AGA Abstracts

M1242

Psychological Dysfunction in Patients with Gastroparesis Is Associated With Symptom Severity But Not with Disease Etiology or Degree of Gastric Retention

Gastrointestinal Clinical Research Consortium

Background: Psychosocial disorders are common in gastroparesis, but relations among psychological dysfunction and gastroparesis severity, disease etiology, and degree of gastric retention are poorly characterized. Methods: 179 gastroparesis (Gp) patients were enrolled from 6 centers of the NIDDK Gastrointestinal Clinical Research Consortium (GpCRC) from Jan 2007 to Oct 2008. Beck Depression Inventory (BDI) and State-Trait Anxiety Inventory scores for state (Y1) and trait (Y2) anxiety were obtained. Gastroparesis severity was classified as mild (diet and lifestyle controlled), compensated (stable medication use), or gastric failure (extensive care unit, continuous support). Symptom assessment was by (i) Gastroparesis Cardinal Symptom Index (GCSI) scores (0-5 scale averaged for 9 symptoms), (ii) anamnetic and prokinetic use, (iii) supplemental feeding needs, and (iv) hospitalizations. Etiology compared diabetic vs. idiopathic Gp. Degrees of gastric retention were assessed by (i) gastric emptying study times, (ii) gastric retention of solid test meal, (iii) gastric emptying of liquid test meal, (iv) gastric emptying of a test meal containing a water-soluble marker, (v) Hospital Anxiety and Depression Scale (HADS) scores. GpCRC including 91 diabetes patients (20 ± 8 vs 20 ± 7Y2 vs X2 = 3.88, p = 0.05) had significantly higher BDI scores than other Gp (Y2 = 13.1 ± 11.6, mean ± SD). The etiology of Gp did not significantly differ between Y1 or Y2 BDI scores. Conclusions: BDI-I scores were similar in diabetic (18.3 ± 9.2) and idiopathic (20.2 ± 11.3) Gp. Antidepressant use was more common with BDI >14 (104/124, 80%) vs. <14 (76/118, 64%). A trend towards worse gastric emptying was seen with higher BDI-I scores, but neither gastrointestinal emptying times nor retention of solid vitamin marker correlated with BDI-I scores. BDI-I and BDI-II scores were significantly higher in patients with more frequent gastrointestinal hospitalizations (X2 = 17.7, p < 0.01) and with a history of prior surgery (X2 = 12.4, p < 0.01). Conclusion: In this GpCRC cohort BDI-I scores correlated significantly with severity of symptoms but not with disease etiology or degree of gastric retention. In contrast to prior reports, BDI-I scores did not differ by etiology (diabetic vs. idiopathic Gp). Partial support for recent reports that diabetic Gp have higher BDI-I scores than idiopathic Gp is provided. The high rate of depressive symptoms in Gp even in the absence of drug use suggests an important role for psychiatric comorbidity in this patient population.

M1243

Successful Biofeedback in Patients with Multiple Sclerosis Is Related to Disability and Mood Factors More Than Anorectal Physiology Variables

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Introduction: Bowel dysfunction, manifest as constipation and incontinence, occurs in two-thirds of patients with multiple sclerosis (MS). Current treatments are empiric and often unsuccessful. This is unsurprising given the paucity of knowledge about bowel pathophysiology, but what is known suggests that the abnormalities are akin to patients with lower motor neuron spinal cord injury (LNM-SCI). We retrospectively reviewed 39 patients with MS (mean age, 41 ± 13 years) who prospectively underwent a biofeedback proctography clinic with constipation and/or fecal incontinence. If biofeedback was successful in one patient, the data were included. Biofeedback sessions were conducted for up to 10 treatments per week. The treatments were not standardized. Results: 22/39 (56%) patients had a successful response. Conclusions: Biofeedback is successful in MS patients with bowel dysfunction. Further study of this population is warranted.

M1244

Dysfunctional Cognitions, Anxiety and Depression: Key Factors in Irritable Bowel Syndrome Patients and Those with Symptomatic Diverticular Disease: Cause or Effect?

