

Impact of Irritable Bowel Syndrome on the lifestyle of students

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Madam, Irritable bowel syndrome is a common functional gastrointestinal disorder with a constellation of symptoms. Numerous factors such as somatic hypersensitivity, stress, anxiety, food allergies, bacterial overgrowth and gastrointestinal infections play a part in the development of IBS. It is characterized mainly by recurrent abdominal pain and abnormal defecation. IBS is classified as either diarrhoea-predominant IBS, constipation-predominant IBS or IBS with mixed bowel habits. There are many somatic manifestations of IBS, fatigue being a very commonly reported symptom.¹

There is a very strong link between psychological stress, depression, anxiety and IBS. Traumatic events in life like sexual and emotional abuse have also led to the development of IBS. Patients suffering from more severe IBS may also have an accompanying psychiatric disorder like somatoform disorder, major depressive disorder or eating disorders.² These co-morbidities can further exacerbate the disease. Patients have an increased risk of developing psychiatric disorders.³

As the etiology of IBS includes psychological stressors, one of the main target populations is students. IBS has a very high prevalence especially in college and university students. The apparent prevalence of IBS was found to be 28.3%, with it being more predominant in females.⁴ Many students tend to ignore the symptoms which causes hindrance in their daily lives by making them irritated and frustrated. Constipation-predominant IBS can also lead to excessive straining leading to other issues like hernia, haemorrhoids and anal fissures. These issues can cause higher levels of depression specially in IBS-D type.⁵ Students with IBS may also have social anxiety and introverted personalities.⁶ In a research conducted 55.9% of the IBS positive participants had trouble concentrating and 57.8% were easily exhausted during daily routine work.⁴ These factors may significantly contribute to a decrease in productivity and performance. They may be forced to skip classes when not feeling well and this would adversely affect their grades and productivity. Furthermore, studies have proven that students having

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stress and anxiety are more likely to suffer from IBS (females=84.2%, males=15.7%).⁴ There should be awareness programmes in educational institutions to furnish students with knowledge about IBS and other relevant disorders.

The diagnosis of IBS is made using the Rome III criteria. A positive diagnosis is made if there is recurrent abdominal pain for 3 days per month in the last 3 months in addition to fulfilment of at least 2 of the following criteria – improvement with defecation, onset being associated with a change in stool frequency or appearance. Treatment is multifaceted, ranging from the avoidance of certain foods. Tricyclic anti-depressants are subscribed for pain. The importance of counselling and psychiatric consultations however is tantamount to pharmacological interventions and great focus must be placed on eliminating stress from an individual's life and teaching them how to cope with it.

Identifying IBS and its root cause is imperative as then the person can be treated not only medically but psychologically as well. It can help some individuals realize that they need to seek therapy which would lead to improvements in their quality of life and in their careers. This in turn would be preventing the buildup of chronic depression.

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References

1. Han CJ, Yang GS. Fatigue in irritable bowel syndrome: a systematic review and meta-analysis of pooled frequency and severity of fatigue. *Asian Nurs Res*. 2016; 10: 1-0.
2. Singh P, Agnihotri A, Pathak MK, Shirazi A, Tiwari RP, Sreenivas V, Sagar R, Makharia GK. Psychiatric, somatic and other functional gastrointestinal disorders in patients with irritable bowel syndrome at a tertiary care center. *J Neurogastroenterol Motil*. 2012; 18: 324.
3. Yeh HW, Chien WC, Chung CH, Hu JM, Tzeng NS. Risk of psychiatric disorders in irritable bowel syndrome—A nationwide, population-based, cohort study. *Internat J Clin Pract*. 2018; 72: e13212.
4. Naeem SS, Siddiqui EU, Kazi AN, Memon AA, Khan ST, Ahmed B. Prevalence and factors associated with irritable bowel syndrome among medical students of Karachi, Pakistan: a cross-sectional study. *BMC research notes*. 2012; 5: 255.

5. Fond G, Loundou A, Hamdani N, Boukouaci W, Dargel A, Oliveira J, Roger M, Tamouza R, Leboyer M, Boyer L. Anxiety and depression comorbidities in irritable bowel syndrome (IBS): a systematic review and meta-analysis. *Eur Arch Psychiatr Clin Neurosc*. 2014; 264: 651-60.
6. Luscombe FA. Health-related quality of life and associated psychosocial factors in irritable bowel syndrome: a review. *Qual Life Res*. 2000; 9: 161-76.

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