

Studies of Disturbed Gastrointestinal Motility in Irritable Bowel Syndrome

GI Region	Finding	Reference
Stomach		
Emptying	Delayed emptying, particularly of solids	1;2 3
	Delayed emptying of solids more noticeable in IBS-C or those with overlapping functional dyspepsia	4 5
	Associated with dyspeptic symptoms	1;5
	Not associated with dyspeptic symptoms	3
Electrogastrogram (EGG)	Delayed emptying and lack of postprandial increase in EGG amplitude significantly correlated ($r=0.8$; $p<0.005$)	1
Phasic contractions	Anger suppresses antral contractility in IBS but increases it in healthy volunteers.	6*
Small intestine		
Discrete cluster contractions (DCCs)	Increased frequency and duration of DCC which can be associated with pain	7 8* 9* 10
	No increase in DCC	11*
	CRH increases DCCs	12
Migrating motor complex	Increased frequency of MMCs	8* 13* 10
	Normal frequency of MMCs	11*
Prolonged propagating contractions (PPCs)	No frequency increase but can be associated with pain	8*
Retrograde contractions	Increased frequency during phase II of MMC Duodenal retrograde contractions correlate with worsening of symptoms in IBS-D ($r=0.74$, $p=0.01$)	10;14 10

Phasic contractions	Increased in response to meals, ileal distension and CCK Suppressed by stress Alteration in motility more noticeable in IBS-D than -C Colonic distension does not reduce duodenal motility in IBS but does in healthy volunteers, suggesting an impaired intestinal reflex	10;13* 15 8*;13*;9*;10. 16
Transit	Accelerated in IBS-D compared with IBS-C Accelerated in IBS-D	17 18*
Colon and Rectum		
Phasic contractions & myoelectrical activity	Fasting similar in IBS patients overall to healthy volunteers Increased following meal ingestion, stress, CRH, CCK and recto-sigmoid distension, particularly those with IBS-D Normal following meal ingestion	19;20 21*;22* 12;19;23;24;25*;26;27 28;29;29;30 31;32;33;34
High amplitude propagating contractions (HAPCs)	Increased in IBS-D 90% associated with pain or cramp, and 40% occurred immediately prior to defecation. Decreased in IBS-C	27;35* 36;37
Compliance and tone	Normal colonic/rectal compliance under fasting conditions	30;38-40*;41-43

	Lower colonic/rectal compliance under fasting conditions	43;44,*45 46 47
	Normal colonic tone under fasting conditions	48,*
	Reduced colonic tone under fed conditions	49;50,*
	Increased rectal tone under fasting conditions	51;52
Transit	Accelerated in IBS-D	17;18*
	Delayed in IBS-C	17;53*, 54
	Whole gut and colonic transit accelerated in IBS-D, but normal in IBS-C	

IBS-D, irritable bowel syndrome with diarrhea; IBS-C, irritable bowel syndrome with constipation; DDC, discrete cluster constrictions; PPCs, prolonged propagated contractions; HAPCs, high amplitude propagated contractions; MMC, migrating motor complex; CRH, corticotrophin-releasing hormone; CCK, cholecystokinin; EGG, electrogastrogram; *, studies with < 10 subjects per subgroup.

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