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Psychological Aspects of Irritable Bowel Syndrome

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ABSTRACT

The study is aiming to explor the difference in symptoms pattern, social background and the psychological make-up in two groups of 20 elderly, and 20 adults suffering from irritable blowel syndrome.

They were subjected to thorough physical, psychiatric examination and psychological assessment for depression and anxiety. Results revealed that there is a tendency for the elderly patients to have less frequent nausea and vomiting, more frequent flatulence and tenesmus, more incidence of water-brash, eructation and anorexia than do young adults. Psychiatric morbidity could be detected in 70% of the elderly group compared to 60% of the young adults. The prevalence of psychiatric illness among our patients with IBS seem relatively to be lower than those reported elswhere but such differences could be attributed to cultural differences. Depression in its major and moderate varieties is ecountered more frequently in the elderly group, however anxiety disorder is commoner among young sufferers. Both groups scored higher than average Egyptian normals by using Guillford Scale for Depression, however, the elderly group scored significantly higher on applying Hamilton scale of depression .

Personality assessment by EPI revealed that the elderly group showed marked tendency for introversion while young adults obtained higher neurotocism score and the differences between both groups are statistically significant.

INTRODUCTION

The irritable bowel syndrome is a functional bowel disorder manifested as a chronic or recurrent dysfunction of the gut at times of life stresses or emotional tension. It represents a disturbed state of motility which may involve the entire G.I.T. The condition is the commonest digestive disorder in clinical practice (Kirsner and Palmer, 1958; Mendeloff, 1979; Thompson, 1980; Ford *et al.* 1987).

The disorder accounts for half of the gastrointestinal complaints brought to the attention of physicians and ranks second as a cause of industrial absenteeism due to illness. Despite numerous investigations, no organic cause for this syndrome has been discovered (Young *et al.* 1976; Langeluddeclse, 1985).

Although it was thought to be rare in the elderly, yet the recent publications indicate that the syndrome is not uncommon in this group of patients (Holmes and Salter, 1982). Recently many authors were impressed by the great difference in symptom pattern especially the psychological symptoms in elderly patients than the younger group (Swarbick et al. 1980; Almy and Rothstein, 1987).

The aim of this study is to compare the clinical manifestations of the irritable bowel syndrome in the elderly patients (above 60 years) with the pattern seen in young adult patients (below age of 40 years).

SUBJECTS AND METHODS

The study was performed on fourty patients with irritable bowel syndrome. The cases were divided into two groups.

• The first group: Comprised twenty cases (15 males and 5 females) of elderly patients above (60 years) attending the out-patient clinic of Gastroenterology in Ain Shams and El-Zahraa University Hospitals and from patients living in (Elderly Hostels).

• The second group: Comprised twenty cases of young adults (12 males and 8 females) of age below (40 years) attending the same Gastroenterology Clinic.

Every patient was submitted to the following.

A. General physical examination with special emphasis on local abdominal examination.

B. Investigations/blood picture, stool analysis sigmoidoscopy and barium enema.

C. Psychiatric Interview.

D. Psychological Assessment of patients using:

1. **Guildford Scale for depression or "D" scale:**

The standard score norms for females, is (27.82 ± 10.60); and for males (27.49±11.5) score over 39 is considered to be a positive indication to depression (Anastasi, 1978).

2. Eysenck Personality Inventory EPI:

In the field of personality assessment, the usefulness of the Eysenck personality test EPI, as a useful aid had been widely demonstrated. Eysenck since 1964 had been pressing the view that few major orthogonal factors could summarize most of the variance in individual personality differences. The most important dimensions he proposed were Neuroticism (N), Extraversion/ Introversion (E).

3. Hamilton Anxiety Scale: for Anxiety:

Was primarily designed for the measurement of anxiety in neurotic patients (Rafaelson et al., 1981).

RESULTS AND DISCUSSION

I. Scope of the Problem

The percentage of the population of "60 years" of age has been increasing rapidly throughout the word during this century (Weinberg, 1975; Binstock and Shams, 1985).

In Egypt the segment of the population over 60 years has been increased approximately twice in the last 5 years. Dealing with the elderly patients can arouse memories about our relationships with own parents, it can remind us of our own aging. We play the "numbers games" and so find ourselves wondering how or where we will be at that age.

Sheehy and Rodin, 1987 has shown that each life stage, each "passage" from one age to another, presents new challenges and new opportunities, but when people advance into their sixties, demands seem to increase and opportunities to diminish. Failing health, retirement feeling of uselessness, limited financial resources, increasing loneliness and social isolation and the decline of family cohesion makes old age a very difficult adjustment for many.

