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."

DR. DROSSMAN

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 severe symptoms than in those with moderate symptoms (12.5 versus 9.3 on the Beck Depression Inventory). Poor coping responses, such as catastrophizing, were more common in patients with severe symptoms, compared with patients with moderate symptoms (12.9 versus 8.2 on the Coping Strategies Questionnaire) (Am. J. Gastroenterol. 2000;95:974-80).

The study also showed that, compared with patients with milder symptoms, those with more severe symptoms felt that they had less control of their symptoms and reported having a significantly poorer quality of life.

"There is also a higher frequency of sexual, physical, or emotional abuse in those with more severe symptoms," said Dr. Drossman, codirector of the University of North Carolina Center for Functional GI and Motility Disorders, Chapel Hill.

Poor coping responses were more common in patients with severe functional bowel disorder.

Studies suggest that 5%-40% of IBS patients have severe symptoms, and 25%-50% have moderate symptoms.

The precise relationship between functional bowel disorders and psychosocial disorders is unclear, he said. It is possible that comorbid psychosocial factors may affect perception of physical experiences, or that stress can lower the pain threshold and produce other GI symptoms. ■

Non-GI Symptoms Can Point To Irritable Bowel Syndrome

BY BOB BABINSKI
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 200 patients with IBS, 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 patents, 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 that are 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. ■

Brief Questionnaire Identifies MI Anxiety, Need for Anxiolytics

BY MITCHEL L. ZOLER
Philadelphia Bureau

DALLAS — A quick, six-question survey can diagnose anxiety in patients who've had a myocardial infarction and identify those who need treatment with an anxiolytic.

"The Brief Symptom Inventory [BSI] is performed similarly to the State Anxiety Instrument [SAI]. The brief symptom inventory is a valid instrument for quickly diagnosing anxiety and identifying patients who need anxiolytic therapy," Mohannad Abu Ruz said at the annual scientific sessions of the American Heart Association.

"It's important to treat anxiety during the first 72 hours following a myocardial infarction, but few patients get their anxiety level measured following an infarction," said Mr. Abu Ruz, a nursing-PhD candidate at the University of Kentucky in Lexington.

"There is a belief that the diagnostic instruments are time consuming and burdensome to patients, and many physicians rely on physiologic indicators of anxiety such as blood pressure and heart rate."

The study involved 536 patients admitted for an acute MI at any of five participating hospitals in the United States and Australia. MIs were confirmed by ECG and cardiac enzymes.

Within 72 hours of admission, all patients were assessed for their anxiety level using the SAI, the standard diagnostic tool for anxiety, and by the BSI, which can be administered in 2-5 minutes.

Questions on the BSI all use simple language and are structured to ask about the patient's mental state at the time of the interview—for example, "Are you nervous at this time?"

Answers are measured on a 0-4 scale, with 0 meaning no anxiety and 4 meaning a high level of anxiety. The ideal is an answer of 0 for all six questions. For this study, a patient who scored 2 or more points on the BSI was considered anxious enough to need treatment.

A total of 261 were diagnosed as anxious using the SAI, and 262 were diagnosed as anxious by the BSI, producing a correlation coefficient of 0.7—a good level of correlation between the two measures, Mr. Abu Ruz said.

Further confirmation of the validity of BSI was based on the mean number of in-hospital complications experienced by the patients diagnosed as anxious or not anxious.

Using diagnoses based on the SAI, patients who were anxious had an average of 1.3 complications during hospitalization, compared with 0.8 complications per patient among those who were not anxious. Identical complication rates were seen when patients were categorized by the BSI, Mr. Abu Ruz reported. ■

Anxiety Disorders Are Linked To Many Medical Conditions

BY ROXANNE NELSON
Contributing Writer

SEATTLE — Anxiety disorders are associated with a wide range of physical health problems, even after adjustment for other common mental disorders such as depression, Dr. Jitender Sareen said in a poster presentation at the annual conference of the Anxiety Disorders Association of America.

"There has long been an interest in understanding how depression affects physical health," said Dr. Sareen of the department of psychiatry at the University of Manitoba, Winnipeg. "However, there have only been a few studies which have examined the relationship between anxiety disorders and medical conditions."

The researchers used data derived from the U.S. National Comorbidity Survey, a national representative sample of 5,877 individuals aged 15-54 years, to examine the relationship between anxiety disorders and a wide range of medical conditions. They used the Composite International Diagnostic Interview to make DSM-III-R mental disorder diagnoses, and assessed participants' general physical conditions on the basis of self-report. Multiple logistic regression was used to analyze the relationship between a past-year anxiety disorder diagnosis and past-year chronic physical illness.

Anxiety disorders diagnosed among the survey participants during the previous year included posttraumatic stress disorder, panic attacks, agoraphobia, generalized anxiety disorder, and social phobia.

The investigators looked at disability and functional impairment, and then controlled for factors such as depression, alcohol use, and pain. But even after they adjusted for common mood and substance abuse disorders, pain, and sociodemographics, anxiety disorders remained associated with a high level of disability and greater role impairment.

Among the anxiety disorders, posttraumatic stress disorder was linked to the widest range of physical conditions, with the most prevalent being any type of metabolic or autoimmune condition. Neurologic conditions, including epilepsy, multiple sclerosis, and stroke, were also highly prevalent. Other associated disorders included vascular conditions, respiratory illnesses, gastrointestinal disease, bone or joint disorders, and diseases like cancer and AIDS.

Subjects reporting a diagnosis of panic attacks and agoraphobia were also highly likely to have a comorbid medical condition, especially a vascular disease or a bone or joint disorder. Dr. Sareen and his colleagues found that generalized anxiety disorder and social or simple phobias were also associated with physical illnesses, but the prevalence was lower.

There is a strong and unique association between anxiety disorders and physical disorders, the researchers concluded, and the presence of an anxiety disorder among patients with physical disorders may confer a greater level of disability.

"We have found that anxiety disorders are related to physical health, much in the same way that depression is," he said. ■