Prevalence of anxiety in Inflammatory Bowel Disease and its association with disease activity.

Date requested: 11.06.2020
Date completed: 12.06.202
Completed by: Mary Smith

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SUMMARY
There have been several papers written on the prevalence of anxiety in IBD [e.g. Depression and Anxiety in Patients With Inflammatory Bowel Disease: A Systematic Review]. However, few of them look at the effect of anxiety on disease activity. This is the area that I have focused on for the purposes of this literature search.

SEARCH RESULTS

1. Associations between disease activity, social support and health-related quality of life in patients with inflammatory bowel diseases: the mediating role of psychological symptoms.
   Author(s): Fu, Hanlin; Kaminga, Atipatsa Chiwanda; Peng, Yan; et al.
   Source: BMC gastroenterology; Jan 2020; vol. 20 (no. 1); p. 11
   Publication Date: Jan 2020
   Publication Type(s): Journal Article
   PubMedID: 31937264
   Available at BMC gastroenterology - from Europe PubMed Central - Open Access
Abstract: BACKGROUND Previous studies have indicated that disease activity, psychological symptoms and social support were associated with health-related quality of life (HRQoL) in patients with inflammatory bowel disease (IBD). However, it is unclear how disease activity, psychological symptoms and social support interact to affect HRQoL. The main purpose of this study was to examine the mediation effect of psychological symptoms in the relationship between disease activity, social support and HRQoL. METHODS This was a cross-sectional study, which collected data using convenience sampling, between December 2016 and March 2018, from the Third Xiangya Hospital of Central South University in Changsha, China. An online self-administered questionnaire (including demographic and clinical information), Inflammatory Bowel Disease Questionnaire, Disease Activity Indices scale, Hospital Anxiety and Depression Scale and Social Support Rating Scale, were administered to each participant. Descriptive statistics and Pearson's correlations were used to summarize data, whereas PROCESS analysis was performed to examine the pre-specified mediation effect. RESULTS A total of 199 patients with IBD were included. Disease activity indices (DAI) and hospital anxiety and depression (HAD) were negatively correlated with HRQoL (β = -3.37, -2.54 respectively, P < 0.001), while social support was positively correlated with HRQoL (β = 1.38, P < 0.01). HAD partially mediated the negative relationship between DAI and HRQoL (β = -0.83, P < 0.001) with the mediation effect ratio of 24.6%, and completely mediated the positive relationship between social support and HRQoL (β = 1.20, P < 0.001). CONCLUSIONS Psychological symptoms acted as a mediator in the relationship between disease activity, social support and HRQoL. Interventions to improve HRQoL in patients with IBD should take into account the mediation effect of psychological symptoms.

Database: Medline

2. Maladaptive coping, low self-efficacy and disease activity are associated with poorer patient-reported outcomes in inflammatory bowel disease.

Author(s): Chao, Che-Yung; Lemieux, Carolyne; Restellini, Sophie; et al.

Source: Saudi journal of gastroenterology : official journal of the Saudi Gastroenterology Association; 2019; vol. 25 (no. 3); p. 159-166

Publication Date: 2019

Publication Type(s): Comparative Study Journal Article

PubMedID: 30900609

Available at Saudi journal of gastroenterology : official journal of the Saudi Gastroenterology Association - from Europe PubMed Central - Open Access

Abstract: Background/Aims Patient-reported outcomes (PRO) are key aspects in the management of inflammatory bowel disease (IBD). This study aims to evaluate factors associated with adverse PRO, including modifiable social constructs of maladaptive coping and self-efficacy as well as physician-patient concordance on PRO. Patients and Methods This cross-sectional study was performed in patients with Crohn's disease (CD) or ulcerative colitis (UC) from September 2015 to March 2016. Validated questionnaires were used to assess quality of life (Short IBD Questionnaire), disability (IBD disability index), productivity (work productivity and activity impairment questionnaire), anxiety/depression (Hospital Anxiety and Depression Scale), coping strategies (Brief Coping Operations Preference Enquiry (Brief COPE)), and self-efficacy (General Self-Efficacy Scale). Independent physician assessment was used to compare concordance with patients. Results In all, 207 (CD: 144 and UC: 63) patients, with median age of 39 years, were included, with 42.5% males. Significant proportion of patients reported moderate/severe impairment of disability (30.5%), quality of life (29.4%), productivity (52.4%), anxiety (32.9%) and depression (23.3%). Disease activity and maladaptive coping were independently associated with unfavourable PRO, whereas self-efficacy had a positive effect in multivariate analysis. Physicians could accurately identify the
magnitude of PRO impairment in standard clinical settings ($r = 0.59-0.65$, $P < 0.001$).

**Conclusion**

Disease activity and modifiable psychological constructs are associated with unfavorable PRO in patients with IBD. These factors could assist with identifying high-risk patients, many of whom may benefit from targeted interventions to improve health outcomes.

**Database:** Medline

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**Author(s):** Piacentino, Daria; Cesarini, Monica; Badiali, Danilo; et al.

**Source:** Rivista di psichiatria; 2019; vol. 54 (no. 2); p. 75-83

**Publication Date:** 2019

**Publication Type(s):** Journal Article

**PubMedID:** 30985832

**Abstract:**

**BACKGROUND**

Biopsychosocial models for both organic and functional gastrointestinal (GI) disorders can be found in the literature. To clarify the role of psychopathological factors and their relationship with GI symptom severity, several studies have examined them in inflammatory bowel disease (IBD) - occasionally distinguishing between ulcerative colitis (UC) and Crohn's disease (CD) - and in irritable bowel syndrome (IBS), leading to unclear results.

**AIMS**

We aimed to evaluate the psychopathological features of IBD and IBS patients in comparison with healthy individuals and assess the association with disease severity.

**MATERIALS AND METHODS**

Sixty-nine IBD outpatients, of which 35 UC and 34 CD, and 75 IBS ones were consecutively recruited at the third level Gastroenterological Center of our University Hospital; 76 healthy controls were also recruited. The psychological status was assessed with the Symptom Checklist-90-Revised (SCL-90-R).

**RESULTS**

IBD and IBS patients showed significantly higher scores on the SCL-90-R Global Severity Index (GSI) and subscales than controls (all $p$-values $<0.001$), and IBS patients showed significantly higher GSI, depression, and anxiety scores than IBD patients (all $p$-values $<0.01$). Psychopathology was comparable between UC and CD patients. In IBD and IBS patients the SCL-90-R GSI was significantly associated with disease severity ($p<0.001$).

**CONCLUSION**

The presence of chronic bowel symptoms, either organic or functional, is linked to a greater severity of psychopathology compared to the general population, possibly as a consequence of higher loads of stress due to the symptoms affecting everyday life. In both IBD and IBS patients, greater disease severity and worse psychopathological functioning are related.

**Database:** Medline

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**Author(s):** Berens, Sabrina; Schaefert, Rainer; Baumeister, David; et al.

