Transcript Details

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The Burden of IBS-C: Uncovering Quality-of-Life Impacts

Announcer:
Welcome to *GI Insights* on ReachMD. On this episode, sponsored by Ardelyx Inc., we'll hear from Dr. Kyle Staller, who's the Director of the Gastrointestinal Motility Laboratory at Mass General and an Associate Professor of Medicine at Harvard Medical School. He'll be discussing how we can recognize symptoms of irritable bowel syndrome with constipation, or IBS-C for short, and mitigate quality-of-life impacts through early diagnosis. Here's Dr. Staller now.

Dr. Staller:
So the hallmark symptoms of irritable bowel syndrome with constipation, or IBS-C, are abdominal pain and a change in bowel habits. And that means pain associated with the change in the frequency of defecation and in the form of defecation. That change in bowel habits for IBS-C means hard or lumpy stools, so things that are on the top end—Bristol 1 and 2—of the Bristol Stool Scale. And that's important because it tells us that this abdominal pain is really associated with slow colonic transit. And what differentiates IBS-C from just plain old constipation is this abdominal pain.

Now, there's some controversy in the diagnosis because a previous diagnosis said pain or discomfort. The current diagnosis, which dates from 2016 and is due to be updated this year, says pain alone. From a practical standpoint, as a provider, I still adhere to that pain or discomfort. But for people with more pain, I'm thinking more about a diagnosis of IBS-C as opposed to a diagnosis of chronic constipation.

And we know irritable bowel syndrome with constipation doesn't have an impact on length of life. It really has a huge impact on quality of life despite this, and studies have shown that many patients would be willing to give up some of their lifetime just to be free of symptoms. There was one study that showed that people would be willing to give up to 15 years of their lifetime if they were free of IBS symptoms for their remaining lifetime that they had.

And so we know that this has a big impact on quality of life. And patients really take a long time to get diagnosed. They suffer quite a bit of stigma, both externally, from people saying, "Well, this is in your head and it's not something that you need to worry about," but also internal stigma where they're wondering, "Is this really a real disease?" So these are things that patients struggle with, and it really does break down along specific lines.

Classically, when we think of the struggles for patients with IBS with diarrhea, you're running to the bathroom, worried about where the next bathroom is going to be. IBS-C is a different beast entirely. In fact, many patients with IBS-C, instead, are really worried about self-consciousness because they may be bloated or distended. They're worried about discomfort, difficulty concentrating, and even difficulty with sex. So, these types of things are a very different type of beast compared to IBS-D. But no matter what IBS we're talking about, quality of life is profoundly affected. People are more absent from work and more absent from school. And also, presenteeism, meaning patients, when they are at school or at work, are maybe not doing as effective work they would be because they're being affected by their symptoms.

Most IBS patients are going to take up to 4 years to get a diagnosis. And why is that? It's because, for the most part, we as gastroenterologists are really focusing on ruling out. We're seeing a patient with constipation and abdominal pain who fits classic IBS criteria as defined by the Rome 4 criteria, and we say, well, it might be this, so let's do a colonoscopy, or it might be this, so let's do an extra blood test. And for IBS-C, actually, there's very little work-up that's required. In reality, a patient who doesn't have any alarm symptoms—those are things like GI bleeding, weight loss, anemia, a family history of some GI cancers, celiac disease, etcetera—these patients can be confidently diagnosed using the Rome criteria. Whereas, if they have pain, it's associated with harder bowel movement.

For this patient, really, the time in the office should be spent discussing, What are the treatment options? How does IBS work? What is the disorder of brain/gut interaction? And less time ruling things out, doing all these different tests, finally finding nothing, and saying, “Well, you have IBS, and you have nothing to worry about.” That’s not the message that patients need. They need a confident diagnosis and then a confident treatment plan.

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