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Investigating the Relationship Between psychological symptoms with Irritable Bowel Symptoms in Patients Referring to Specialist Clinics of Gastrointestinal Science in Ilam, Iran 2014

Reza Valizadeh¹, Khadijeh Mohamadpour², Arezo Judaki³ and Foruzan Kavarizadeh^{4*}

¹Department of Psychiatry, School of Medicine, Ilam University of Medical Sciences, Ilam, Iran

²School of Medicine, Ilam University of Medical Sciences, Ilam, Iran

³Department of Gastroenterology, Ilam University of Medical Sciences, Ilam, Iran

⁴School of Medicine, Ilam University of Medical Sciences, Ilam, Iran

ABSTRACT

IBS is one of the most common gastrointestinal disorders which is more related to socio-psychological factors than illnesses such as colitis. In this study, the relationship of psychological factors with IBS has been investigated in patients referring to gastrointestinal clinics in Ilam city in 2014. This study is a case-witness study, in which 90 people of those referring to gastrointestinal clinics including 45 suffering from IBS and 45 healthy were investigated. All necessary information in forming: age, gender, marital condition, education, job, drug and cigarette use were collected. The results showed significant mean difference among body. Depression social functional and psychological healthy factors in people suffering from IBS compared to healthy people ($P < 0.001$). The results showed larger degrees of social function, agitation depression and body factors in patients suffering from IBS. So curing psychological problems along with the illness is recommended.

Key Words: Psychological, Irritable bowel symptoms, Ilam.

INTRODUCTION

Psycho somatic disorders are a group of medical disorders which mention the relation between body and mind, in fact the process during which everybody illness is made is under the influence of biological, psychological, behavioral and social factors [1, 2]. It is evident that human mental condition can affect his/her body condition the feeling of fear or embarrassment, heart throbs faster. Heartthrob, agitation, sweating, xerostomia, chest pain, headache or stomach ache all result from neuron provocation sent from brain to the different parts of body [3]. Studies show that embarrassment and stressing factors can affect the body and can aggravate bodily problems or change the different processes of bodily problems [4, 5]. Also different gastrointestinal symptoms are related to some psychological problems such as embarrassment or depression disorders. Again also, many researches have been conducted about the relationship between some gastrointestinal illnesses like irritable bowel syndrome (IBS) with psychological disorders [6]. Studies have shown that behavioral and psychological reactions of the patients are important in beginning of some illnesses [7]. The mental issues of this syndrome are high and about 20-60 % of the cases are related to the mental disorders. Embarrassment, depression and semi-bodily disorders are of higher prevalence in this syndrome [8]. In most of the studies, the frequency of women to men is almost two times more and this shows the interference of socio- mental embarrassment factors in aggravating the symptoms of the illness

[9]. The prevalence of this disorder is 10-15 % in western societies and % 6 in Iranian society [10, 11]. According to existent studies in developed and developing countries, economically, this disorder has imposed much troubles and expenses on people and society [12]. The etiology of this disorders is complicated and unclear, nevertheless, it may result from combination of some factors such as abnormal movements of gastric and bowel, too much sensitivity of stomach and some psychological factors. The existence of social stressors and mental factors are of much importance in continuing per-awareness disorders [13]. Mental disorders and IBS are usually along with one another and have been reported in patients suffering from disorder mood, generalized anxiety disorder, panic disorder, obsessive-compulsive disorder, post-traumatic stress disorder, hypochondria disorder, and soma to from disorders .also in people suffering from IBS the prevalence of psychological disorders is at least %10 more than the control group [14-18]. Regarding the importance of anger in existence of the disorder and also regarding, The frequent prevalence of IBS in Ilam, in order to identify the mental factors with Irritable bowel syndrome about the patient's referring to gastrointestinal clinics in ilam, Iran 2014.

MATERIALS AND METHODS

This study is a case-witness study and 90 report files of the patients referring to gastro intestinal clinics in 2014 were investigated. The populations were divided into 2 groups of cases and witnesses. The case groups were those suffering from IBS who were investigated about psychological factors. The files included information on age, gender, marital condition, education, job insurance condition, family income and survey on use of drugs and cigarettes. Health reports of all the patients were collected by a team of doctors, a psychologist assistant and a clinical psychologist. Then the diagnosis of the disease was done under the criteria of DSM-IV-TR. The witness group included healthy people without gastro intestinal illness history. The researches questionnaire included demographic information (age, gender, marital condition, education, insurance kind, income job and drug use) and IBS and general psychologist health questionnaire included GHQ-28. SPSS version 18 was used to statistical analysis, Chi-square was used to determine qualitative variables (IBS, stress, embarrassment, depression and social function) and T.test was used to determine quantitative variables (age and education).

