employers often are reluctant to employ patients with IBS because of their reputation for absenteeism.

Quality of life

Given the severity and range of symptoms in some patients with IBS, that quality of life is eroded is not surprising. Quality of life can be measured with a questionnaire such as the 36 item short form; such an approach has shown that patients with IBS who attend hospital clinics have worse quality of life than those with chronic renal disease or diabetes.

Conclusion

IBS is an extremely challenging condition to manage. Effective treatment involves understanding the whole situation and tailoring the treatment to the individual. It is difficult, but not impossible, to offer at least some help to most patients with the condition.

Competing interests: PJW has received remuneration for advice and his department has also received financial support from Novartis Pharmaceuticals, GlaxoSmithKline, Pfizer, Solvay Pharmaceuticals, Rotta Research, Procter & Gamble, Astellas Pharma, Tillots Pharma.

- Drossman DA, Camilleri M, Mayer EA, Whitehead WE. AGA technical review on irritable bowel syndrome. *Gastroenterology* 2002;123:2108-31.
- Wilson S, Roberts L, Roalfe A, Bridge P, Singh S. Prevalence of irritable bowel syndrome: a community survey. *Br J Gen Pract* 2004;54:495-502.
- Bennett EJ, Tennant CC, Piesse C, Badcock CA, Kellow JE. Level of chronic life stress predicts clinical outcome in irritable bowel syndrome. *Gut* 1998;43:256-61.
- Maxwell PR, Rink E, Kumar D, Mendall MA. Antibiotics increase functional abdominal symptoms. *Am J Gastroenterol* 2002;97:104-8.
- Locke GR 3rd, Zinsmeister AR, Talley NJ, Fett SL, Melton LJ. Risk factors for irritable bowel syndrome: role of analgesics and food sensitivities. *Am J Gastroenterol* 2000;95:157-65.
- Whorwell P, McCallum M, Creed FH, Roberts CT. Non-colonic manifestations of irritable bowel syndrome. *Gut* 1986;27:37-40.
- Winawer S, Fletcher R, Rex D, Bond J, Burt R, Ferrucci J, et al. Colorectal cancer screening and surveillance: clinical guidelines and rationale—update based on new evidence. *Gastroenterology* 2003;124:544-60.
- Spiegel BM, DeRosa VP, Gralnek IM, Wang V, Dulai GS. Testing for celiac sprue in irritable bowel syndrome with predominant diarrhea: a cost-effectiveness analysis. *Gastroenterology* 2004;126:1721-32.
- Francis CY, Whorwell PJ. Bran and irritable bowel syndrome: time for reappraisal. *Lancet* 1994;344:39-40.
- Jones VA, McLaughlan P, Shorthouse M, Workman E, Hunter JO. Food intolerance: a major factor in pathogenesis of irritable bowel syndrome. *Lancet* 1982;2:1115-7.
- Shanahan F, Whorwell PJ. IgG-mediated food intolerance in irritable bowel syndrome: a real phenomenon or an epiphenomenon? *Am J Gastroenterol* 2005;100:1558-9.
- Clouse RE, Lustman PJ. Use of psychopharmacological agents for functional gastrointestinal disorders. *Gut* 2005;54:1332-41.
- Tan G, Hammond C, Gurrall J. Hypnosis and irritable bowel syndrome: a review of efficacy and mechanism of action. *Am J Clin Hypnosis* 2005;47:161-78.
- Lackner JM, Mesmer C, Morley S, Dowzer C, Hamilton S. Psychological treatments for irritable bowel syndrome: a systematic review and meta-analysis. *J Consult Clin Psychol* 2004;72:1100-3.
- Spiller R. Probiotics: an ideal anti-inflammatory treatment for IBS? *Gastroenterology* 2005;128:783-5.
- O'Mahony L, McCarthy J, Kelly P, Hurley G, Luo F, Chen K, et al. Lactobacillus and bifidobacterium in irritable bowel syndrome: symptom responses and relationship to cytokine profiles. *Gastroenterology* 2005;128:541-51.
- Chey WD, Chey WY, Heath AT, Dukes GE, Carter EG, Northcutt A, et al. Long-term safety and efficacy of alosetron in women with severe diarrhea-predominant irritable bowel syndrome. *Am J Gastroenterol* 2004;99:2195-203.
- Evans BW, Clark WK, Moore DJ, Whorwell PJ. Tegaserod for the treatment of irritable bowel syndrome. *Cochrane Database Syst Rev* 2004;(1):CD003960.
- Guthrie E, Creed FH, Whorwell PJ. Severe sexual dysfunction in women with the irritable syndrome: a comparison with inflammatory bowel disease and duodenal ulceration. *BMJ* 1987;295:577-8.
- Miller V, Hopkins L, Whorwell PJ. Suicidal ideation in patients with irritable bowel syndrome. *Clin Gastroenterol Hepatol* 2004;2:1064-8.
- Longstreth GF, Yao JF. Irritable bowel syndrome and surgery: a multi-variable analysis. *Gastroenterology* 2004;126:1665-73.
- Drossman DA, Li Z, Andruzzi E, Temple RD, Talley NJ, Thompson WG, et al. US householder survey of functional gastrointestinal disorders. Prevalence, sociodemography and health impact. *Dig Dis Sci* 1993;38:1569-80.