**Source:** Journal of psychosomatic research; Nov 2019; vol. 126 ; p. 109836

**Publication Date:** Nov 2019

**Publication Type(s):** Research Support, Non-u.s. Gov't Multicenter Study Journal Article

**PubMedID:** 31627144

**Abstract:**

**OBJECTIVE**

Irritable bowel syndrome (IBS) and inflammatory bowel diseases (IBD) have similar symptoms and are affected by psychological factors via gut-brain-interactions. However, previous studies on IBS and IBD showed inconsistent results regarding psychological factors, potentially because they failed to consider the impact of symptom activity. The aim of this study was
1) to compare psychological distress and psychological risk factors among patients with IBS, IBD and healthy controls (HC), and 2) to assess the impact of symptom activity.

**METHODS**

A controlled cross-sectional study was conducted. Patients with IBS and IBD were recruited in several primary, secondary, and tertiary medical care units between 02 and 12/2017 in Germany. Overall, 381 matched participants (127/group, 63% female) were included. For the second analyses, patients with IBD were distinguished in patients with active (n = 93) and non-active (n = 34) symptoms.

Psychological distress (somatization, depression, anxiety, and illness anxiety) and risk factors (adverse childhood experiences, attachment style, and mentalizing capacity) were measured.

**RESULTS**

Patients with IBS showed higher psychological distress and more psychological risk factors than patients with IBD and HC. However, patients with IBD and active symptoms showed similar psychological distress than patients with IBS, except for lower illness anxiety (p < .001, \( \eta^2 = 0.069 \)).

**CONCLUSION**

With the exception of higher illness anxiety in IBS patients, differences in psychological factors between patients with IBS and IBD were more strongly associated with symptom activity than with the underlying diagnosis. Therefore, this study challenges previous concepts of distinguishing functional and organic gastrointestinal diseases, but highlights the role of symptom activity and illness anxiety.

**TRIAL REGISTRATION**

DRKS00011685.

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5. Integrated Psychological Care is Needed, Welcomed and Effective in Ambulatory Inflammatory Bowel Disease Management: Evaluation of a New Initiative.

**Author(s):** Lores, Taryn; Goess, Charlotte; Mikocka-Walus, Antonina; et al.

**Source:** Journal of Crohn's & colitis; Jul 2019; vol. 13 (no. 7); p. 819-827

**Publication Date:** Jul 2019

**Publication Type(s):** Journal Article Observational Study

**PubMedID:** 30721977

Available at Journal of Crohn's & colitis - from Unpaywall

**Abstract:**

**BACKGROUND AND AIM**

Inflammatory bowel disease is associated with psychosocial issues which reduce quality of life and impair medical management. However, these issues are rarely addressed in routine care. A model of integrated psychological screening and intervention was trialled to measure prevalence, patient participation, and potential benefits to mental health and/or quality of life.

**METHODS**

During a 12-month period, 490 adult patients at an established hospital-based service were approached to complete screening instruments for anxiety, depression, general distress, quality of life and medication adherence. Disease-specific and demographic data were also collected. Patients who scored high on screening questionnaires were offered psychological intervention (in-service or externally referred). Participants were reassessed after 12 months.

**RESULTS**

Psychological screening was well accepted with 68% (N = 335) participating. Psychological care was 'needed', with 55% (N = 183) scoring highly for anxiety, depression and/or general distress. Half of those 'in need' (N = 91) accepted intervention. In those who accepted, levels of anxiety (mean at intake [M1] = 12.11 vs mean at follow-up [M2] = 9.59, p < 0.001), depression (M1 = 8.38 vs M2 = 6.42, p < 0.001), general distress (M1 = 17.99 vs M2 = 13.96, p < 0.001), mental health quality of life (M1 = 54.64 vs M2 = 59.70, p < 0.001) and overall quality of life (M1 = 57.60 vs M2 = 64.10, p < 0.001) each improved between intake and follow-up. Engagement in psychological intervention was six times greater for those treated in-service vs externally referred (\( \chi^2[1] = 13.06, p < 0.001 \), odds ratio = 6.47).

**CONCLUSIONS**

Mental health issues are highly prevalent in people with inflammatory bowel disease. Patients are open to psychological screening and treatment. Psychological care can improve patient mental health and quality of life, and works best when integrated into routine management.

**Database:** Medline
6. Presence of Irritable Bowel Syndrome Symptoms in Quiescent Inflammatory Bowel Disease Is Associated with High Rate of Anxiety and Depression.

Author(s): Perera, Lilani P; Radigan, Mark; Guilday, Corinne; et al.

Source: Digestive diseases and sciences; Jul 2019; vol. 64 (no. 7); p. 1923-1928

Publication Date: Jul 2019

Publication Type(s): Research Support, N.i.h., Extramural Journal Article

PubMedID: 30725303

Abstract: BACKGROUND Inflammatory bowel disease (IBD; Crohn’s disease, CD and Ulcerative colitis, UC) and irritable bowel syndrome (IBS) have overlapping symptoms. Few prevalence studies of IBS in quiescent IBD have used colonoscopy with histology to confirm inactive disease. The aims were (1) to determine the percentage of IBD patients in deep remission whose persistent IBS-like symptoms (IBD/IBS+) would cause them to be classified as having active disease, based on the calculation of Harvey Bradshaw Index (HBI) or UC disease activity index (UCDAI); (2) to identify demographic and disease characteristics that are associated with IBD/IBS+. METHOD This was a prospective study at a single tertiary care IBD center. 96/112 patients with colonoscopy and histology confirmed quiescent disease consented and completed Rome III criteria for IBS Survey, and the hospital anxiety and depression scale (HADS). Other demographic and disease specific data were collected. RESULTS 36% (28/77) and 37% (7/19) of CD and UC patients, respectively, met diagnostic criteria for IBS. Significantly higher HBI/UCDAI scores (p = 0.005) and low short inflammatory bowel disease questionnaire (SIBDQ) scores (p ≤ 0.0001) were seen in IBD/IBS+ patients. 29% of patients in deep remission were mis-categorized by HBI/UCDAI as having active disease when they fulfilled Rome III criteria for IBS. Psychiatric diagnosis (OR 3.53 95% CI 1.2-10.2) and earlier onset of IBD (OR 1.056 95% CI 1.015-1.096) were associated with IBD/IBS+. Patients fulfilling IBS criteria had higher hospital anxiety and depression scale (HADS). CONCLUSION IBD/IBS+ affect scoring of IBD disease activity scales and become less useful in guiding treatment plans.

Database: Medline

7. Determinants of the level of anxiety and fears in a group of patients with ulcerative colitis.

Author(s): Kózka, Maria; Skowron, Wioletta; Bodys-Cupak, Iwona

Source: Annals of agricultural and environmental medicine : AAEM; Jun 2019; vol. 26 (no. 2); p. 337-340

Publication Date: Jun 2019

Publication Type(s): Journal Article

PubMedID: 31232068

Available at Annals of agricultural and environmental medicine : AAEM - from Unpaywall

Abstract: INTRODUCTION Ulcerative colitis is a chronic, inflammatory disease of the mucous membrane of the large intestine manifesting itself through diarrhoea with blood, mucous and pus. It progresses with periods of relapses and remissions. The treatment is a long-term process which should aim at improving the patient’s clinical condition and quality of life, as well as minimising the disease-related anxiety and fears. OBJECTIVE The aim of the study was recognition of the determinants of the level of anxiety and fears in a group of patients with ulcerative colitis. MATERIAL AND METHODSThe prospective study comprised 102 patients with diagnosed ulcerative colitis. The data were collected by means of the following tools: Clinical Disease Activity Index, Rating Form of IBD Patients Concerns (RFIPC), and a questionnaire by the authors. Statistical parametric and non-
parametric tests were used to analyse the data, depending on the type of scale and nature of the variable distribution.

