If IBS symptoms are associated with disordered mood (depression) these methods may be of some assistance when implemented alongside more specific symptomatic treatment.

It is vital that the patient be reassured that the symptoms do not mean that there is serious underlying pathology, and also for the doctor to ensure that the patient does not feel that his/her symptoms are being dismissed as part of a psychological problem.

- Biofeedback, relaxation therapy, behavioural therapy, Psychotherapy (dynamic), cognitive therapy and hypnotherapy and stress management may be effective in some patients.

OTHER TREATMENTS

- Transcutaneous nerve stimulation may be effective in treating the pain symptoms of IBS, although usually has no effect on other symptoms.
- A variety of new treatments for IBS are on the horizon. These include drugs that may affect visceral hypersensitivity (e.g. kappa receptor agonists), 5 HT3 and 5 HT4 receptor antagonists, gut specific anticholinergics, cholecystokinin, disodium cromoglycate and somatostatin.
- Ocreotide and lanreotide are somatostatin analogues currently used in Palliative care of terminally ill patients in the UK.