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Summary

BEYOND INFLAMMATION: PSYCHOLOGICAL & PHYSIOLOGICAL DETERMINANTS OF CHRONIC PAIN SEVERITY AND INTERFERENCE IN IBD REMISSION

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In a cross-sectional study of 1445 adults with IBD in remission, 26.4% experienced chronic abdominal pain, with pain severity and interference most strongly correlated with somatic symptom burden, fatigue, depression, and maladaptive behavioural responses.

KEY POINTS

- Among 1445 patients meeting remission criteria (Harvey-Bradshaw Index <5 for CD, Simple Clinical Colitis Activity Index ≤2 for UC), 381 (26.4%) met Rome IV criteria for chronic abdominal pain (pain ≥1 day/week for ≥3 months).
- Somatic symptom burden showed the strongest correlations with both pain severity (rs=0.47) and pain interference (rs=0.52), explaining 27% of variance in pain interference.
- Fatigue, depression, and sleep disturbance were significantly associated with pain outcomes, alongside maladaptive cognitive-behavioural responses including fear-avoidance, resting behaviour, and symptom focusing.
- Pain interference showed stronger correlations than pain severity across psychological and behavioural domains including anxiety, neuroticism, low sensory threshold, and resilience.
- The authors conclude that these findings support a biopsychosocial care model and integrated gut-brain axis targeted interventions including cognitive-behavioural therapy and neuromodulation for patients with chronic abdominal pain in IBD remission.

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