**RESULTS**
Most of the patients (64%) were in the active phase of the disease. A high level of fear and anxiety occurred in 73% of the patients and concerned the impact of the disease, intimate life, complications and stigmatisation. The highest levels of fears and anxiety were observed in the field of complications and the impact of the disease on the patients' lives.

**CONCLUSION**
The disease activity and high levels of anxiety and fears influenced the psychosocial functioning of the patients with ulcerative colitis.

**Database:** Medline

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8. **Chronic colitis-induced visceral pain is associated with increased anxiety during quiescent phase.**

**Author(s):** Salameh, Emmeline; Meleine, Mathieu; Gourcerol, Guillaume; et al.

**Source:** American journal of physiology. Gastrointestinal and liver physiology; Jun 2019; vol. 316 (no. 6); p. G692

**Publication Date:** Jun 2019

**Publication Type(s):** Research Support, Non-u.s. Gov't Journal Article

**PubMedID:** 30735453

Available at American journal of physiology. Gastrointestinal and liver physiology - from HighWire - Free Full Text

**Abstract:** Inflammatory bowel diseases (IBD) are characterized by repetition of flares and remission periods leading to chronic postinflammatory sequelae. Among postinflammatory sequelae, one-third of patients with IBD are suffering from functional symptoms or psychological comorbidities that persist during remission. The aim of our study was to assess functional and behavioral sequelae of chronic colitis in rats with quiescent intestinal inflammation. Chronic colitis was induced by a weekly intrarectal injection of increasing concentrations of trinitrobenzene sulfonic acid (TNBS) for 3 wk (15-45 mg of TNBS) in 30 rats, whereas the control rats (n = 24) received the vehicle. At 50 days post-TNBS, visceral sensitivity was assessed by visceromotor response to colorectal distension, and transient receptor potential vanilloid type 1 (TRPV1) expression was also quantified in the colon and dorsal root ganglia. Barrier function and inflammatory response were assessed by studying intestinal permeability, tight junction protein, myeloperoxidase activity, histological score, and cytokine production (IL-6, IL-10, and TNF-α). Anxiety behavioral tests were performed from 50 to 64 days after the last TNBS injection. Chronic TNBS induced 1) a visceral hypersensitivity (P = 0.03), 2) an increased colon weight-to-length ratio (P = 0.01), 3) higher inflammatory and fibrosis scores (P = 0.0390 and P = 0.0016, respectively), and 4) a higher colonic IL-6 and IL-10 production (P = 0.008 and P = 0.005, respectively) compared with control rats. Intestinal permeability, colonic production of TNF-α, myeloperoxidase activity, and TRPV1 expression did not differ among groups. Chronic TNBS increased anxiety-related behavior in the open-field test and in the acoustic stress test. In conclusion, chronic colitis induced functional sequelae such as visceral hypersensitivity and increased anxiety with a low-grade intestinal inflammation. Development of a representative animal model will allow defining novel therapeutic approaches to achieve a better management of IBD-related sequelae. NEW & NOTEWORTHY Patients with inflammatory bowel diseases have impaired quality of life. Therapeutic progress to control mucosal inflammation provides us an opportunity to develop novel approaches to understand mechanisms behind postinflammatory sequelae. We used a chronic colitis model to study long-term sequelae on visceral pain, gut barrier function, and psychological impact. Chronic colitis induced functional symptoms and increased anxiety in the remission period. It might define novel therapeutic approaches to achieve a better inflammatory bowel disease-related sequelae management.

**Database:** Medline
9. Novel Perceived Stress and Life Events Precede Flares of Inflammatory Bowel Disease: A Prospective 12-Month Follow-Up Study.

**Author(s):** Wintjens, Dion S J; de Jong, Marin J; van der Meulen-de Jong, Andrea E; et al.

**Source:** Journal of Crohn's & colitis; Mar 2019; vol. 13 (no. 4); p. 410-416

**Publication Date:** Mar 2019

**Publication Type(s):** Journal Article

**PubMedID:** 30371776

**Abstract:** BACKGROUND AND AIMs
Inflammatory bowel disease (IBD) is characterized by recurrent disease flares. The impact of psychosocial wellbeing on the occurrence of flares is unclear. In this prospective study, we aimed to evaluate the association between patient-reported psychosocial wellbeing and disease flares using continuous monitoring. METHODS Consecutive IBD patients were recruited from the myIBDcoach telemedicine study cohort. Over 12 months, participants reported on disease activity together with anxiety, depression, fatigue, perceived stress and life events every 1-3 months. Flares were defined using a combination of clinical disease activity and additional measurements. Generalized estimating equation models were used to assess associations between psychosocial wellbeing and flares over time. The influences of both the presence of psychosocial symptoms in general as well as novel psychosocial symptoms were analysed. RESULTS In total, 417 patients were included. Forty-nine patients [11.8%] experienced a flare during the study period. The occurrence of life events in the preceding 3 months was positively associated with flares (odds ratio [OR] = 1.81; 95% confidence interval [CI] = 1.04-3.17), while the presence of anxiety, depression, fatigue and perceived stress in general was not. However, novel perceived stress [OR = 2.92; 95% CI = 1.44-5.90] was associated with flares. CONCLUSION The occurrence of life events and novel perceived stress are associated with disease flares in the next 3 months, while the presence of perceived stress in general is not. These findings underline the importance of continuous personalized monitoring of IBD patients and may contribute to the prevention of disease flares.

**Database:** Medline

10. The Influence of the Brain-Gut Axis in Inflammatory Bowel Disease and Possible Implications for Treatment

**Author(s):** Gracie DJ; Hamlin PJ; Ford AC; et al.

**Source:** Lancet Gastroenterol Hepatol. 2019 Aug;4(8):632-642

**Publication Type:** Review

**Abstract:** Brain-gut interactions affect psychological wellbeing and symptom reporting in functional gastrointestinal disorders; the presence of anxiety or depression is associated with the development of new-onset gastrointestinal symptoms, and the presence of gastrointestinal symptoms is associated with the development of psychological disorders de novo. In inflammatory bowel diseases (IBD), the reporting of irritable bowel syndrome (IBS)-type symptoms by patients with quiescent disease is common, and is associated with psychological disorders, impaired quality of life, and increased health-care use. In IBD, data from observational studies suggest that psychological disorders might be associated with relapse of disease activity, and that inflammatory activity is associated with the development of new psychological disorders, as has been described for functional gastrointestinal disorders such as IBS and functional dyspepsia. The brain-gut axis provides the physiological link between the CNS and gastrointestinal tract that might facilitate these relationships. In IBS, treatments targeting disordered brain-gut axis activity, including psychological therapies and antidepressants, might lead to improved symptoms and quality of life. However, in IBD, the benefit of these treatments is less certain because of a scarcity of interventional studies.
Despite the scarcity of trials, observational data suggest that the effect of disordered brain-gut axis activity in IBD is substantial, and scope remains for further well designed trials of psychological therapies and antidepressants, particularly in the subset of patients who have coexistent psychological disorders, or in those who report IBS-type symptoms. Integrating these treatments into a biopsychosocial model of care has the potential to improve both psychological wellbeing and quality of life in some patients with IBD, reducing health-care use and altering the natural history of disease.

