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Summary

PSYCHIATRIC DIAGNOSES AND DISEASE BURDEN IN PATIENTS WITH IRRITABLE BOWEL SYNDROME (IBS)

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In a pan-European study of 617 IBS patients, increasing number of psychiatric diagnoses was associated with greater IBS symptom severity and higher burden of depression, anxiety, somatic symptoms, and fibromyalgia symptoms.

KEY POINTS

- Among 617 IBS patients from nine European centers, 44% had no mental or somatic comorbidities, 28% had mental disorder only, 8% had somatic disorder only, and 20% had both mental and somatic comorbidities.
- The most common psychiatric diagnoses were depression (n=284), generalized anxiety disorder (n=145), and panic disorder (n=38).
- IBS symptom severity increased gradually with increasing number of psychiatric diagnoses (0, 1, 2, or ≥3), with median IBS-SSS scores rising from 230 to 282 (p=0.002, small effect size).
- Depression, anxiety, somatic symptoms, and fibromyalgia symptoms all increased significantly with more psychiatric diagnoses, with large effect sizes for depression (partial eta squared 0.170), anxiety (0.227), and fibromyalgia symptoms (0.154).
- The authors conclude that psychiatric comorbidity is common in IBS and associated with overall disease burden, highlighting the importance of considering psychiatric comorbidity and gut-brain axis interactions in IBS management.

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