Patients with IBS-C had a higher mean symptom severity (51.2±9.2) compared to healthy controls (36.8±10.1). Conclusion: The PGI-SS scores were significantly higher in patients with IBS-C compared to healthy controls. The mean symptom severity scores were slightly higher in patients with IBS-C compared to healthy controls.

GASTROINTESTINAL DISORDERS – Health Care Use & Policy Studies

PGIS2
DIAGNOSIS AND MANAGEMENT OF MODERATE-TO-SEVERE IRREDIBLE BOWEL SYNDROME WITH CONSTIPATION (IBS-C) IN GERMANY: RESULTS FROM THE IBS-C STUDY

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OBJECTIVES: This is the first study to assess the diagnostic and therapeutic management of moderate-to-severe IBS-C in six European countries (France, Germany, Italy, Spain, Sweden and UK). The aim was to evaluate direct medical costs and productivity loss in patients with moderate-to-severe IBS-C in Germany. METHODS: Observational 12-month study of 6 months retrospective and 6 months prospective in patients diagnosed with IBS-C (Rome III criteria) in the last five years. Costs were assessed from a societal perspective. Costs were estimated based on the German DRG system and the standard German quality of work time (Wissenswertes Arbeitszeitsystem). Overall, patients were followed for 48 weeks. The primary outcome was direct medical costs (costs related to diagnosis, treatment and monitoring). The secondary outcomes included productivity loss due to absence from work (absenteeism) or presenteeism (reduction of role efficiency) was evaluated more unfavourably by the patients with ulcerative colitis (p=0.05). Average life quality is not affected by gender (p=0.21), marital status (p=0.15), type of disease (p=0.77), and employment status (p=0.75).