**Database:** PubMed

**11. Stress Triggers Flare of Inflammatory Bowel Disease in Children and Adults**

**Author(s):** Sun Y; Li L; Xie R; et al.

**Source:** Front Pediatr. 2019 Oct 24;7:432

**Publication Type:** Review

**Abstract:** Inflammatory bowel disease (IBD) is an idiopathic inflammatory disease characterized by chronic and relapsing manifestations. It is noteworthy that the prevalence of IBD is gradually increasing in both children and adults. Currently, the pathogenesis of IBD remains to be completely elucidated. IBD is believed to occur through interactions among genetics, environmental factors, and the gut microbiota. However, the relapsing and remitting course of IBD underlines the importance of other modifiers, such as psychological stress. Growing evidence from clinical and experimental studies suggests that stress acts as a promoting or relapsing factor for IBD. Importantly, recent studies have reported an increasing incidence of anxiety or depression in both children and adults with IBD. In this article, we review the mechanisms by which stress affects IBD, such as via impaired intestinal barrier function, disturbance of the gut microbiota, intestinal dysmotility, and immune and neuroendocrine dysfunction. With regard to both children and adults, we provide recent evidence to describe how stress can affect IBD at various stages. Furthermore, we emphasize the importance of mental healing and discuss the value of approaches targeting stress in clinical management to develop enhanced strategies for the prevention and treatment of IBD.

**Database:** PubMed

**12. Effect of Cognitive Behavioral Therapy on Clinical Disease Course in Adolescents and Young Adults With Inflammatory Bowel Disease and Subclinical Anxiety and/or Depression: Results of a Randomized Trial.**

**Author(s):** van den Brink G; Stapersma L; Bom AS; et al.

**Source:** Inflamm Bowel Dis. 2019 Nov 14;25(12):1945-1956.

**Abstract:** Background: Anxiety and depressive symptoms are prevalent in patients with inflammatory bowel disease (IBD) and may negatively influence disease course. Disease activity could be affected positively by treatment of psychological symptoms. We investigated the effect of cognitive behavioral therapy (CBT) on clinical disease course in 10-25-year-old IBD patients experiencing subclinical anxiety and/or depression. Methods: In this multicenter parallel group randomized controlled trial, IBD patients were randomized to disease-specific CBT in addition to standard medical care (CBT + care usual [CAU]) or CAU only. The primary outcome was time to first relapse in the first 12 months. Secondary outcomes were clinical disease activity, fecal calprotectin, and C-reactive protein (CRP). Survival analyses and linear mixed models were performed to compare groups. Results: Seventy patients were randomized (CBT+CAU = 37, CAU = 33), with a mean age of 18.3 years (±50% < 18 y, 31.4% male, 51.4% Crohn’s disease, 93% in remission). Time to first relapse did not differ between patients in the CBT+CAU group vs the CAU group (n = 65, P = 0.915). Furthermore, clinical disease activity, fecal calprotectin, and CRP did not significantly change over time between/within both groups. Exploratory analyses in 10-18-year-old
patients showed a 9% increase per month of fecal calprotectin and a 7% increase per month of serum CRP in the CAU group, which was not seen in the CAU+CBT group. **Conclusions:** CBT did not influence time to relapse in young IBD patients with subclinical anxiety and/or depression. However, exploratory analyses may suggest a beneficial effect of CBT on inflammatory markers in children.

**Database:** PubMed

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13. The Prevalence and Risk Factors of Psychological Disorders, Malnutrition and Quality of Life in IBD Patients.

**Author(s):** Cao Q; Huang Y-H; Jiang M; et al.

**Source:** Scand J Gastroenterol. 2019 Dec;54(12):1458-1466.

**Abstract:** **Background:** Inflammatory bowel disease (IBD) patients show an increased risk for psychological disorders, malnutrition and impaired quality of life (QoL), which can result in adverse clinical outcomes. The aim of this study is to explore the prevalence and risk factors of psychological disorders, malnutrition and QoL in IBD patients. **Methods:** All participants were recruited to fill out the questionnaires including inflammatory bowel disease questionnaire (IBDQ), perceived social support scale, HADS (Hospital Anxiety and Depression Scale), Cohen Perceived Stress Scale, NRS2002 (Nutritional Risk Screening 2002), Crohn’s disease activity index, Modified Truelove and Witts Activity Index, dietary beliefs and behaviors. Demographic and clinical characteristics were extracted from electronic medical records. Multivariate regression model was performed to identify the risk factors for psychological disorders, malnutrition and QoL. **Results:** A total of 78 inpatients were enrolled in this study, 76 (97.4%) of IBD patients had anxiety, 71 (91%) had depressive. Forty six (59.0%) were screened at risk of malnutrition. The mean score of IBDQ was 131.51 ± 36.136. In the multivariate analysis, higher disease activity and history treated with steroids in the last year were associated with anxiety; higher disease activity was related to depressive. Higher disease activity and avoiding certain foods during disease flares were associated with high risk of malnutrition. Unemployment/no schooling status, higher disease activity and lower social support were associated with lower IBDQ score. **Conclusions:** The high prevalence of psychological disorders and malnutrition were found in IBD patients, and thereby negatively affect QoL. Disease activity was significantly associated with psychological disorders, risk of malnutrition and impaired QoL. And avoiding certain foods was related to risk of malnutrition.

**Database:** PubMed

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14. Anxiety But Not Depression Predicts Poor Outcomes in Inflammatory Bowel Disease.

**Author(s):** Narula N; Pinto-Sanchez MI; Calo NC; et al.

**Source:** Inflamm Bowel Dis. 2019 Jun 18;25(7):1255-1261

**Abstract:** Background and aims: Patients with inflammatory bowel disease (IBD) have high rates of psychiatric comorbidities, but it is not clear whether those with comorbidities are at higher risk of poor outcomes. We aimed to determine whether patients with IBD who have co-existing anxiety and/or depression are more likely to have poor IBD-related outcomes compared with IBD patients without anxiety and/or depression. **Methods:** This was a prospective longitudinal follow-up study in Ontario, Canada, from 2008 to 2016. Patients were asked to complete questionnaires at the time of initial assessment, including the Hospital Anxiety and Depression Scale (HADS). We selected a number of clinical variables at the time of presentation and tested their ability to predict subsequent poor IBD-related outcomes, such as IBD-related hospitalization, emergency room visits, and recurrent courses of corticosteroids over the duration of follow-up. Logistic regression was used for multivariate analysis. **Results:** Four hundred fourteen IBD patients completed the baseline questionnaire. Among them, 125 had anxiety and/or depression at baseline. Factors that predicted
poor IBD-related outcomes during longitudinal follow-up included increased severity of disease at initial presentation, prior IBD-related surgery, longer duration of follow-up, and elevated C-reactive protein at time of initial presentation. After adjustment for potential covariates, IBD patients with abnormal anxiety subscores had poor IBD-related outcomes compared with those without elevated anxiety subscores (odds ratio [OR] 3.36, 95% CI, 1.51-7.48). No difference in IBD-related outcomes were observed in those with abnormal depression subscores compared with those without elevated depression scores (OR 0.43, 95% CI, 0.14-1.32). **Conclusions:** Severe disease, anxiety, and previous IBD-related surgery predict poor IBD-related outcomes in patients in the future. Closer monitoring with regular follow-up may be appropriate for patients with these risk factors.