Physicians may believe that their time and energy should be spent for treating younger people who have more years to live than those who may soom to die.

II.Sociodemographic Data (Table 1)

There is a social dimension to any illness experience which determines how the patient perceives and interpretes bodily changes. The implications of some of the sociodemographic factors on I.B.S. in elderly and young adult groups is discussed below.

TABLE I

Socio-Demographic Variables

	Elderly	Young	
Mean age	62.35	28.9	
SD ±	6.27	7.4	
Sex			
Male	75%	60%	
Female	25%	40%	
Marital status			
Never married	15%	30%	x^2=2.6
Married	65%	65%	
Widowed	20%	0%	P<0.05
Divorced	0%	5%	
Social standard			
High	20%	20%	x^2=2.5
Middle	50%	50%	
Low	30%	25%	P<0.05

1. Age

It is not the scope of our work to compare the incidence of IBS in elderly or young patients, but Table (1) shows that the mean age of the elderly group is 62.35 while that of young adults is 28.9. The IBS is generally accepted as being more common in the younger age groups however we agree with Holmes and Salter (1982) that we should not hesitate in diagnosing IBS in elderly who present with abdominal symptoms for the first time and we should not forget that IBS is unrelated to certain age group (Whitehead, 1982). This is opposite the previous view of Chaudhary and Truelove (1962) that after the age of 50 years it was unusual for a man to develop IBS symptoms. Recently the peak incidence of IBS was estimated to be in the 5th and 6th decades when the stresses and frustrations of life are maximal (Haubrich, 1976; Rubinow and Roy- Byrne, 1984).

2. Distribution by Sex

The male-female patients in our study were not chosen equally. As the sample was selected, we can not put a reliable explanation for the findings that male: female ratio in elderly group is 3:1 and in the young adult is 3:2.

Most of the survey study of the IBS indicates that women out number men about 3:1 (Kirsner, and Palmer, 1958). While some researchers found that the disorder can affect both sexes equally. However, in those countries where traditionally men consult doctors more often than do women, the ratio is reversed (Pimparker, 1970 and Talley et al., 1986).

3. Marital Status

It has been previously reported that patients with IBS often remain single (Monke et al. 1969 and Whowell et al., 1986) which is the case in our study, we find that 15% of the elderly group never had been married and 30% of the young adult still single but such percentage in the young group should be viewed in the prospect of the delayed marriage in the population due to financial causes. The divorce rate in the young group is 5 times that in the elderly one (5% to 0%) respectively.

4. Special Habits

Elderly patients prefers to smoke cigarettes (55%) Goza and pipe 20% more frequently than young adult 40%, 10% respectively. However tea and coffee are more preferable by the young group (35%) than the elderly (15%). No significant statistical differences were found between both groups P > 0.05.

5. Standard of Living

Chi-squared analysis of the standard of living according to occupation compared to the type of group (elderly young) did not indicate any significant relationship. The most common occupations were those representing the middle class followed by the lower class then lastly the upper class.

III. Patterns of Symptomatology (Table 2)

Patients with the syndromre are known

to vary greatly in their symptoms. Indeed, experts are trying hard to identify subgroups with more constant symptoms patterns.

In a trial to study the differences in symptomatology between sufferers of IBS both elderly and young adutls, the following items could be discussed:

-How the disease began and progressed.

In 2/3 of our elderly patients the onset of symptoms began acutely, compared to 2/3 of the younger adults who recorded that their onset of symptoms was insidious. Neverthless the differences between both groups bear no statistical significant value. About 1/3 of all our patients showed recurrent episodes or acute exacerbations of their symptoms while 2/3 showed rather a continuous prolonged course.

-Duration of Illness

Longevity of symptoms was a feature of the illness. The disorder had been present for about 4 years in the young adults and exceeding 7 years in the elderly group. The mean duration of suffering is significantly longer in the elderly than adults. During this time many patients had sought medical attendtion and had been given a variety of medications without significant relief.

-Symptoms

Patients were presenting with general symptoms such as sense of fatigue, loss of power, inability for mental concentration, headache and precordial discomfort together with specific bowel symptoms which could be discussed in details in the following items:

1. Bowel action:

60-65% of both groups had suffered from constip- ation while only 15% of them complained of diarrhea, and another 20-25% had periods of alternating diarrhea and constipation. Findings did not show any significant differences between elderly and young adults. Our results are in agreement with those of Fielding et al., 1977, Shearman and Finlayson, 1982, Whitehead et al., 1980 and Swedlund et al., 1985). They emphasized that diarrhea is less common than constipation in IBS. The question of diarrhea or constipation has been recently reviewed. Surprisingly, one group of workers has reported no differences in mean stool weight or transit time (Hillman et al., 1982). Women with diarrhea passed no more stools than did a control group of normal women. However men with diarrhea had bulkar stools than their controls. The transit time was found significantly longer in the diarrheal group (both men and women) than in the group with constipation.

