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Irritable Bowel Syndrome in Health Care Professionals in Pakistan

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Abstract

Objective: To evaluate the symptomatology of irritable bowel syndrome (IBS) among health care professionals attending an IBS symposium in a tertiary care university hospital.

Method: A questionnaire designed to incorporate Manning and Rome II criteria was distributed among participants of an IBS symposium, most of them were health care professionals. A total of 100 questionnaires were distributed, 41 had symptoms fulfilling criteria of IBS. In these patients male: female ratio was 28:13 with age range 18-68.

Results: The predominant symptom was abdominal pain 87.8 % (36/41) which was aggravated post-prandially 72.2% (29/41), relieved following defecation in 87 % (35/41) with a sense of incomplete evacuation 85.3% (35/41) and distention after defecation in 80.4 % (33/41). Anxiety and depression was present in 80% (33/41) as an extra intestinal symptom.

Conclusion: Irritable bowel syndrome is common in health care workers with intestinal and extraintestinal manifestations being equally common (JPMA 53:405;2003).

Introduction

Irritable bowel syndrome (IBS) is a functional bowel disorder with a variety of symptoms. IBS is a common gastrointestinal disorder that is manifested by abdominal pain and an alteration in bowel habits. The disorder affects approximately 15%-20% of the world population and is predominantly found in women.[1] Despite the high prevalence of IBS in the general population understanding of the etiology, pathogenesis and treatment is limited. Although many IBS sufferers do not seek medical care, IBS has been estimated to account for 20% - 50% referrals to gastroenterology clinics.[2] Diagnosis of IBS is made through the exclusion of organic disease. Information on the prevalence of bowel dysfunction and health care utilization for bowel complaints has been obtained from questionnaire surveys.[3] To better define the condition, researchers have developed two symptom classification systems, the Manning criteria and the Rome criteria.[4,5] The aim of this study was to determine the prevalence of IBS symptoms in health care workers.

Methods

A total of 100 questionnaire were distributed among participant of a symposium on IBS in a tertiary care university hospital. Questionnaire was based on Manning and Rome II criteria.[4-6] Most of the participants were health care professionals. In 41 participants, symptoms were suggestive of IBS. The clinical details of the patients are given in the Table 1.

Results

Abdominal pain

It was reported in 87.8% (36/41) and was lower abdominal and spasmodic in 61 % (25/41). It was gripping in 30.5% (12/41) with post prandial aggravation in 72% (29/41) and following exertion in 19% (8/41). Other symptoms in association with abdominal pain included weakness in 61% (25/41).

Bloating

Symptom of excessive abdominal distension was seen

in 61% (25/41) with difficulty in passage of flatus in 31.7% (13/41). Passage of flatus relieved bloating in 56 % (23/41) and abdominal pain in 46% (19/41). It was post-meal in 44% (18/41).

Bowel habit

Alternating constipation and diarrhea were seen in 51% (21/41). Frequency of bowel movement varied from 2/week to 10/day. Bowel movement was associated with relief of pain in 87 % (35/41). Abdominal distension after defecation was noted in 80% (33/41) with a sense of incomplete evacuation in 85% (35/41).

Upper gastrointestinal tract symptoms

Patient complained of epigastric burning 61% (25/41), nausea 58% (24/41), altered taste 43% (17/41), eructation 26% (10/41) and excessive fullness after meals.

Non-specific symptoms

Headache, anxiety and depression were most common non-specific symptoms (Table 2).

Discussion

In western populations, about 22% of people suffer from symptoms consistent with a diagnosis of irritable bowel, with twice as many women being affected as men.[7] The common symptoms include abdominal pain, altered bowel habits, a feeling of urgency when needing a bowel movement and a feeling of incomplete evacuation after a bowel movement. Bloating, flatulence and wind are also common. Prevalence rates differ according to sex and race. In non-western populations the prevalence rate has been found to be lower.[8] The causes of IBS remain uncertain and there is no cure that has a lasting effect. It has been accepted that medications are largely ineffective in symptom management and physicians are expected to design a long-term and a non-pharmacological approach to help the patient adjust to their chronic illness.

In this study, a large number of respondents of questionnaire were physicians as compared to other subgroups in health care professionals. This may reflect their increased awareness and acceptability of the cause of their symptoms. In previous studies, IBS has been described more frequently in females.[7] However, in this study IBS like symptoms were more frequently experienced by males who out-numbered females. This may be attributed to natural reluctance of females to volunteer information regarding their bodily function. Also, the mean age of our patients did not vary between sexes reflecting lack of younger age in females with IBS symptoms. However, the results of this study need to be confirmed in a larger population based study. Most of the persons filling out the questionnaire perceived their health in general to be good and their bowel function to be normal. Specifically looking at health care seeking behavior in these personnel with IBS symptoms, none consulted a physician for the complaints. However, it is not known whether these patients sought alternate form of healthcare such as traditional medicine. As the number of patients in each subgroup of the health care workers was small, it was difficult to assess the differences in the perception of symptoms in various groups. It needs a larger population based study to draw such conclusion. It might be considered a limitation that IBS-like symptoms were self-reported and therefore the diagnosis was not subjected to any independent review to establish its validity. However, the objective was to determine the extent to which IBS symptoms occurred in health care personnel. The findings of this study are in agreement with others that there is a potentially large group of individuals who have not been specifically diagnosed as IBS but they have symptoms consistent with the condition.[9] In this study patients had unexplained symptoms especially from the upper gut (Table 2) which were attributed to other systems. These seemingly unrelated symptoms reflect somatization and psychosocial problems. A large number of people with IBS are both anxious and depressed.[10] There are social and psychological factors added and possibly implicated within this medical condition.

As IBS is not a life threatening condition, it is considered by many as a trivial disorder. However, 5-8% of people lose their jobs directly due to IBS-related symptoms.[11] Geisser et al showed that for people with chronic pain, it made a difference whether they felt they knew the cause and agreed with their GP. Individuals who believed that they have found a cause for their IBS will have more confidence in the diagnosis and treatment of their IBS than the person who is constantly searching for a cause.[12] Our data also gives some indication that the pattern of patients seeking medical advice regarding this chronic illness tends to be moving away from seeking a medical cure. The present study has benefits for people with IBS as it may allow them to express their feelings about the illness and to have their views affirmed by others.

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