**Database:** PubMed


**Author(s):** Jordan C; Hayee B; Chalder T

**Source:** Objective: Anxiety and depression are common in inflammatory bowel disease (IBD) and have been linked to clinical recurrence. Previous randomized controlled trials (RCT’s) have found no evidence that psychological interventions enhance outcomes for people with IBD but have recruited patients without distress. This study investigates the clinical benefits of a nonrandomized uncontrolled study of clinic based cognitive behaviour therapy (CBT) for people with IBD who had moderate-severe levels of anxiety or low mood and compares the results with a previous RCT of CBT in this population. **Method:** Assessments were completed at baseline and end of treatment and included measures of low mood, generalized anxiety, quality of life (QOL), and symptomatic disease activity. The patient health questionnaire and generalized anxiety disorder 7 measures were the primary outcomes. Results in the form of a standardized effect size of treatment were compared with a previous RCT to consider if CBT had greater benefits for those with distress. **Results:** Thirty patients were deemed appropriate for CBT, and 28 accepted treatment. The results from this clinic based CBT intervention suggest statistically significant reductions in symptoms of anxiety (<0.001), low mood (<0.001), and disease activity (p < 0.01) and increases in QOL (p < 0.001). The uncontrolled effect sizes were large and superior to those found in published RCTs. **Conclusion:** This nonrandomized uncontrolled trial of a clinic-based CBT intervention suggests that CBT may have benefits for those with moderate-severe disturbances to mood and that effect sizes can be improved by targeting those with distress. RCTs are required to establish efficacy.

**Database:** PubMed

### 16. Psychological Characteristics of Inflammatory Bowel Disease Patients: A Comparison Between Active and Nonactive Patients.

**Author(s):** Leone D; Gilardi D; Corro BE; et al.

**Source:** Inflamm Bowel Dis. 2019 Jul 17;25(8):1399-1407

**Publication Type:** Clinical Trial

**Abstract:** Background and aims: The role of new psychological factors such as psychopathological patterns and defense mechanisms in the care of inflammatory bowel disease (IBD) has been poorly investigated. We aimed to assess the psychological characteristics and defense mechanisms of IBD patients. **Methods:** This was a single-center, observational, cross-sectional study. Consecutive adult IBD patients were enrolled and stratified according to disease activity. Sociodemographic and clinical data were collected, and validated questionnaires (Symptom Checklist-90-R [SCL-90-R]) for psychological distress, Defense Mechanism Inventory (DMI) for psychological defense mechanisms, and Inflammatory Bowel Disease Questionnaire (IBDQ) for quality of life (QoL) were administered. **Results:** Two hundred one patients were enrolled: 101 in remission and 100 with active disease. The mean score for IBDQ was below the cutoff level (156.8 ± 37.8), with a significantly greater
improvement of QoL in subjects with flares (136.5 vs 177.5, P < 0.001). Lower scores were associated with female gender. No patients had psychological scores above the cutoff for normality. Statistically higher SCL-90-R scores were found in active patients for obsessive-compulsive disorder (P = 0.026), depression (P = 0.013), anxiety (P = 0.013), phobic anxiety (P = 0.002), psychoticism (P = 0.007), global severity index (GSI) (P = 0.005) and positive symptom total (PST) (P = 0.001). A significantly increased probability of higher global indexes was associated with Crohn's disease and disease flares. None of the defensive Defense Mechanism Inventory (DMI) styles resulted above the cutoff in our cohort. Conclusions: Further data are needed to demonstrate the potential key role of psychological intervention in the therapeutic strategies utilized for IBD patients, and the identification of specific psychological patterns based on the patients' profile is necessary to optimize psychological intervention.

Database: PubMed

17. Clinical disease activity is associated with anxiety and depressive symptoms in adolescents and young adults with inflammatory bowel disease.

Author(s): van den Brink, G; Stapersma, L; Vlug, L E; et al.

Source: Alimentary pharmacology & therapeutics; Aug 2018; vol. 48 (no. 3); p. 358-369

Publication Date: Aug 2018

Publication Type(s): Research Support, Non-u.s. Gov't Journal Article

PubMedID: 29897134

Available at Alimentary pharmacology & therapeutics - from Wiley Online Library Free Content - NHS

Available at Alimentary pharmacology & therapeutics - from Unpaywall

Abstract: BACKGROUND Youths with inflammatory bowel disease (IBD) are at risk for developing anxiety and depressive symptoms with a reported 20%-50% prevalence rate. AIMSThis prospective study aimed to: (1) describe the prevalence and severity of anxiety and depressive symptoms in a large Dutch cohort of young IBD patients, and (2) identify demographic and clinical risk factors for anxiety and depression. METHODS IBD patients (n = 374; 10-25 years) were screened for anxiety, depression and quality of life using validated age-specific questionnaires. Patients with elevated scores for anxiety and/or depressive symptoms received a diagnostic interview assessing psychiatric disorders. Demographic and clinical characteristics were retrieved from medical charts. Multiple logistic regression analysis was performed to identify risk factors for anxiety and/or depression. RESULTS Patients (mean age 18.9 years, 44.1% male, Crohn's disease 60.4%) had disease in remission (75.4%), or mild, moderate and severe clinical disease activity in, respectively, 19.8%, 2.7% and 2.1%. Mild anxiety/depressive symptoms were present in 35.2% and severe symptoms in 12.4% of patients. Elevated symptoms of either anxiety (28.3%), depression (2.9%) or both (15.8%) were found and did not differ between adolescents (10-17 years) and young adults (18-25 years). Active disease significantly predicted depressive symptoms (odds ratio (OR): 4.6 [95% confidence interval [CI]: 2.4-8.8], P < 0.001). Female gender (OR: 1.7 [95% CI: 1.1-2.7]), active disease (OR: 1.9 [95% CI: 1.1-3.2]) and a shorter disease duration (OR: 1.3 [95% CI: 0.6-1.0]) (all P < 0.025) significantly predicted anxiety and/or depressive symptoms. CONCLUSIONS Considering the high prevalence of anxiety and depressive symptoms, psychological screening is recommended in young IBD patients. Screening facilitates early recognition and psychological treatment. Female patients and patients with active disease are the most vulnerable.

Database: Medline
18. Bi-directionality of Brain-Gut Interactions in Patients With Inflammatory Bowel Disease.