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BACKGROUND: When assessing patients with abdominal pain and disturbed bowel habit associated with normal physical findings it is useful to also assess psychological variables to aid management. However although standard measures of anxiety and depression are often abnormal in IBS these fail to reliably distinguish IBS from organic disease. Non-gastrointestinal symptoms are also often prominent but their diagnostic value has not been formally assessed. AIMS & METHODS: To assess the value of a modified version of the Personal Health Questionnaire 15 (PHQ15) which includes gastrointestinal symptoms, health-related quality of life, the Beck Depression Inventory (BDI) and Hospital Anxiety and Depression Scale (HADS) in differentiating various subtypes of IBS, IBD and healthy controls. RESULTS: PHQ12 scores in all IBS groups were significantly higher than healthy controls except for the PHQ15 group. Receiver-operator curves showed a cut-off of 6 for PHQ12 and HADS-D > 7 for PHQ15 and HADS-A > 7 for PHQ12 for IBS and IBD respectively. Conclusions: PHQ12 and HADS-D scores provide a reliable method of distinguishing IBS from organic disease. PHQ15 scores provide a more reliable method of distinguishing IBS from organic disease and IBD.

M1245

Somatisation Predicts Symptom Severity and Consulting Behaviour in Irritable Bowel Syndrome Patients and Those with Symptomatic Diverticular Disease: Cause or Effect?

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Introduction: In patients with Irritable Bowel Syndrome (IBS) quality of life (QoL) is significantly impaired. In addition, dysfunctional cognitions, anxiety and depression related symptoms have been reported to be more prevalent in IBS patients. In the present study we investigated the presence of dysfunctional cognitions, anxiety and depression, in relation to daily symptoms and the overall impact on QoL in a large IBS cohort. Materials and methods: A group of 268 IBS patients (Kolmogorov-Smirnov test, p < 0.05) were included. Results: IBS patients (72% female, age mean ± SD: 41.6 ± 12.7 years) were characterized by an impaired QoL. Cognitive dysfunction correlated significantly with the mean symptom score based on bothersome discomfort, pain, constipation, diarrhea and bloating (r = 0.40, p < 0.001). Furthermore, cognition correlates significantly with PHQ12 (r = 0.40, p < 0.001). In subjects with anxiety (37%) and depression (27%) symptoms, cognitive dysfunction was significantly more frequent (p < 0.001) for both. Patients with pain and anxiety and depression also had significantly more impaired QoL than those without (p < 0.05), but this was independent of the daily symptom score. Conclusions: IBS patients, especially patients with anxiety and/or depression have high cognitive dysfunction scores, independent of symptom severity.

M1246

Reactivity to Imagery in Health and Irritable Bowel Syndrome

Helen R. Carruthers, Nicholas Tarrier, Peter J. Whorwell

Introduction: In patients with Irritable Bowel Syndrome (IBS) quality of life (QoL) is significantly impaired. In addition, dysfunctional cognitions, anxiety and depression related symptoms have been reported to be more prevalent in IBS patients. In the present study we investigated the presence of dysfunctional cognitions, anxiety and depression, in relation to daily symptoms and the overall impact on QoL in a large IBS cohort. Materials and methods: A group of 268 IBS patients (Kolmogorov-Smirnov test, p < 0.05) were included. Results: IBS patients (72% female, age mean ± SD: 41.6 ± 12.7 years) were characterized by an impaired QoL. Cognitive dysfunction correlated significantly with the mean symptom score based on bothersome discomfort, pain, constipation, diarrhea and bloating (r = 0.40, p < 0.001). Furthermore, cognition correlates significantly with PHQ12 (r = 0.40, p < 0.001). In subjects with anxiety (37%) and depression (27%) symptoms, cognitive dysfunction was significantly more frequent (p < 0.001) for both. Patients with pain and anxiety and depression also had significantly more impaired QoL than those without (p < 0.05), but this was independent of the daily symptom score. Conclusions: IBS patients, especially patients with anxiety and/or depression have high cognitive dysfunction scores, independent of symptom severity.

The results point towards an important role of psychiatric co-morbidity and cognitive behavioural therapy in IBS patients.

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