Cause of IBS

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In our practices we have found that the following circumstances increase the chances for an unsatisfactory patient outcome:

- *Failure to continue treatment courses until SIBO is eradicated (negative breath test or patient ≥90% better).* This crucial process of successive treatment is indicated by the long go-back arrow on the right side of our algorithm (Figure 3).
- *Failure to use double antibiotic therapy for methane producers.* Methanogenic bacteria need different antibiotic treatment than hydrogen-producing bacteria.
- *Failure to utilize breath testing to identify if the patient has SIBO, the type of gas he/she produces, and the overall level of gas.* This information is necessary for diagnosis, treatment choice, duration, and prognosis.
- *Failure to use a prokinetic immediately following treatment.* Prokinetics along with diet are needed to prevent relapse of this commonly recurring condition.
- *Failure to use a low-carb preventative diet following treatment.* Diet along with prokinetics are needed to prevent relapse of this commonly recurring condition.
- *Failure to tailor diet to individual tolerances with personal experimentation.* No fixed diet can predict an individual's complex bacterial, digestive, absorptive, immunological, and genetic circumstances; therefore customizing is necessary.
- *Failure to identify underlying causative conditions.* A recent report found the following conditions led to a poor response to antibiotics: anatomical abnormalities, chronic narcotic use, Addison's disease, scleroderma, colonic inertia, inflammatory bowel disease, and NSAID-induced intestinal ulceration.[69]

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