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## Background & Aims

Patterns of health care consumption has not been studied in individuals meeting the Rome IV criteria for irritable bowel syndrome (IBS). We aimed to characterize this in a large multi-national population sample.

## Methods

An Internet survey was completed in 2015 by 6300 individuals in the United States, United Kingdom and Canada (2100 individuals each). Equal distributions across the countries for sex, age and education was ensured by use of quota-based sampling. Questions included **demographics, the Rome IV diagnostic questionnaire, the Patient Health Questionnaire (PHQ-12), the 8-item Short Form (SF-8) quality of life (QOL) questionnaire, health care utilization and past GI disease diagnosed by doctors.** Respondents with an organic GI disease were excluded from the IBS population. IBS *consulters* were defined as individuals meeting IBS criteria and who had visited a doctor for GI symptoms.

## Results

305 subjects (5.1%) (66% female; mean-age 44.7 ± 14.5 years) fulfilled criteria for IBS and 195 (64%) of these were defined as consulters.

### When compared with non-consulters, consulters

- were older (table 1)
- reported more frequent bloating (table 1)
- reported greater impact on social activities (fig. 2)
- reported more concern of bowel function (fig.3)
- had more frequently undergone hysterectomy and abdominal surgeries, with trends in the same direction for appendectomy and cholecystectomy (fig. 5)
- had a higher consumption of GI related, prescribed pain and anti-depressive medications (fig. 6)

### There were no differences between the groups regarding

- sex distribution (table 1)
- frequency of abdominal pain (table 1)
- somatization scores (table 1)
- most bothersome GI symptom (fig. 1)
- frequency of doctor visits for non-GI problems (fig 4)

## Conclusions

Among individuals meeting the Rome IV criteria for IBS in the general population, those who are **older**, more **frequently bloated**, have **greater concern of their bowel function**, and are more **socially affected** by their bowel symptoms are more likely to consult a doctor. In contrast, IBS consulters and non-consulters do not differ regarding abdominal pain severity or extra-intestinal symptom burden.

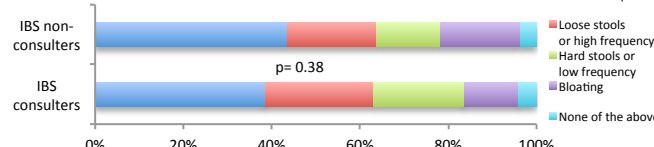
[Support: The Rome Foundation].

Table 1. Demographics and symptom burden.

	IBS consulters n=195	IBS non-consulters n=110	P-value
<b>Mean age</b> , years (SD)	47.1 (14.8)	40.5 (13.1)	<b>&lt;0.001</b>
<b>Female</b> n (%)	124 (64)	76 (69%)	0.38
<b>GI symptoms</b> n (%)			
Abdominal pain > 3 times/week	72 (37)	31 (28)	0.15
Bloating >3 times/month	158 (81)	74( 67)	<b>&lt; 0.001</b>
<b>Somatization</b> n (%)			
PHQ-12 score ≥ 7	147 (75)	85 (77)	0.82

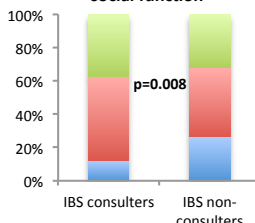
Consulters were older and more frequently bloated. No difference was found in distribution of sexes, frequency of abdominal pain or extra-intestinal symptom burden.

Fig. 1. Most bothersome GI symptom



No difference was found between the groups regarding the distribution of the most bothersome GI symptom where both consulters and non-consulters reported abdominal pain as the most bothersome GI symptom.

Fig. 2. Self-reported impairment of social function



Consulters had greater impairment of social activities and were more concerned about their bowel function.

Fig. 3. Concern about bowel function

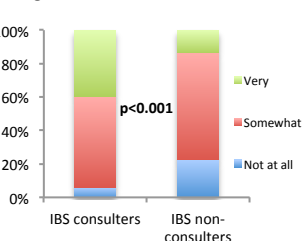
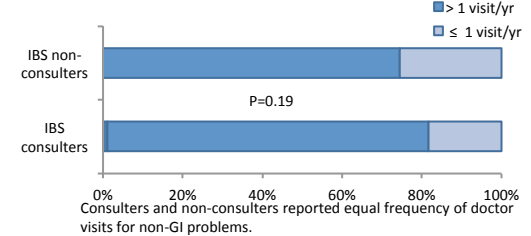
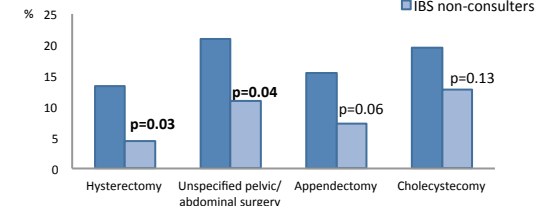


Fig. 4. Frequency of doctor visits for non-GI problems



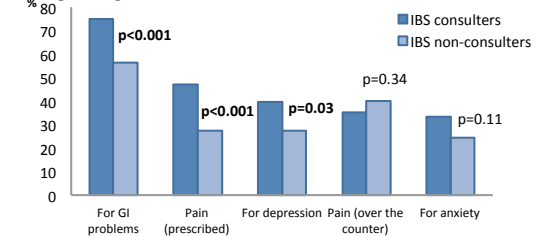
Consulters and non-consulters reported equal frequency of doctor visits for non-GI problems.

Fig. 5. Abdominal surgery



Consulters had more frequently undergone hysterectomy and unspecified pelvic/abdominal surgery.

Fig. 6. Regular use of medication



Regular use of medication for GI problems (constipation, diarrhoea, gas/bloating and heartburn), pain (prescribed) and depression was more common amongst consulters.