**Author(s):** Gracie, David J; Guthrie, Elspeth A; Hamlin, P John; Ford, Alexander C

**Source:** Gastroenterology; May 2018; vol. 154 (no. 6); p. 1635

**Publication Date:** May 2018

**Publication Type(s):** Research Support, Non-u.s. Gov't Journal Article

**PubMedID:** 29366841

Available at Gastroenterology - from Unpaywall

**Abstract:**

**BACKGROUND & AIMS**
Inflammatory bowel diseases (IBD) are associated with mood disorders, such as anxiety or depression, but it is not clear whether one contributes to development of the other, or if the interaction is bi-directional (anxiety or depression contributes to the progression of IBD, and IBD affects psychological health). We performed a 2-year longitudinal prospective study of patients in secondary to care investigate the bi-directionality of IBD and mood disorders.

**METHODS**
We collected data from 405 adult patients with a diagnosis of Crohn's disease (CD) or ulcerative colitis (UC) from November 2012 through June 2017. Demographic features, subtypes of IBD, treatments, symptoms, somatization, and fecal level of calprotectin were recorded at baseline. IBD activity was determined at baseline and after the follow-up period (2 years or more) using the Harvey-Bradshaw Index for CD and the Simple Clinical Colitis Activity Index for UC (scores ≥5 used to define disease activity). Anxiety and depression data were collected using the Hospital Anxiety and Depression Scale (HADS), at baseline and after the follow-up period. Objective markers of disease activity, including glucocorticosteroid prescription or flare of disease activity, escalation of therapy, hospitalization secondary to IBD activity, and intestinal resection during follow-up were assessed via case note review. A brain-gut direction of disease activity was defined as development of new IBD activity in patients with quiescent IBD and abnormal HADS scores at baseline. A gut-brain direction of disease activity was defined by subsequent development of abnormal HADS scores in patients with active IBD and normal HADS scores at baseline. We performed multivariate Cox regression controlling for patient characteristics and follow-up duration.

**RESULTS**
Baseline CD or UC disease activity were associated with an almost 6-fold increase in risk for a later abnormal anxiety score (hazard ratio [HR], 5.77; 95% CI, 1.89-17.7). In patients with quiescent IBD at baseline, baseline abnormal anxiety scores were associated with later need for glucocorticosteroid prescription or flare of IBD activity (HR, 2.08; 95% CI, 1.31-3.30) and escalation of therapy (HR, 1.82; 95% CI, 1.19-2.80). These associations persisted when normal IBD activity index scores and fecal level of calprotectin <250 μg/g were used to define quiescent disease at baseline.

**CONCLUSIONS**
In a 2-year study of patients with CD or UC, we found evidence for bi-directional effects of IBD activity and psychological disorders. Patients with IBD should be monitored for psychological well-being.

**Database:** Medline


**Author(s):** Sweeney, L; Moss-Morris, R; Czuber-Dochan, W; Meade, L; Chumbley, G; Norton, C

**Source:** Alimentary pharmacology & therapeutics; Mar 2018; vol. 47 (no. 6); p. 715-729

**Publication Date:** Mar 2018

**Publication Type(s):** Research Support, Non-u.s. Gov't Journal Article Systematic Review

**PubMedID:** 29359343

Available at Alimentary pharmacology & therapeutics - from Wiley Online Library Free Content - NHS

Available at Alimentary pharmacology & therapeutics - from Unpaywall
Abstract: BACKGROUND Pain is a frequently reported symptom of inflammatory bowel disease (IBD) experienced by patients in active disease and remission. Psychological factors play a significant role in pain, but have not been systematically reviewed in IBD. AIM To review psychosocial factors associated with pain in adults diagnosed with IBD. METHODS Electronic (PsycInfo, MEDLINE, EMBASE, Cochrane Library, CINAHL, Web of Science), and hand-searching were conducted February-May 2017. Two authors carried out screening and data extraction. RESULTS Fifteen studies including 5539 IBD patients were identified. Emotional, cognitive-behavioural and personality factors were associated with IBD-pain. Depression and anxiety were the most commonly explored constructs, followed by perceived stress and pain catastrophising, all of which were positively associated with greater pain. Greater abdominal pain was associated with a concurrent mood disorder over fivefold (OR 5.76, 95% CI 1.39, 23.89). Coping strategies and pain fear avoidance correlated with pain levels. Perceived social support (r = .26) and internal locus of control (r = .33) correlated with less pain. Patients reporting pain in IBD remission more frequently had an existing diagnosis of a mood disorder, a chronic pain disorder and irritable bowel syndrome. Six studies controlled for disease activity, of which 4 found that psychosocial factors significantly predicted pain. The majority of studies (n = 10) were of high quality. CONCLUSION Psychosocial factors appear to play a significant role in IBD-pain. Further research is required to explore psychosocial constructs in relation to IBD-pain, with use of validated pain measures, large sample sizes and clearer characterisation of disease activity.

Database: Medline

20. Gut-brain Actions Underlying Comorbid Anxiety and Depression Associated With Inflammatory Bowel Disease

Author(s): Abautret-Daly A; Dempsey E; Parra-Blanco A. et al.


Publication Type: Review

Abstract: Introduction Inflammatory bowel disease (IBD) is a chronic relapsing and remitting disorder characterised by inflammation of the gastrointestinal tract. There is a growing consensus that IBD is associated with anxiety- and depression-related symptoms. Psychological symptoms appear to be more prevalent during active disease states with no difference in prevalence between Crohn's disease and ulcerative colitis. Behavioural disturbances including anxiety- and depression-like symptoms have also been observed in animal models of IBD. Results: The likely mechanisms underlying the association are discussed with particular reference to communication between the gut and brain. The close bidirectional relationship known as the gut-brain axis includes neural, hormonal and immune communication links. Evidence is provided for a number of interacting factors including activation of the inflammatory response system in the brain, the hypothalamic-pituitary-adrenal axis, and brain areas implicated in altered behaviours, changes in blood brain barrier integrity, and an emerging role for gut microbiota and response to probiotics in IBD. Discussion The impact of psychological stress in models of IBD remains somewhat conflicted, however, it is weighted in favour of stress or early stressful life events as risk factors in the development of IBD, stress-induced exacerbation of inflammation and relapse. Conclusion: It is recommended that patients with IBD be screened for psychological disturbance and treated accordingly as intervention can improve quality of life and may reduce relapse rates.

Database: PubMed

21. The Role of Stress in Inflammatory Bowel Diseases.

Author(s): Sgambato, Dolores; Miranda, Agnese; Ranaldo, Rocco; et al.
BACKGROUND Inflammatory bowel disease (IBD) is a multi-factorial systemic disorder which involves immune, genetic and environmental factors. Stress, in its various forms, plays an important role in gastrointestinal diseases and, in particular, in IBD. METHODS Here, we focus on the environmental stressors in different aspects of IBD (pathogenesis, course and severity of disease) and, in particular, will evaluate the mechanisms by which they may influence IBD. RESULTS The effect of stress on IBD might be mediated by autonomic nervous system and hypothalamic pituitary adrenal axis. These nervous pathways are part of the so called "brain-gut axis" which links gastrointestinal integrity and functions to central nervous system acting through the increase of intestinal permeability, bacterial translocation and cytokines network. CONCLUSION The incidence of emotional disorders is higher in Crohn's Disease and Ulcerative Colitis compared to general population. Moreover, depression and anxiety influence the course and the severity of the underlying intestinal disease. Hence, it is important to consider appropriate psychological therapy in IBD patients.