2. Abdominal Pain:

Three fourths of our patients in both groups were suffering from abdominal pain, the site of pain was extremely variable it may be in relation to descending, transverse, ascending colon or it may be in hepatic flexure or lower abdominal pain, but in the majority of cases pain was located over more than one part of the colon. The character of pain was variable, it was most commonly a colicky pain coming in bouts in the young adult group and it was often a continuous dull aching in the elderly group. It was noticed that patients that complained from upper abdominal pain, their pain was rather continuous, however in whom pain was located in the lower abdomen it was colicky in nature, the intensity of pain varied considerably.

Pain was often exacerbated with increasing constipation. Patients often experienced a characteristic early morning exacerbation of their symptoms, which tend to diminish throughout the day and here we are in agreement with Kirsner and Palmer (1958, Ritchie, 1973 and Suabrick et al., 1980) but not with Haubrich's findings who stated that there is no fixed diurnal pattern in relation to symptoms (Haubrich, 1976).

An alternation in the motility of bowel has

TABLE II

Patterns of Symptomatology

	Elderly	Young adults	
Bowel action			
- Constipation (C)	65%	60%	$x^2 = 0.15$
- Diarrahea (D)	15%	15%	P>0.05
- Both (C) and (D)	20%	25%	
Abdominal	25%	20%	$x^2 = 0.19$
Pain	75%	80%	P>0.05
Nausea (N)	50%	30%	
Vomiting (V)	5%	20%	$x^2 = 4.12$
Both (N) and (V)	30%	30%	P>0.05
No (N) or (V)	45%	20%	

been shown to occur in association with pain (Connell et al., 1965), mediation of these changes has been reported to occur via the autonomic nervous system. Heffernon and Lippincott (1966) Shearman and Finlayson (1982) Walters (1961) consider spastic colon to be an example of psychogenic pain. Gallemore and Willson (1969) regard psychogenic pain as a concomittant symptom of an affective disorder, it has been further emphasized by Wilson and Nashold (1970) that although depression is the commonest affective disorder associated with psychogenic pain, patients may in some instances have a primary complaint of pain.

3. Nausea and Vominting

There is a tendency for the elderly group to present their symptoms without nausea or vomiting or both, compared to young adults group (45% to 20%), moreover, only 5% of the elderly complained of vomiting compared to 20% of the adults. Neverthless, figures show no different statistical significance.

IV. Psychiatric Morbidity and Psychological Assessment

Irritable bowel syndrome is a bowel motility disorder that is modified by psychosocial factors. Drossman et al. (1977, 1988). In view of a developing consensus on the psychophysiological definition of IBS, a trial was made to correlate between somatic and psychological functioning, through a psychiatric interview and application of a battery of psychometric scales.

TABLE III

Psychiatic morbidity

	Elderly	Young
Major depression	20%	0
Dysthymic disorder	25%	20%
Anxiety disorders	10%	20%
Others	15%	20%
No psychiat. disorder	30%	40%

Psychiatric morbidity could be detected in 70% of the elderly group, compared to 60% of the adult group. The prevalence of psychiatric illness among our patients in both groups seem relatively lower than those found by Liss et al. (1973), the former estimated the concomittant psychiatric disorders with patients having iBS to be 72% and the latter 92%

respectiely. Such differences may be related to sampling differences or cultural backgrounds.Affective disorders were especially commoner in the elderly group than that of adults. 20% of the elderly were diagnosed as major depression, however non of the adult group could be labelled to have such diagnosis. Also 25% and 20% of the elderly group and the adult group respectively were diagnosed as "Dysthmic disorder".

The symptoms are more pronounced in the morning, and tend to diminish throughout the day and to be absent in the evening. 10% of the elderly group had "Anxiety disorders" compared to 20% of the adult group).

By using Hamilton anxiety scale our results clarify that young adults score significantly higher for anxiety (25.45) than elderly (16.7) ($P < 0.001$). Body complaints and somatic manifestations of anxiety were more frequently encountered than psychological symptoms of anxiety.

Anxiety disorders are more common among younger sufferers that is because affective disorders increase with age and 20% of patients over 60 have significant psychiatric symptoms, the most common of which is depression Goldfarb, 1975; Buose, 1975).