(Accepted 25 November 2005)

PPUD syndrome (post PLAB unemployed doctor's syndrome)

In an effort to keep up an old medical tradition, I report a new syndrome, prevalent in the age group 25-35, but some cases are seen in the early 40s. Both sexes are equally affected. It is endemic in east London, but sporadic cases can be seen all over Britain. It is mostly found in immigrants from the Indian subcontinent and is characterised by the following features.

Depression—The hallmark of the syndrome, with 90% suffering from it at some time or other.

Insomnia—Patients are not able to sleep even though they stay in bed all night and even during the day at weekends, as they have nothing else to do and no money to spare.

Obsessive-compulsive disorder—Patients check their CV again and again, showing it to every person they meet; constantly check their telephone in order not to miss any interview call (which never comes); keep checking the mail again and again; and are resistant to any counselling from others.

Hallucinations—Visual and auditory hallucinations of a job that exists nowhere and interview calls that never come.

Sommambulism—Some patients can be seen sleepwalking to the post office to send an application for a job.

Omniphagia—Patients eat just about anything they can get and can be seen cooking strange recipes in the single pan they own. They lose weight.

Dissociative fugue—Patients are seen wandering aimlessly here and there, sometimes running amok in search of something elusive.

Musculoskeletal deformities—For example, 11th nerve palsy, resulting in drooping of the shoulders; seventh nerve palsy,

resulting in expressionless face and inability to smile; disturbed gait; kyphosis, with inability to stand straight and keep their head high.

Cardiovascular manifestations—Palpitations and tachycardia are characteristic. Patients find it difficult to have a normal cardiac output with a broken heart.

Skin manifestations—Dry skin from exposure to the atmosphere (no money for moisturisers) and dry long hair (hair cut is expensive), and the females usually suffer from hirsutism (no money for bleaching and threading).

Eye changes—Epiphora and eyes always wet with vacant stare.

Prognosis—All patients lose money and weight, but those who do not lose their confidence and hope have better prognosis.

Treatment—Love and a healing touch. Patients should be encouraged to go back to their home country, as in Britain even local graduates find it difficult to get a job and nobody is bothered about someone with PPUD syndrome.

Surinder Sareen *unemployed doctor, Grantham*
(ppud_uk@yahoo.com)

I thank Dr Vinita Kumari for helping me to write this article.

We welcome articles up to 600 words on topics such as *A memorable patient, a paper that changed my practice, My most unfortunate mistake*, or any other piece conveying instruction, pathos, or humour. Please submit the article on <http://submit.bmj.com>. Permission is needed from the patient or a relative if an identifiable patient is referred to. We also welcome contributions for "Endpieces," consisting of quotations of up to 80 words (but most are considerably shorter) from any source, ancient or modern, which have appealed to the reader.