Extraintestinal Symptoms in IBS

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IBS Coexists With Many Other Functional Symptoms

- Non-GI-specific conditions
  - Fibromyalgia
  - Chronic fatigue syndrome

- Non-GI symptoms
  - Headache, back pain, insomnia, pelvic pain

- Psychiatric disorders
Prevalence of Extraintestinal Symptoms in IBS

• Up to two-thirds of IBS patients report extraintestinal symptoms compared to less than 15% of healthy controls\(^1\)

• IBS patients are twice as likely as comparison groups to be diagnosed with a non-GI chronic pain disorder\(^2\)

• IBS patients have a greater number of MD visits for non-GI symptoms than controls\(^3\)

\(^1\)Whorwell, Gut 1986  
\(^2\)Whitehead et al. Gastro 2002  
\(^3\)Drossman Gastro 1988
Chronic Somatic Syndromes

- IBS
- Fibromyalgia
- Interstitial cystitis
- Chronic fatique syndrome
- Migraines
- Chronic pelvic pain disorders
- Temperomandibular disorder

Crofford et al. 2007, Yunus 2007
## Comorbidity of Related GI and Non-GI Disorders with IBS

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Prevalence of IBS in this disorder</th>
<th>Prevalence of the disorder in IBS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gastrointestinal</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GERD</td>
<td>31-71%</td>
<td>28-80%</td>
</tr>
<tr>
<td>Functional dyspepsia</td>
<td>28-47%</td>
<td>28-57%</td>
</tr>
<tr>
<td><strong>Other Somatic</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fibromyalgia</td>
<td>32-77%</td>
<td>28-65%</td>
</tr>
<tr>
<td>Chronic Fatigue Syndrome</td>
<td>35-92%</td>
<td>14%*</td>
</tr>
<tr>
<td>Chronic Pelvic Pain</td>
<td>29-79%</td>
<td>35%*</td>
</tr>
<tr>
<td>Dysmenorrhea or premenstrual syndrome</td>
<td>50%*</td>
<td>10-18%</td>
</tr>
<tr>
<td>Temperomandibular joint disorder</td>
<td>64%</td>
<td>16%</td>
</tr>
<tr>
<td>Interstitial cystitis</td>
<td>30.2%*</td>
<td></td>
</tr>
</tbody>
</table>

*Based on results of only one study

Chang and Drossman. *Functional Pain Syndromes* 2009
Nearly 40% of primary care patients with chronic pelvic pain\(^1\)

Nearly 40% of patients attending a pelvic pain clinic\(^2\)

\(^1\) Zondervan KT et al. *Am J Obstet Gynecol* 2001; 184:1149
Common Psychiatric Diagnoses in FGIDs

- Mood (depressive) disorders
- Anxiety disorders
- Somatoform disorders
Gender Differences in Symptoms in IBS

No differences in symptom severity, SCL-90 scores, HRQOL except higher bodily pain in females

O. H. Lee et al., A J G 2001
Increased Extraintestinal Symptoms in IBS-C vs. IBS-D

No differences in symptom severity, SCL-90 scores, or HRQOL

Schmulson et al., AJG 2001
Greater Number of Annual Outpatient Visits in IBS

Levy et al. AJG 2000;95:451-6
Possible Etiologies of Extraintestinal Manifestations of IBS

• Co-morbidity with other chronic somatic syndromes such as fibromyalgia, chronic fatigue syndrome, and interstitial cystitis

• Due to co-morbid psychologic disorders

• May be related to pathophysiologic mechanisms shared by a variety of stress-sensitive, functional syndromes
Female Predominance
Stress-sensitive
Symptom-Based disorder
Impaired HRQOL
Genetic vulnerability
Autonomic dysregulation
Altered HPA axis
Responsive to centrally acting treatment
Chronic somatic syndromes
Summary

- Co-morbid or extraintestinal symptoms commonly overlap with IBS

- These symptoms account for excess health care visits and costs

- IBS patients with a co-morbid somatic disorder report more severe GI and psychological symptoms, greater impairment in QoL, and more absenteeism

- There may be a common mechanism of stress-related central dysregulation in IBS and co-morbid conditions