Preliminary findings suggested that anxiety is ameliorated with age; the change in the form of anxiety toward depression appear to occur gradually throughout life (Meyer, 1974; Heefner et al., 1988; and Klein, 1988).

Anxiety disorder in elderly patients if manifested itself for the first time in old age it is usually a depressive equivalent, also there is a tendency towards somatization of depression with increasing age (McDonald, 1973). Both groups scored higher than average Egyptian normals by using Guilford scale for depression, (average Norms: 38,39). But the elderly group scored significantly higher (55.07) than adults (40.58). Our results emphasizes the role of affective disorders in the gensis of IBS especially in the elderly group.

So our data goes hand in hand with that of Dorfman, 1967; Heffernon and Lippincot, 1966; who reported that depression may be masked by the irritable colon syndrome and thus spastic colon may be a symptom of depression. Also it support that of Hislop, 1971 and Edward et al., 1990 who concluded that the symptom complex of IBS is a somatic concomitant of an affective disorders. Somatic manifestations of depression in third world are more frequent than other symptoms as patients are incapable of describing their feelings and therefore they express discomfort, in body language, so somatic manifestations become the vocabulary of mood.

A conclusion which was also reached by Wittkower (1969) and Okasha (1977) who found that the majority of Egyptian patients presenting with somatic manifestations of depression focus their symptoms on the gastrointestinal tract.

V. Personality Assessment

The scores obtained by the elderly group in Extraversion-Introversion Scales indicate that they show marked tendency for introversion as their scores were (9.2) while average normal is (12.73) and this findings reflect their feelings of isolation, loneliness, solitariness, and the restriction of their social activities created by their ages.

Scores of young adults showed their tendency to be more extravert (14.25) than average norms (12.73), moreover their scrores in extraversion were significantly higher than elderly. The mean scores for Neuroticism in the elderly group is (12.95 ± 4.95). However, the mean scores for the young adult group is (16.2). The difference

between both groups is statistically significant ($P < 0.05$).

Neuroticism may be a factor that brings a person with an irritable bowel to the physician. Thompson (1981), reached a similar conclusion that irritable bowel subjects are similar to neurotic ones, and our data also agree with other investigations who have found that IBS patients scored higher for depression, anxiety, hostility, and somatization of affect (Whitehead et al., 1980 and Tarter et al., 1987).

These observations high-light the importance of such psychological variables. Extraversion factor is believed to measure the excitation-inhibition balance which in turn is related to the arousal of the cortex and the threshold of the individual reticular activating system, while the neuroticism factor is related to individual differences in thresholds of emotional activation which is determined by the threshold of the individual's limbic system, which also determines autonomi cactivity. Emotional difficulties influence the G.I.T. and the colon via the autonomic nervous system, limbic system and hypothalamus Dorssman et al. (1977) and Langley (1981).

The increased parasympathetic activity results in augmented motor function of the colon, heightened contractility, hyperaemia and excessive secretion of mucus. Anxiety state is associated with constipation. The recognition of neurochemistry and neuropharmacology of affective disorders and also the growing number of neurotransmitters which are common to the brain and the gut, including serotonin, the enkephaleines, and viscero-intestinal peptides (VIP) substance p, and the discovery of these substances in internucial neurones within the mysenteric plexus indicate the true complexity of the control mechanisms affecting bowel motility in IBS.

Indeed, they may resemble the brain mechanisms operative in primary affective disorders, and may prove equally susceptible to management by well chosen drugs (Almy, 1980, and Krieger, 1983).

CONCLUSION

An attempt to unravel some aspects of the differences of the clinical

TABLE IV

Psychological Assessment

	Elderly	Young adults	t
Guilford scale for Depression			
Mean	55.07	40.58	t = 3.45
SD ±	8.29	12.91	P< 0.01
Hamilton Anxiety Scale			
Mean	16.7	25.45	t = 5.26
SD ±	4.5	5.7	P<0.001
Eysenck Personality Inventory (EPI)			
Neuroticism (N)			
Mean	12.25	16.2	t = 2.2
SD ±	65%	60%	P < 0.05
Extraversion (E)			
Mean	9.2	14.25	t = 8.19
SD ±	1.19	2.44	P<0.001

manifestations, social background and psychological profile between two groups of patients namely young adults and elderly patients revealed neither specific sociodemographic data nor a certain pattern of symptomatology can differentiate significantly either groups. Results emphasize the role of affective disorder in the genesis of IBS, on the basis of both clinical examination and application of objective psychometric tests.We have confirmed that patients with IBS have high prevalence of psychiatric illness and indeed in most cases bowel symptoms may merely be part of a psychological disorder manifest itself in the form of anxiety in young adults and in the form of depressive disorders in elderly patients. Depression and anxiety may be masked as patients are incapable of describing their emotions except by body language. Irritable bowel symptoms are their vocabulary of mood.

