S., et al. (2023). Systematic review with meta-analysis : Stress-management interventions for patients with irritable bowel syndrome. *Stress and Health*, 39(4), 694-707. <https://doi.org/10.1002/smi.3226>

Irritable bowel syndrome (IBS) is a common chronic gastrointestinal disorder of unknown pathological origin that is associated with psychological distress and reduced health-related quality of life (HRQoL). We investigated the effects of stress-management for adults with IBS on typical symptoms, HRQoL and mental health. With predefined criteria (patients: adults with IBS; intervention: stress-management; control: care as usual or waitlist; outcome: patient-relevant; study-type: controlled trials), we registered the study with PROSPERO (168030) and searched the main medical databases. Two researchers independently reviewed the publications and assessed the risk of bias using the Scottish Intercollegiate Guidelines Network checklist. We performed meta-analysis with homogeneous trials of acceptable quality. After screening 6656 publications, ten suitable randomized trials of acceptable (n = 5) or low methodological quality (n = 5) involving 587 patients were identified. Our meta-analysis showed no effect of stress-management on IBS severity 1–2 months after the intervention (Hedges' g = -0.23, 95%-CI = -0.84 to -0.38, I² = 86.1%), and after 3–12 months (Hedges' g = -0.77, 95%-CI = -1.77 to -0.23, I² = 93.3%). One trial found a short-term reduction of symptoms, and one trial found symptom relief in the long-term (at 6

months). One of two studies that examined HRQoL found an improvement (after 2 months). One of two studies that examined depression and anxiety found a reduction of these symptoms (after 3 weeks). Stress-management may be beneficial for patients with IBS regarding the short-term reduction of bowel and mental health symptoms, whereas long-term benefits are unclear. Good quality RCTs with more than 6 months follow-up are needed.

Kinsinger, S. W. (2017). Cognitive-behavioral therapy for patients with irritable bowel syndrome : Current insights. *Psychology Research and Behavior Management, 10*, 231-237. <https://doi.org/10.2147/PRBM.S120817>

Irritable bowel syndrome (IBS) is a chronic gastrointestinal (GI) condition associated with significant health care utilization and quality-of-life impairment. Latest research indicates that the brain-gut axis plays a key role in the disorder, and the presence of psychological factors and central processing deficits contribute to symptom severity and disability. Psychological therapies as a whole have demonstrated good efficacy in reducing the severity of IBS symptoms. Cognitive-behavioral therapy (CBT) has been tested most rigorously in multiple randomized controlled trials and consistently demonstrates significant and durable effects on IBS symptoms and quality of life. Various protocols for treating IBS have been developed, and most recent advances in the field include exposure-based treatments to target symptom-specific anxiety as well as modified delivery methods, including internet-based treatment models. Despite the well-documented advantages of CBT for IBS, it has been poorly disseminated and few patients have access to this treatment. The primary barrier to dissemination is the limited number of therapists with adequate training in GI psychology to provide this evidence-based intervention. Future developments in the field need to focus on training opportunities to equip more therapists to competently provide CBT for this population. Further efforts to develop telemedicine platforms for delivering this intervention will also improve accessibility for patients.

Kuliavienė, I., Gelman, S., & Kupcinskis, J. (2024). Patient-Physician Relationship in Irritable Bowel Syndrome : Review on Empathy and Stigma. *Journal of Gastrointestinal and Liver Diseases, 33*(1), 107-114. <https://doi.org/10.15403/jgld-5018>

Irritable bowel syndrome (IBS) lacks a clear understanding of the disease's pathogenesis and effective treatments thus producing frustration among providers and patients, leading to the stigmatization of the disease and the patients with the syndrome. A literature search was performed to make a hermeneutical review on empathic patient-provider communication and IBS. The relationship is defined by partners being dependent on one another in the pursuit of obtaining good outcomes. It is a unique interaction depending not only on the individual qualities of each partner but also on the specific patterns of the patient-physician synergy. Empathy is crucial for any relationship. It helps to recognize the other as the other of myself, a person like me. Meanwhile, stigmatization results from identifying and labelling human differences and stereotyping persons who are linked to undesirable characteristics. IBS is at high risk of stigmatization in various contexts and settings including health care, causing patients and physicians misconceptions and distress, which in turn leads to the worsening of the disease in patients and burnout in physicians. Narrative-based medicine helps create a holistic perspective of a patient's problems and health, thus providing a tool for an empathic doctor-patient relationship that fosters mutual understanding and helps patients with IBS make sense of symptoms, increases their ability to manage their IBS in a psychologically flexible manner, subsequently helping them maintain their quality of life.

