



Biopsychosocial Functioning and Needs of Patients with Irritable Bowel Syndrome in Poland – a Pilot Mixed-Methods Survey

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INTRODUCTION

Irritable bowel syndrome (IBS) is the most common functional gastrointestinal disorder.¹ IBS is characterized by recurrent abdominal pain related to defecation, altered bowel habits and change in stool consistency.² People of all ages are affected and their quality of life is impaired. IBS is an economic burden due to work absenteeism, loss of productivity and increased use of health care services.³ Non-abdominal pain, psychological symptoms and difficulties in carrying out activities of daily life are reported.⁴

AIM

- ➔ The preliminary assessment of the biopsychosocial functioning and needs of people with IBS.
- ➔ Evaluation of the questionnaire based on the pilot-study group feedback.

MATERIAL AND METHODS

PARTICIPANTS

11 respondents self-declaring as diagnosed with IBS (9 females and 2 males, aged 26 to 54) were included. Most of them (n=9) have been diagnosed for more than 5 years. All patients were recruited online through patient forums.

METHOD

CLOSED QUESTIONS

- socio-demographic variables
- self-reported IBS
- lifestyle habits
- subjective health condition

OPEN QUESTIONS

- What do you do to be an active participant in your therapy?
- What do you make of the participation and what expectations do you have of:
 - family, friends and other relatives in IBS treatment process?
 - medical staff in IBS treatment process?

THE STANDARDIZED QUESTIONNAIRES

- IPAQ (International Physical Activity Questionnaire - Short Form)
- PSS-10 (Perceived Stress Scale)
- PHEs (Psychological Health Empowerment Scale)
- SWLS (The Satisfaction With Life Scale)

THE BIOETHICAL COMMITTEE APPROVAL

The study protocol was approved by the Bioethics Committee at the Medical University of Lodz, Poland (approval numer RNN/89/23/KE)

RESULTS

IBS ASSESSMENT

Bothersome symptoms

- Bloating (n=8)
- Gases (n=8)
- Anxiety (n=8)
- Constant feeling of fatigue (n=8)
- Lowered mood (n=8)

Lack of knowledge of therapy methods

- Vagus nerve stimulation (n=8)
- Manual therapy (n=7)
- Breathing exercises and meditation (n=6)

Health literacy

- High level (n=10)

Satisfaction with the life

- Low level (n=9)

Quality of life

- Bad or very bad (n=7)

Healthcare issues

- Feeling of misunderstanding (n=9)
- Lack of the holistic approach (n=9)
- Difficult availability of specialists (n=9)

THE QUESTIONNAIRE

Pilot study allowed to estimate time needed to respond and evaluate the survey.

CONCLUSIONS

- ➔ IBS somatic and psychological symptoms could affect patient's quality of life and satisfaction with life.
- ➔ The willingness to improve well-being, access to the reliable sources of health information and the holistic approach to the treatment could be related to empowerment and self-health management of patient with IBS.
- ➔ Conducting the pilot-study contributes to implementation of the mixed-method survey among a larger population.

PERSPECTIVES

250 of self-reported IBS patients are planned to be included in online survey.

Developing a person - centred approach in the planned intervention among patients with IBS.

1. Black, C. J., Ford, risk factors. Nature Reviews Gastroenterology & Hepatology. 2020
2. Adrych K. Zespół jelita drażliwego w świetle najnowszych wytycznych, Forum Medycyny Rodzinnej. 2018; 122(6)
3. A. C. Global burden of irritable bowel syndrome: trends, predictions and Fichna J., Storr M. A. Brain-gut interactions in IBS, Frontiers in Pharmacology. 2012; 127(3)
4. Eriksson E. M., Andrén K. I., Kurlberg G. K., Eriksson K. T. Aspects of the non-pharmacological treatment of irritable bowel syndrome. World J Gastroenterol. 2015; 21(40): 11439-11449