Database: Medline

22. Symptoms of anxiety and depression are independently associated with inflammatory bowel disease-related disability.

Author(s): Chan, Webber; Shim, Hang Hock; Lim, Miao Shan; et al.

Source: Digestive and liver disease : official journal of the Italian Society of Gastroenterology and the Italian Association for the Study of the Liver; Dec 2017; vol. 49 (no. 12); p. 1314-1319

Publication Date: Dec 2017

Publication Type(s): Journal Article

PubMedID: 28882540

Abstract: BACKGROUND Inflammatory bowel disease (IBD) frequently results in disability. The relevance of psychological effects in causing disability, and whether disability occurs similarly in non-Western cohorts is as yet unknown. AIM We assessed the relationship between symptoms of anxiety and depression, quality of life and disability in a Singaporean IBD cohort and their predictors. METHODS Cross-sectional study. We assessed consecutive IBD subjects' IBD-Disability Index (IBD-DI), Hospital Anxiety and Depression Scale (HADS), and IBD questionnaire (IBDQ). Clinical and demographic variables were collected. Non-parametric statistical analyses were performed. Independent predictors of disability were identified through multivariate logistic regression. RESULTS 200 consecutive subjects were recruited (males: 69%; median age: 43.8 (±15.4) years; 95 had Crohn's disease (CD), 105 had ulcerative colitis (UC); median IBD duration: 10.8 (±9.0) years.) 27% of the cohort had anxiety and/or depression, which worsened disability (IBD-DI: -9 (±14) with anxiety vs 6 (±13) without anxiety, P<0.001; -12 (±16) with depression vs 5 (±13) without depression, P<0.001). Age at diagnosis, use of prednisolone, strictureing CD and active IBD were significant predictors of disability. IBDQ strongly correlated with IBD-DI(rs=0.82, P<0.01). CONCLUSION Symptoms of anxiety and depression were common in this Asian cohort of IBD and were strongly associated with IBD-related disability. Recognizing psychological issues contributing to disability in IBD is important to ensure holistic care and appropriate treatment.

Database: Medline
23. Association between psychological measures with inflammatory and disease-related markers of inflammatory bowel disease.

**Author(s):** Abautret-Daly, Áine; Dempsey, Elaine; Riestra, Sabino; et al.

**Source:** International journal of psychiatry in clinical practice; Sep 2017; vol. 21 (no. 3); p. 221-230

**Publication Date:** Sep 2017

**Abstract:**
OBJECTIVE This study aimed at investigating the associations between inflammatory mediators, symptoms and psychological disturbances in inflammatory bowel disease (IBD) patients.

METHODS IBD patients and patient controls were examined during a single visit to a gastroenterology clinic. Disease activity was assessed using the Mayo index for ulcerative colitis (UC), inflammatory bowel disease questionnaire (IBDQ), Crohn's disease activity index (CDAI) and Crohn's disease endoscopic index of severity (CDEIS). Gene expression of inflammatory mediators were measured in intestinal biopsies and whole blood samples along with circulating concentrations of interleukin (IL)-6, interferon (IFN)γ, C-reactive protein (CRP), kynurenine and tryptophan. Validated depression, anxiety and quality of life scores were used to assess psychological well-being.

RESULTS Patients who were symptomatic had the highest depression and anxiety scores, together with increased intestinal expression of IL-1β, IL-6 and matrix metalloproteinase-9, increased circulating IL-6 and CRP, and an increased circulating kynurenine:tryptophan ratio. Increased Hamilton depression (HAM-D) scores in IBD patients were observed independent of the psychological impact of acute symptoms.

CONCLUSIONS Active IBD is associated with symptoms of depression and anxiety and with a raised circulating inflammatory mediator profile. Patients with active IBD exhibiting psychological symptoms should undergo psychological evaluation to ensure the psychological aspects of the condition are considered and addressed.

**Database:** Medline

24. Management of the Psychological Impact of Inflammatory Bowel Disease: Perspective of Doctors and Patients-The ENMENTE Project.

**Author(s):** Marín-Jiménez, Ignacio; Gobbo Montoya, Milena; Panadero, Abel; et al.

**Source:** Inflammatory bowel diseases; Sep 2017; vol. 23 (no. 9); p. 1492-1498

**Publication Date:** Sep 2017

**Abstract:**
BACKGROUND To explore the perception of patients and gastroenterologists specialized in inflammatory bowel disease (IBD) on the impact of psychological factors on IBD course and its management.

METHODS Online surveys were sent to patients with IBD recruited from a national patient association and IBD specialists recruited from a national scientific society. These surveys were based on the results of a focus group and discussion group that explored the psychological aspects of IBD. Descriptive statistical analyses were performed, and the physicians' responses regarding impact and management were compared with those of a random patient sample.

RESULTS Responses were obtained from 170 physicians and 903 patients. Most patients emphasized the impact of psychological aspects, namely anxiety and depression, related to suffering from IBD, with 28% declaring that they perceived health professionals to not be interested in this
area. A third of the physicians declared not feeling qualified to detect psychological problems. Although 50% of doctors stated that they regularly enquire about these aspects in their clinics, the patients perceived that this was done only 25% of the time. Both groups agreed on the need of a psychologist in IBD care teams.

CONCLUSIONS
A discrepancy exists between physician and patient perceptions of the impact of psychological aspects in IBD, with patients perceiving higher impact and more under treatment than physicians. Given the influence of these aspects on patient well-being, it seems advisable to enrich professionals’ training, improve the clinical management of psychological aspects of IBD, and probably include psychologists in IBD care teams.

Database: Medline

25. Psychological Factors May Play an Important Role in Pediatric Crohn’s Disease Symptoms and Disability.

Author(s): van Tilburg, Miranda A L; Claar, Robyn Lewis; Romano, Joan M; et al.

Source: The Journal of pediatrics; May 2017; vol. 184 ; p. 94

Publication Date: May 2017

Publication Type(s): Research Support, N.i.h., Extramural Journal Article

PubMedID: 28238483
Available at The Journal of pediatrics - from Unpaywall

Abstract: OBJECTIVE To examine the relative contributions of disease activity and psychological factors to self-reported symptoms and disability in children with Crohn's disease. STUDY DESIGN Participants (n = 127 children age 8-18 years) completed questionnaires on symptom severity and disability, as well as psychological measures assessing anxiety, depression, pain beliefs and coping. Disease activity was measured by the Pediatric Crohn's Disease Activity Index. Structural equation modeling was used to test the effects of disease activity and psychological factors on symptoms and disability. RESULTS In the hypothesized model predicting symptoms, psychological factors (β = 0.58; P < .001) were significantly associated with disease symptoms but disease activity was not. The model for disability yielded significant associations for both psychological factors (β = 0.75; P < .001) and disease activity (β = 0.61, P < .05). CONCLUSION Crohn's disease symptoms in children and adolescents are not only driven by disease activity. Coping, anxiety, depression, and cognition of illness are important in the patient-reporting of symptom severity and disability. Physicians need to be aware that symptom self-reporting can be driven by psychological factors and may not always be simply an indicator of disease activity. TRIAL REGISTRATION ClinicalTrials.gov: NCT00679003.

