

PREVALENCE OF IRRITABLE BOWEL SYNDROME IN BELARUS

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INTRODUCTION. Irritable bowel syndrome (IBS) is a functional bowel disorders in which recurrent abdominal pain is associated with defecation or a change in bowel habits. Disordered bowel habits are typically present (ie, constipation, diarrhea, or a mix of constipation and diarrhea), as are symptoms of abdominal bloating/distention. Symptom onset should occur at least 6 months before diagnosis and symptoms should be present during the last 3 months [1]. IBS occurs in all age groups, including children and the elderly, with no difference seen in the frequency of subtypes by age. However, 50% of patients with IBS report having first had symptoms before the age of 35 years, and prevalence is 25% lower in those aged over 50 years than in those who are younger. This would suggest that symptoms remit over time, and is contrary to the belief that IBS is a chronic lifelong condition, because, if this were the case, then prevalence should remain constant or increase with age. Patients aged over 50 years also report milder pain, but their overall quality of life (QoL) is worse. Those aged over 65 years are also likely to have had their symptoms for longer than one year before they consult, whilst those under 65 years report significantly shorter duration of symptoms [2]. IBS patients had significantly higher levels of psychological distress, pain severity and maladaptive pain coping strategies (catastrophization), and lower QoL than ulcerative colitis patients in two studies in Hungary [3,4]. IBS is classified into 3 main subtypes according to the predominant disorder in bowel habits: IBS with predominant constipation (IBS-C): More than one-fourth (25%) of bowel movements with Bristol stool form types 1 or 2 and less than one-fourth (25%) of bowel movements with Bristol stool form types 6 or 7. Alternative for epidemiology or clinical practice: Patient reports that abnormal bowel movements are usually constipation (like type 1 or 2 of Bristol stool form scale), IBS with predominant diarrhea (IBS-D): more than one-fourth (25%) of bowel movements with Bristol stool form types 6 or 7 and less than one-fourth (25%) of bowel movements with Bristol stool form types 1 or 2. Alternative for epidemiology or clinical practice: Patient reports that abnormal bowel movements are usually diarrhea (like type 6 or 7 of Bristol stool form scale), IBS with mixed bowel habits (IBS-M): more than one-fourth (25%) of bowel movements with Bristol stool form types 1 or 2 and more than one-fourth (25%) of bowel movements with Bristol stool form types 6 or 7. Alternative for epidemiology or clinical practice: Patient reports that abnormal bowel movements are usually both constipation and diarrhea (more than one-fourth of all the abnormal bowel movements were constipation and

more than one-fourth were diarrhea. The prevalence of IBS within the community is between 10% and 25% [2]. In his systematic review study using data from PubMed till 2012, Professor Dan L. Dumitrascu showed that the prevalence of IBS varies in different studies from 28% in a Croatian study, to 14% in Romania [3]. Epidemiological studies on IBS exist in most East European countries. Usually they look for self-reporting symptoms or reports from endoscopy units. Psychosomatic approach of IBS is taken into consideration in several countries (Poland, Hungary and Romania) mainly by psychologists and psychotherapists than by gastroenterologists [3]. Prevalence of IBS in primary care varies in different countries and estimates of the proportion who do attend primary care for their symptoms are between 10% and 70%. In the UK, estimates of the proportion who consult vary from 30% to 50%. Reported consultation rates of people with symptoms also vary in studies from Germany, between 10% and 50%. The highest proportion is in Italy, with 50% consulting; 30% consult in the Netherlands, 20% in Belgium, and 10% in Switzerland, France, and Spain [3]. No epidemiological study was performed in Belarus. In this regard, it is necessary to perform retrospective analysis for learning the prevalence of IBS among gastrointestinal diseases in Belarus.

PURPOSE. To investigate the prevalence of IBS among gastrointestinal (GI) diseases, subtyping of IBS and its distribution by age and gender.

MATERIAL AND METHODS. We analyzed 6466 GI patients' histories of outpatients who visited the gastroenterologist in Minsk Consulting Diagnostic Centre in 2008. 1698 patients with IBS were selected. Criteria for making a diagnosis were Rome III criteria for the diagnosis of IBS – abdominal pain and discomfort lasting at least three days a month in the last three months, associated with two or more of following: improvement with defecation, altered frequency of stool or altered consistency of stool) and Manning criteria (pain relieved by defecation, having incomplete bowel movements, mucus in the stool and changes in stool consistency). Diagnostics was based on imaging tests (Flexible sigmoidoscopy, Colonoscopy, Abdominal ultrasonography, Esophagogastroduodenoscopy, X-ray, lower GI series, computerized tomography scan) and Laboratory tests (Lactose intolerance tests, blood tests for Celiac disease, complete blood count, biochemical blood analysis, stool tests for bacteria or parasites, stool tests for gut microbiota).

RESULTS.

We performed retrospective analysis of patients' histories of outpatients who visited the gastroenterologist in Minsk Consulting Diagnostic Centre for learning the prevalence of IBS among gastrointestinal diseases. It was revealed that IBS is a wide spread functional bowel disorder and its proportion among GI diseases was 26,03%.

Distribution of IBS subtypes showed that majority of patients were IBS with predominant constipation (IBS-C) – 54,77%. IBS with predominant

diarrhea (IBS-D) and IBS with mixed bowel habits (IBS-M) were 22, 03% and 23,20% respectively.

CONCLUSIONS

1. IBS is a widespread functional bowel disorder and its prevalence among GI diseases was high enough and consisted 26,03%
2. IBS occurred in all age groups with a small difference in the frequency of subtypes by age, mainly at the average age.
3. IBS in females was 2.5 times more common than in males.

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