



Newsletter

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Serotonin imbalance and IBS

A diagnosis of exclusion, irritable bowel syndrome (IBS) is a chronic condition of the digestive system, affecting up to 20% of the general population with an estimated 15% of those seeking medical attention. The most commonly diagnosed gastrointestinal condition, IBS is second only to the common cold for lost work days. Those suffering from IBS most commonly experience abdominal pain in association with changes in their bowel habits and are more likely to suffer from anxiety, depression, stress and physical ailments and increased economic burden than their peers without IBS.

While no single cause of IBS has been identified, contributing factors may be physiological, social or biological in nature and include infection, food intolerances, stress and neurotransmitter imbalance - serotonin in particular. Commonly thought of as the main mood-regulating neurotransmitter, the majority of the body's serotonin is actually found in the gastrointestinal (GI) tract, rather than the central nervous system. Serotonin is produced by enterochromaffin cells within GI tract and is a key neurotransmitter responsible for secretory, sensory and motor function of the intestine.

Serotonin acts upon several different receptors within the lumen of the intestine, triggering nausea and vomiting as well as altering motility which can result in diarrhea or constipation. Thus, some medications used to treat IBS work at the serotonin receptor level and are chosen based on the patient's main symptoms and the actions they exert at the receptor. 5-HT₃ antagonists are an example, but tend to be constipating and, as such, are not used when constipation is a significant part of the symptom picture. While their actions may be beneficial in alleviating symptoms for some individuals with IBS, these medications do not address the underlying cause. For those individuals with neurotransmitter imbalance, assessing and addressing neurotransmitter levels can offer valuable insight into treatment approaches for addressing a primary contributing factor of IBS. Labrix urinary neurotransmitter testing is an easy, accurate tool that can help you determine if neurotransmitter imbalance is contributing to IBS symptoms in your patients.

Resources

1. Garvin B, Wiley JW. *Curr Gastroenterol Rep*. 2008 Aug;10(4):363-8. Review. The role of serotonin in irritable bowel syndrome: implications for management.
2. Fichna J, Storr MA. *Front Pharmacol*. 2012;3:127. doi: 10.3389/fphar.2012.00127. Epub 2012 Jul 5. Brain-Gut Interactions in IBS.

3. Moskwa A, Boznańska P. Wiad Lek. 2007;60(7-8):371-6. [Role of serotonin in the pathophysiology of the irritable bowel syndrome].
4. R. Jones, R. Latinovic, J. Charlton and M. Gulliford,. Aliment Pharmacol Ther. 2006 24, 879-886. Physical and psychological co-morbidity in irritable bowel syndrome: a matched cohort sstudy using the General Practice Research Database.
5. UpToDate <http://www.uptodate.com/contents/irritable-bowel-syndrome-beyond-the-basics>
Accessed 4/23/2013

IMPORTANT BLUECROSS BLUESHIELD UPDATE

Due to changes in BlueCross BlueShield's policies, Labrix will no longer submit claims to any BCBS plan, effective immediately. We will provide detailed invoices to the patient upon request. If you have any questions regarding this update please contact the Billing Department at 877.656.9596.

Upcoming events

West Coast Core Training
July 27, 2013
[Register Here](#)