Scarlata, K., & Riehl, M. (2024). *Mind your gut : The whole-body, science-based guide to living with IBS* (First edition). Hachette Go, an imprint of Hachette Books.

IBS affects 45 million Americans; it's also a tricky disease—hard to diagnose, miserable to live with. With the advent of the low FODMAP diet, nutrition is one of the primary treatments—but most folks don't know how to connect the dots between our brain and our gut health. Enter world-renowned digestive health specialist and registered dietitian Kate Scarlata, and prominent GI psychologist Dr. Megan Riehl; their new book provides a comprehensive, holistic approach to IBS.

Sunhary de Verville, P.-L., Boyer, L., & Fond, G. (2021). Chapitre 4. Microbiote et bien-être psychique. In *Grand manuel de psychologie positive* (p. 99-112). Dunod.
<https://doi.org/10.3917/dunod.marti.2021.02.0097>

Des modifications de la composition du microbiote intestinal ont été associées à la dépression et à l'anxiété. Le bien-être mental peut être favorisé par l'adoption d'un régime alimentaire sain et la prise de compléments alimentaires aux propriétés anti-inflammatoires.

Recettes et menus

Cuneo, C. (2016). *La solution FODMAP : Pour en finir avec les maux de ventre*. Les Éditions du Journal.

Il est maintenant établi que l'alimentation faible en FODMAP est efficace pour réduire considérablement les symptômes de 75 % des personnes aux prises avec le syndrome de l'intestin irritable. La 1re partie de ce livre vous donnera les bases pour comprendre la logique de cette alimentation et son processus d'application. La 2e partie, pratique, avec des menus et 100 recettes, vous aidera à appliquer concrètement l'approche. Une façon naturelle et concrète de dire adieu aux maux de ventre ! Les menus faibles en FODMAP s'ajoutent à la gamme de menus spécialisés de SOS Cuisine.com qui sont recommandés par le CHUM, le Centre EPIC de l'Institut de Cardiologie de Montréal, Médecins francophones du Canada et la Société gastro-intestinale canadienne. SOS Cuisine compte en son sein une équipe hautement qualifiée de nutritionnistes membres de l'Ordre professionnel des diététistes du Québec.

Leduc, A. (2019). *Syndrome du côlon irritable : 21 jours de menus*. Modus Vivendi.

Cette nouvelle édition, revue et augmentée, s'inspire de l'approche FODMAP, une méthode novatrice qui permet de soulager les symptômes gastro-intestinaux chez la plupart des personnes atteintes du syndrome de l'intestin irritable.. Ce guide vous permettra de : • comprendre le symptôme de l'intestin irritable et savoir comment gérer les crises; • soulager vos symptômes, leur durée et leur fréquence pour avoir une meilleure qualité de vie; • profiter de recommandations claires pour identifier les ingrédients qui vous conviennent et ceux que vous tolérez moins bien en adoptant temporairement une alimentation pauvre en FODMAP; • planifier vos repas et vos collations grâce à des menus quotidiens adaptés à votre sensibilité digestive.. Découvrez des recettes savoureuses et retrouvez le plaisir de manger sans appréhension..

Raman, M., Sirounis, A., & Shrubsole, J. (2013). *Syndrome du côlon irritable : Le guide complet: comprendre la maladie, réduire les symptômes, 100 recettes et plans de nutrition.* Éditions Caractère.

Le syndrome du côlon irritable est une maladie méconnue et souvent incomprise. Elle cause des malaises au quotidien, tels que des douleurs abdominales et des troubles digestifs. Pourtant, il est possible d'en atténuer grandement les symptômes en modifiant vos habitudes de vie et surtout en suivant un régime adapté à votre corps et à ses besoins.

Ce livre propose un plan nutritionnel basé sur une liste d'aliments à privilégier ou à éviter. Des informations concises donnent un aperçu des causes, des symptômes et des traitements conformes aux connaissances cliniques et aux recherches en nutrition les plus récentes.

Shepherd, S., & Gibson, P. (2020). *Le régime FODMAPs : Le programme pour éliminer les intolérances alimentaires.* Marabout.

Les Fodmaps sont des glucides qui se digèrent mal et peuvent engendrer de nombreux symptômes en fermentant dans l'appareil digestif. Les auteurs fournissent des conseils théoriques et pratiques pour comprendre ce phénomène et adopter un régime alimentaire capable de l'éviter. Ils proposent 80 recettes, ainsi que six semaines de menus.