Severe IBS May Be Tied To Psychosocial Issues

BY BOB BABINSKI Contributing Writer

MONTREAL — Comorbid psychosocial disorders are an important consideration in patients presenting with severe symptoms of irritable bowel syndrome, Dr. Douglas A. Drossman said at the 13th World Congress of Gastroenterology.

Such factors “should be looked at in the first visit because in some cases it might prevent you from doing unnecessary tests” in patients with IBS, he said. “Even more important than that, it gives you the whole package of what’s going on, both physically and psychologically. That can affect your diagnostic and treatment approach.”

In a study of 211 patients with moderate and severe functional bowel disorder, Dr. Drossman found that major depression was more pronounced in patients with moderate symptoms (12.5 versus 9.3 on the Beck Depression Inventory). Poor coping responses were more common in patients with severe functional bowel disorder.

Drossman noted that stress can lower the pain threshold and produce other GI symptoms.

“In the initial visit it is important to find out if there is a psychosocial disorder and to find out how it relates to the patient’s GI symptoms,” said Dr. Noel B. Hershfield, who presented the study at the 13th World Congress of Gastroenterology.

Anxiety Disorders Are Linked To Many Medical Conditions

BY ROXANNE NELSON Contributing Writer

MONTREAL — Non-GI symptoms can help distinguish irritable bowel syndrome from inflammatory bowel disease, Dr. Noel B. Hershfield said at the 13th World Congress of Gastroenterology.

Patients with irritable bowel syndrome (IBS) are more likely than patients with inflammatory bowel disease (IBD) to present with fatigue, depression/anxiety, and headache, as well as sleep loss for reasons not related to intestinal discomfort, Dr. Hershfield reported.

He reached these conclusions based on his survey of 400 patients who came to his outpatient clinic. All of the patients were younger than 50 years old.

Of the 261 patients who had almost three-quarters had chronic fatigue syndrome, compared with one-quarter of the 200 patients with IBD, he said.

Nearly half of the IBS patients reported headaches, compared with less than a quarter of the patients with IBD. More than 40% of IBS patients had depression or anxiety; that figure was less than 10% for the IBD group, said Dr. Hershfield, a gastroenterologist at the University of Calgary (Alta.).

Of the IBS patients, 156 reported sleep disturbance not due to GI symptoms, compared with only 12 IBD patients. Conversely, only 2 IBS patients reported sleep disturbance due to gastrointestinal pain, compared with 179 IBD patients (Can. J. Gastroenterol. 2005;19:231-4).

“The object of this paper was to get physicians to take a better history, so they wouldn’t have to do so many tests to prove IBS,” Dr. Hershfield said. “If you spend some time with them, you don’t have to do very many tests to know that they have irritable bowel.”

Night sweats, sleep disturbance due to diarrhea and abdominal pain, and weight loss are symptoms associated with organic bowel disease. “People with IBD often have tremendous weight loss ... They can’t eat, they don’t absorb food properly, so they lose weight and all the things that go with that,” he said.

IBS patients, on the other hand, don’t present with weight loss, anemia, and bleeding, Dr. Hershfield added.