HEALTH-RELATED QUALITY OF LIFE AND PATIENT SELF-PERCEIVED HEALTH STATUS IN IBS

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OBJECTIVES: Irritable bowel syndrome (IBS) is a chronic and episodic disorder characterized by abdominal pain and altered bowel habits. Its impact on generic and disease-specific quality of life and self-perceived health status is rarely assessed in The Netherlands. This study assessed the impact of IBS on health-related quality of life (HRQoL).

METHODS: Patients using mebeverine, identified at community pharmacies, were administered a questionnaire regarding ROME-II-criteria to confirm the IBS diagnosis, abdominal complaints, use of medical resources, abdominal pain and discomfort (IGA-P VAS with 0 = no pain and 1 = very severe pain), patient self-perceived health status (VAS with 0 = worst imaginable health state i.e. death and 1 = best possible health state), and SF-6D, generic HRQoL (SF-36) and IBS-specific HRQoL (IBS-QoL). SF-36 outcomes were compared to a random sample of the Dutch population and other Dutch patients suffering from chronic diseases. The association between HRQoL and severity of disease (IGA-P) was assessed.

RESULTS: A total of 212 completed questionnaires were received. A total of 169 patients met the ROME-II-criteria for diagnosis of IBS. Of those, 18% suffered from IBS with diarrhea predominance, 19% from IBS with constipation predominance and 51% reported an alternating stool pattern. Severe abdominal pain (IGA-P >60mm on a 100mm VAS) was reported by 65%, sufficient differences between the IBS-population and the Dutch population were measured for all dimensions of the SF-36. SF-36 and IBS-QoL outcomes were associated with disease severity. Patients regarded their health state as low: 0.62 (0.2) on a VAS and 0.66 (0.1) using the SF-6D algorithm. CONCLUSIONS: IBS has a significant impact on all dimensions of HRQoL.

GASTROINTESTINAL DISEASES DISORDERS

EFFECT OF TEGASEROD IN WOMEN WITH IRRITABLE BOWEL SYNDROME WITH CONSTIPATION (IBS-C) IN SOUTH AFRICA

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OBJECTIVES: Primary objective of the study was to determine the effect of tegaserod six mg b.i.d. on quality of life (QoL) of women with IBS-C (defined by Rome II criteria). The secondary objective was to determine the efficacy of tegaserod in this population.

METHODS: This was a prospective, open-label, multicenter study in South Africa with gastroenterologist, surgeon and gynaecologist enrols. The study comprised a two-week treatment-free baseline period (rescue medication permitted) followed by a four-week treatment period (rescue medication permitted for patients not experiencing adequate relief with tegaserod). The IBS-QoL questionnaire, a validated instrument that assesses the impact of IBS and treatment of the condition, was completed at study entry, after the baseline period and at study end. It consists of seven domains: dysphoria, interference with activity, body image, health worry, food avoidance, social reaction and sexual relationship. Patients also kept a diary and recorded IBS symptoms daily and overall symptom relief weekly.

RESULTS: In total, 242 patients from 36 centers were recruited; 210 completed and were included in the QoL and efficacy analyses. Most patients were Caucasian (78.1%) and the mean age was 38 (±11) years. Statistically significant improvements after four weeks of tegaserod treatment were observed for overall QoL (19.6% improvement from baseline) and for all IBS-QoL domains (both p < 0.001 vs baseline). Overall, symptom relief was reported by 68.7% of patients at Week four (95% CI: 62.0–75.4%). Statistically significant improvements were reported for the number of bowel movements, stool form, straining, sense of incomplete evacuation, abdominal pain and bloating (all p ≤ 0.001). Symptom improvements were observed early (Week one of treatment) and sustained throughout the study. 58.1% of patients (95% CI 51.4–64.8%) responded to treatment and concurrently experienced overall QoL improvement. CONCLUSIONS: Tegaserod six mg b.i.d. significantly improves QoL and is efficacious in women with IBS-C.