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A single session of reassurance can acutely improve the self-perception of impairment in patients with IBS

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Abstract

Objective: The aim of this study was to determine the reported frequency and self-perceived importance of factors related to health care seeking by irritable bowel syndrome (IBS) patients and the effect of reassurance on these factors. **Methods:** Fifty-five IBS patients, consulting for the first time, answered a questionnaire designed to evaluate these factors (FRQ), measurements of anxiety, depression, and quality of life (QoL). A thorough explanation of the disease and reassurance were given, and the FRQ was answered again. **Results:** The frequency of factors was: pain/discomfort, 78%; cancer fear, 11%; daily function impairment, 33%; symptoms stressfulness, 60%; and none, 2%. Pain/discomfort and symptom stressfulness were considered the most important ones. Cancer fear and symptom stressfulness correlated with anxiety (P=.003, .042), depression (P=.038, .019), and daily function impairment with depression (P=.05). Cancer fear, daily function impairment, and symptom stressfulness impacted on QoL. Reassurance acutely decreased the self-perception of daily function impairment (P=.003), independent of the patient's educational level. **Conclusions:** Reassurance during the first consultation for IBS decreased the self-perception of impairment in daily function.
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Keywords: Anxiety and depression; Cancer fear; Health care seeking; Impairment; Irritable bowel syndrome; Reassurance

Introduction

Irritable bowel syndrome (IBS) is the most frequent functional gastrointestinal disorder with a frequency among the world population that varies from 5–25% [1,2]. It is the first reason for consultations to gastroenterologists and the fourth most common gastrointestinal-related outpatient diagnosis among internal medicine and general practice physicians [3,4]. It produces high costs to society in terms of work and school absenteeism and excessive use of health resources [5,6]. Also, it produces a negative effect on the patient's quality of life (QoL), similar to that of hepatic cirrhosis, renal insufficiency, and/or diabetes mellitus [7–9]. Regardless of its high frequency, only a third of the subjects who suffer from IBS seek medical care —the so-called patients— in comparison with the nonpatients who do not seek medical care [10]. There are many factors that have been proposed to explain the reason for seeking medical care by IBS patients, including the presence and intensity of abdominal pain and discomfort, the impairment in daily activities produced by the illness, symptom-generated psychological distress and fear of cancer, along with cultural factors and a history of physical and sexual abuse as well [11–15]. Psychological factors such as anxiety and depression appear to have an adverse effect on the general health and on the result of the treatment on IBS patients, and some have proposed that an effective physician–patient

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relationship with reassurance and providing a thorough explanation of the disorder reduce the use of health care resources and diminishes the fear of cancer [16–18]. Therefore, the purpose of our study was to analyze the frequency and self-perception of the importance of the factors related in the literature with seeking medical care in IBS patients who consulted a referral center for functional bowel disorders (FBD) in Mexico; determine if these factors have an influence on the symptoms of anxiety, depression, and QoL; and finally, to evaluate if the medical consultation with a thorough explanation of IBS, including the mechanisms underlying the disease, anticipated information of the disorder evolution and if reassurance can acutely modify the self-perception of these factors.

Methods

Fifty-five consecutive IBS-Rome I patients, who consulted a tertiary referral center for FBD in Mexico City [Instituto Nacional de Ciencias Medicas y Nutricion Salvador Zubiran (INCMNSZ)] for the first time, were studied. This institution receives patients from all over the country. Before starting the consultation, each patient answered a questionnaire designed to evaluate factors associated with their reason for consultation, the FRQ. Also, the patients answered a Bowel Symptoms Questionnaire, the Short Form 36 Spanish-Mexico for QoL, and the Hospital Anxiety and Depression Scale (HAD). During the visit, a full clinical history was obtained as well as a complete physical examination. After establishing the diagnosis of IBS and the predominant symptom (constipation, diarrhea, and pain/discomfort), the attending gastroenterologist gave a thorough explanation of the diagnosis and the underlying mechanism of the disease in an oral fashion for about 15 min. The standardized intervention included an explanation about the multicomponent character of IBS, in which the bidirectional relationship that exists between the brain and the gut affects visceral sensitivity and gastrointestinal motility and, as a consequence, the presence of IBS symptoms. The effect of both psychological and physical stress and cognitive and behavioral factors over the perception of visceral information by the brain and on symptom generation was also explained. Information about the chronic but benign nature of IBS was provided, pointing out that recurrences and remissions of the symptoms may be related with both external and internal stress factors. Finally, the patients received a prescription for ambulatory treatment based on the predominant symptoms, as recommended elsewhere [19]: loperamide, alpha-2 agonists, or tricyclic antidepressants because of their anticholinergic effect for patients with diarrhea predominance and fiber, osmotic laxative, and/or tegaserod for patients with constipation predominance. For those patients with an alternating bowel habit, the treatment was based on the predominant phase (constipation or diarrhea) at that time. For abdominal pain or discomfort, antispasmodics, smooth muscle relaxants, or visceral analgesics such as low-dose tricyclic antidepressants were also prescribed. At the end of the visit and before leaving the clinic, all patients answered the FRQ once again.

Only patients fulfilling the Rome I diagnostic criteria for IBS [20], without evidence of any other organic disease that could explain their symptoms and without any alarm signs such as bleeding, anemia, or weight loss or a history of cancer or inflammatory bowel disease were included. The protocol was approved by the Institutional Review Board for Investigations in Humans of the INCMNSZ.

Questionnaire of factors related to the reason for consultation (FRQ)

The FRQ was specifically designed for the current study to evaluate factors associated with the reason for consultation of IBS patients, including abdominal pain/discomfort, fear of cancer, impairment in daily function, and symptom stressfulness. We considered symptom stressfulness as the subjective conscious feelings, thoughts, beliefs, and memories reported in association with the symptoms of IBS.

To validate the questionnaire, we previously administered it to 10 IBS patients in a face-to-face interview to make sure that patients understood what was being asked. The patients recommended very subtle changes to the questionnaire, and all were included in the final version. For the purpose of the current study, the FRQ was self-applied.

The first question was the following: (1) "With respect to the health problem, which brings you to the consultation today, would you say that (mark all that apply)." The answers were multiple choices, as follows: (a) "My main problem is abdominal pain/discomfort," (b) "My problem could be due to cancer," (c) "My problem produces impairment in my daily activities," and (d) "My problem makes me very stressed" (we refer to this factor in the text as symptom stressfulness). Each choice had to be answered with Yes or No, giving the patients the possibility to mark all the factors that applied for their reason to consult.

The second question was (2) "Of the above mentioned problems, please mark in the following scales from 0 to 20 the importance of each one." Each factor was included followed by a visual analog scale (VAS) 100 mm long, to evaluate the self-perceived level of importance of each one in relation to seeking consultation. At both ends of each VAS, a sentence was included to describe the meaning of the 0 and 20 values, as follows: (a) "Pain/discomfort": VAS from "no pain/discomfort (asymptomatic)" to "the most intense pain/discomfort imaginable," (b) "Fear of having cancer": VAS from "I feel no fear of having cancer" to "the most intense fear possible," (c) "Daily function impairment": VAS from "no daily function impairment" to "absolute impairment," and (d) "Symptom stressfulness": VAS from "it does not produce any stress what so ever," to "it produces the most imaginable stress."

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