RESULTS

The results showed that the mean of age in both groups was 32.91 ± 8.17 and 31.71 ± 9.22 . Also in both groups 35.6 % and 26.7 % were men and 64.4 % and 73.3 % were women. Also in both groups 55.6 % and 46.7 % were married and 53.3 % and 44.4 % were single. 43.1 % in the case group had drug abuse history but there was no history among people in witness group. 17.8 % in the case study and 2.2 % in the witness group had a history of cigarette use. The medium of embarrassment factors in IBS group was 8.08 ± 4.4 and in the normal group it was 1.35 ± 2.19 which, statically there was a significant difference between the two studied groups and embarrassment factors ($P < 0.001$). The medium of depression symptoms in IBS group was 5.14 ± 5.24 and in the normal group it was 0.822 ± 1.05 ($P < 0.001$). The medium of social function in IBS group was 3.45 ± 9.53 and in the normal group, it was 1.37 ± 1.65 ($P < 0.001$). The medium of mental health in IBS group was 10.07 ± 30.73 and in the normal group it was 5.11 ± 4.73 ($P < 0.001$). The medium of bodily symptoms in IBS group was 3.87 ± 7.86 and the normal group it was 1.55 ± 1.32 , from this point of view, there was a significant between the two studies groups ($P < 0.001$).

DISCUSSION

This study was conducted on 90 people in two groups of 45 people of cases and witnesses and is similar to Ewhrudjakpor and Jansson study which was conducted in 2009 and 2007 in Nigeria and Sweden [19, 20]. In this study, most of the patients were feminine which shows more prevalence of this disease in women. Evidence shows that gender is an important factor in symptoms pattern, physiologic reaction and even the medical response of the patients, so that 2.3% of the patients were women [21, 23]. The results showed the mental disorder in men is more than the women. This is in accordance with Ewhrudjakpor et al 2009 but doesn't accord with Haug et al 2004 in Norway [19, 24]. Also in Malia et al 2003 research in which 321 people suffering from IBS were studied women significantly had more embarrassment symptoms than the men [25]. The difference between mediums showed that a mental disorder in married people is more than the single ones. This is accordance with Afridi et al study in Pakistan in 2009 [26]. In fact most of the surveys showed that family and Marriage are of great importance in people's ability in tackling problems and mental and bodily illnesses [27]. Family and marriage can satisfy bodily and feeling needs of the people and prevent body and mind problems [27, 28]. Maybe the reason why the quantity of married people is higher in our population is that most of the people were above 30 and also the married population has more focus on

bodily and semi-bodily symptoms because of their worry about psychological illness badges. The medium of embarrassment symptoms in IBS group was 8.08 ± 4.4 and in normal group it was 1.35 ± 2.19 which shows greater degree of embarrassment in IBS group than the normal group, this difference is statistically significant ($P < 0.001$). This is in accordance with Bennet et al study [29]. The medium of depression symptoms in IBS group was 5.14 ± 5.24 and in the normal group it was 0.822 ± 1.05 . As other results, was that the medium of depression scores in IBS group was higher than the normal groups. This shows that the prevalence of depression symptoms in these patients is high and this statistically has a significant difference ($P < 0.001$). This is in accordance with miller et al research about suicide as one of main symptoms of depression in patients suffering from IBS [30]. Social function medium in IBS group was 3.45 ± 9.53 and in the normal group it was 1.37 ± 1.65 , statistically there was a significant difference between the two studied groups and social function ($P < 0.001$). From the mental health point of view mental health medium in IBS group was 10.07 ± 30.73 and in the normal group it was 5.11 ± 4.73 , so from a mental health point of view the two groups had significant difference ($P < 0.001$). The medium of bodily symptoms in IBS group was 3.87 ± 7.86 and in the normal group it was 1.55 ± 1.32 which showed significant difference in two groups ($P < 0.001$). In Himan et al study, it was showed that psychological and psychoanalytical disorders in people suffering from Irritable bowel syndrome has had frequent prevalence and social mental and psychological variables have important role in this disease development [31]. Andersen et al study was conducted on sensitivity of mutual relations and the results showed that the people suffering from irritable bowel syndrome had more sensitivity than the patients suffering from colitis and the healthy people [32]. In Solmaz et al study the results showed that the prevalence of disease fear in people suffering from irritable bowel syndrome was 2.5% and was zero in patients suffering from colitis and health people [33]. This showed mental disorders as one of the most important factors of emergence or aggravating IBS symptoms in the patients which is in accordance with the results of this study.

CONCLUSION

In this study the patients suffering from irritable bowel syndrome showed more degrees of social function, embarrassment, depression and bodily symptoms, so curing psychological problems along with curing the disease is recommended.

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