

Resolution in Support of IBS Awareness Month

Expressing the sense of Congress that there is need for further study of the Functional Gastrointestinal Disorder (FGID) Irritable Bowel Syndrome (IBS).

Whereas IBS is a chronic FGID characterized by symptoms including pain or discomfort in the abdomen and altered bowel habit;

Whereas abnormal functioning of the nerves and muscles of the bowel produce the symptoms of IBS, and dysregulation between the brain, gastrointestinal tract, and central nervous system causes the bowel to become irritated, or overly sensitive to stimuli;

Whereas IBS is common in the general population, affecting people of all ages including children and seniors, but a social stigma surrounding bowel function persists;

Whereas IBS is one of the underlying disorders highly correlated with Gulf War Syndrome and IBS remains a serious issue for military veterans who have been deployed to combat areas.

Whereas there is no definitive test for IBS, and diagnosis is made via symptom-based criteria, extensive medical history, physical examination, and limited medical testing;

Whereas IBS symptoms may come and go, persist over a long period of time, or change over time, and can range from mild and infrequent to severe and chronic, affecting daily functioning;

Whereas people suffering from IBS frequently report gastrointestinal dysfunction including heartburn, nausea, abdominal fullness, and bloating and may also experience dyspepsia, feelings of urgency, and feelings of incomplete bowel emptying;

Whereas people suffering from IBS frequently report non-gastrointestinal problems including fatigue, muscle pain, insomnia, headache, lower back pain, and sexual dysfunction;

Whereas IBS affects between 25 and 45 million people in the United States, or 10 to 15 percent of the population, and an estimated 9 to 23 percent of populations worldwide suffer from IBS;

Whereas two in every three IBS sufferers are female, and gastrointestinal tract function appears to be influenced by changes in the level of female hormones;

Whereas effective treatment for the multiple symptoms of IBS is lacking;

Whereas IBS sufferers frequently use medication therapy, stress management, cognitive-behavioral therapy, gastrointestinal-directed hypnosis, biofeedback, relaxation, and pain management techniques attempting to control their symptoms;

Whereas IBS sufferers frequently use a variety of medications for IBS symptoms such as non-narcotic and narcotic pain medications, acid reducers, antidiarrheals, and laxatives, however, few patients report satisfaction with available treatments, highlighting the pressing need to find new and more effective treatments for IBS;

Whereas IBS can control many aspects of a person's emotional, social and professional life, and quality of life is often affected due to activity limitations that can impair physical, emotional, economic, educational and social well-being;

Whereas the annual cost of IBS treatment in the United States has been estimated to be between \$1.7 billion and \$10 billion in direct medical, excluding prescription and over-the counter medications, and \$20 billion in indirect medical costs;

Whereas IBS frequently takes a toll on the workplace, reflected in work absenteeism, lost productivity, and lost opportunities for the individual and society;

Whereas approximately 20 to 40 percent of all visits to gastroenterologists are due to IBS symptoms, contributing substantially to healthcare costs;

Whereas there is a significant need for further research on IBS to improve diagnostic and treatment options for patients, and reduce the high socioeconomic burden on IBS sufferers and on society;

Whereas the designation of April as National IBS Awareness Month has increased public education about IBS and the need for increased federal funding for research on FGIDs; and

Whereas National IBS Awareness Month has been celebrated as a health observation during the month of April for the last thirteen years: Now, therefore, be it

Resolved, by the _____ (the _____ concurring), That it is the sense of Congress that—

- (1) The Director of the National Institutes of Health (NIH) should take a leadership role in the search for new treatment options and a cure for IBS by--
 - (A) Encouraging the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) to implement the research recommendations of the National Commission on Digestive Diseases.
 - (B) Exploring collaborative research opportunities between the NIDDK, the Office of Research on Women's Health, and other NIH Institutes and Centers.
 - (C) Encouraging NIDDK to provide the necessary funding for continued expansion and advancement of the IBS research portfolio through intramural and extramural research.
 - (D) Encouraging NIDDK to provide the necessary funding for education with respect to IBS and FGID through the cosponsorship of workshops and seminars with patient organizations.
- (2) Funding should be increased for basic and clinical biomedical research into IBS and other FGID through NIH.

(3) The Director of the Food and Drug Administration (FDA) should take a leadership role in ensuring that new IBS treatments are developed and appropriately monitored by--

(A) Issuing further guidance to industry on the development criteria and adverse event standards for IBS treatments.

(B) Encouraging the participation of patients groups and considering the views of patients when discussing standards and protocols for the development and monitoring of IBS treatments.

(4) The Department of Defense and the Department of Veterans Affairs should bolster their efforts to study IBS and FGIDs, and their association with war trauma.

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