Our findings suggest that physicians should screen every patient with IBS for psychiatric illness particularly for anxiety in young patients and for depression in elderly. The initial requirement is to relieve the patient's suffering which is directed to relieve anxiety by anxyolitic agents or to relieve depression by antidepressants. There was evidences favouring the relationship between psychogenic stresses and periods of exacerbation, so the treatment of IBS requires also an awareness of the problem, careful evaluation of the patient's difficulties, frustrations and life stresses. Environmental manipulation can be of great help. This work provides an impetus to further research and clinical advances in this area.

Researchers may find a fruitful field of neurochemistry and neuro- pharmacology for the study of the neurotransmitters which are common to the brain, and the complexity of mechanisms affecting both bowel functions and emotions. Researchers may direct their interests to the field of discovery of easy reliable tools both biological and psychological to screen IBS in adults and elderly patients.

Researchers can try different therapeutic strategies including both physicl and psychiatric treatment and try to find the best therapeutic programmes for adults and elderly patients through drug trial and follow up researches.

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ABSTRAIT

L'aspect Psychologique du Syndrome de la Colite Spasmodique

Le but de l'étude est d'explorer la différence des divers symptômes, de l'environnement social, des éléments psychologiques chez deux groupes de patients; 20 âgés et 20 adultes. Ils ont subi des tests physiques, psychiatriques aussi qu'un test psychologique pour la depression et l'anxieté.

Les résultats ont prouvé une tendance chez les patients âgés à avoir moins fréquemment, de nasées et de vomissements, aérophagie et ténesme sont plus fréquents, un grand taux d'acidité, d'éruction et d'anorexie sont plus fréquents que chez les jeunes adultes.

La morbidité psychiatrique peut être détectée chez 70% du groupe âgé contre 60% des jeunes adultes. La dominance des maladies psychiatriques parmi nos patients au syndrome de colite spasmodique parait relativement plus bas que ceux rapportés ailleurs, mais ces différences peuvent être attribués aux différences culturelles. La depression avec ses variétés majeures et mineures est signalée plus fréquemment chez le group âgé; l'anxiété nerveuse est plus commune chez des jeunes patients. Les deux groupes marquérent plus haut que l'Egyptien moyen normal en utilisant l'échelle de Guillford pour la depression, mais le groupe âgé marqua nettement plus haut que les adultes qui obtinrerct de plus haut points d'anxieté en appliquant l'echelle Hamilton de l'anxieté. Le test de la personalité par EPI a révélé que le groupe le plus âgé a montré une tendance nette pour l'introversion pendant que les jeunes adultes marquérent de hauts points de nervosisme; et la difference entre les deux groups est statistiquement significantif.

الموجز

الجوانب النفسية لزملة القولون العصبى

إن زملة القولون العصبى تشكل نسبة عالية ومتزايدة من الحالات ولم يكتشف لها سبب عضوى موضعى، كما لوحظ حديثا زيادة عدد المسنين المصابين بهذه الزملة .

تمت الدراسة الحالية على عينة تجريبية من ٢٠ مريضا عمرهم أكبر من ٦٠ عاما، وقورنت بعينة أخرى من ٢٠ مريضا عمرهم أقل من ٤٠ سنة . وكان جميع المرضى مصابين بزملة أعراض القولون العصبى. وأجرى لكل حالة الفحص الإكلينيكى وتحليل دم وبراز وفحص بالمنظار وأخذ عينة بالمنظار وأشعة بالباريوم.

ولم تظهر الدراسة فرقا بين المجموعتين على المتغيرات الإجتماعية والديموجرافية، ولكن وجدت فروق ذات دلالة على الأعراض النفسية وسمات الشخصية بين المجموعتين، حيث حصل كبار السن على درجات أعلى بتطبيق مقياس الإكتئاب وحصل صغار السن على درجات أعلى على مقياس القلق، وكذلك حصل صغار السن على درجات أعلى بتطبيق مقياس الإنبساطية بالمقارنة بكبار السن الذين حصلوا على درجات أقل على العصابية بالمقارنة بصغار السن . وتوصى الدراسة بأهمية التقويم النفسى لكل حالات زملة القولون العصبى لعلاقة ذلك بالعلاج فى جميع الأعمار.