Database: Medline


Author(s): Gracie, David J; Irvine, Andrew J; Sood, Ruchit; et al.

Source: The lancet. Gastroenterology & hepatology; Mar 2017; vol. 2 (no. 3); p. 189-199

Publication Date: Mar 2017

Publication Type(s): Meta-analysis Journal Article Review Systematic Review

PubMedID: 28404134
Available at The lancet. Gastroenterology & hepatology - from Unpaywall
**Abstract:**

**BACKGROUND**

Inflammatory bowel disease is associated with psychological comorbidity and impaired quality of life. Psychological comorbidity could affect the natural history of inflammatory bowel disease. Psychological therapies might therefore have beneficial effects on disease activity, mood, and quality of life in patients with inflammatory bowel disease. We did a systematic review and meta-analysis examining these issues.

**METHODS**

In this systematic review and meta-analysis, we searched MEDLINE, Embase, Embase Classic, PsychINFO, and the Cochrane Central Register of Controlled Trials for articles published between 1947 and Sept 22, 2016. Randomised controlled trials (RCTs) recruiting patients with inflammatory bowel disease aged at least 16 years that compared psychological therapy with a control intervention or usual treatment were eligible. We pooled dichotomous data to obtain relative risks of induction of remission in active disease or prevention of relapse of quiescent disease, with 95% CIs. We pooled continuous data to estimate standardised mean differences in disease activity indices, anxiety, depression, perceived stress, and quality-of-life scores in patients dichotomised into those with clinically active or quiescent disease, with 95% CIs. We extracted data from published reports and contacted the original investigators of studies for which the required data were not available. We pooled all data using a random-effects model.

**FINDINGS**

The search identified 1824 studies, with 14 RCTs of 1196 patients eligible for inclusion. The relative risk of relapse of quiescent inflammatory bowel disease with psychological therapy versus control was 0.98 (95% CI 0.77-1.24; p=0.87; I²=50%; six trials; 518 patients). We observed a significant difference in depression scores (standardised mean difference -0.17 [-0.33 to -0.01]; p=0.04; I²=0%; seven trials; 605 patients) and quality of life (0.30 [0.07-0.52]; p=0.01; I²=42%; nine trials; 578 patients) with psychological therapy versus control at the end of therapy for patients with quiescent disease. However, these beneficial effects were lost at final point of follow-up (depression scores -0.11 [-0.27 to 0.05], p=0.17, I²=0%, eight trials, 593 patients; quality of life 0.15 [-0.05 to 0.34], p=0.14, I²=22%, ten trials, 577 patients). When we assessed the effect of individual physiological therapies on quality of life, only cognitive behavioural therapy had any significant beneficial effect (0.37 [0.02-0.72]). We noted no effect on disease activity indices or other psychological wellbeing scores when compared with control in patients with quiescent disease. Dichotomous data for induction of remission and continuous data for change in clinical disease activity indices, depression, anxiety, and perceived stress scores were only reported in one RCT of patients with active disease. Quality of life was assessed in two RCTs of patients with active disease, but was not significantly different between intervention and control groups (0.27 [-0.05 to 0.59]).

**INTERPRETATION**

Psychological therapies, and cognitive behavioural therapy in particular, might have small short-term beneficial effects on depression scores and quality of life in patients with inflammatory bowel disease. Further RCTs of these interventions in patients with coexistent psychological distress are required.

**FUNDING**

None.

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**27. Perceived Emotional and Psychological Impact of Ulcerative Colitis on Outpatients in Spain: UC-LIFE Survey.**

**Author(s):** López-Sanromán, Antonio; Carpio, Daniel; Calvet, Xavier; et al.

**Source:** Digestive diseases and sciences; Jan 2017; vol. 62 (no. 1); p. 207-216

**Publication Date:** Jan 2017

**Publication Type(s):** Research Support, Non-u.s. Gov't Journal Article

**PubMedID:** 27817123

Available at [Digestive diseases and sciences](https://www.proquest.com) - from ProQuest (Health Research Premium) - NHS Version

**Abstract:**

**BACKGROUND**

Ulcerative colitis (UC) negatively impacts patients’ health-related quality of life (HRQoL).

**AIM**

The UC-LIFE survey aimed to evaluate the perceived everyday and emotional impact...
of UC on patients attending outpatient clinics in Spain and explored patient-physician communication. METHODS Gastroenterologists handed the survey to consecutive unselected UC patients aged ≥18 years. Patients described their perception on the burden of symptoms and disease severity, social and emotional impact of UC on everyday life, disease knowledge and sources of information about the disease, and patient-physician communication. RESULTS A total of 585 patients received the survey, and 436 returned it (74.5% response rate; mean age 46 years, 53% men). Most patients perceived that UC prevented them from leading a normal life (79.3%) and impaired sleep quality (76.1%). Most patients described an emotional impact due to UC, mainly feelings of depression and anxiety, and some 38% perceived that UC decreased their self-confidence. Despite most patients believing that their physician listened/asked about UC symptoms, many perceived that emotional/psychological support was lacking. CONCLUSIONS Findings support the need for a more patient-centered approach to the care of UC patients, to include psychological, emotional, and social aspects. Improved patient-physician communication would be beneficial and may contribute to better HRQoL in UC patients.

Database: Medline


Author(s): Nowakowski, Jarosław; Chrobak, Adrian Andrzej; Dudek, Dominika

Source: Psychiatry polska; Dec 2016; vol. 50 (no. 6); p. 1157-1166

Publication Date: Dec 2016

Publication Type(s): Journal Article Review

PubMedID: 28211554

Available at Psychiatry polska - from Unpaywall

Abstract: Inflammatory bowel disease is a group of chronic medical conditions comprising Crohn's disease and ulcerative colitis that involves increased frequency of mental disorders. The most common psychiatric disorders in inflammatory bowel disease are depression and anxiety, however, some epidemiologic and biological evidence suggest that other disorders like bipolar disorder occur more often. Biological mechanisms concerning both inflammatory bowel disease and depression or anxiety explain susceptibility to developing mental disorders in inflammatory bowel disease. Interactions of brain gut-axis, immunological disturbances, oxidative stress and vagus nerve dysfunction play a role in pathophysiology of inflammatory bowel disease and mental disorders as well. Significance of these factors was covered in this paper. Psychiatric comorbidity in IBD may affect course of intestinal disease. It can increase requency and severity of relapses and hinder the treatment so knowledge about relationship between IBD and mental health appears to be vital for proper management of patients with inflammatory bowel disease.

Database: Medline

29. Stressful Life Events and Psychosocial Correlates of Pediatric Inflammatory Bowel Disease Activity.

Author(s): Giannakopoulos G; Chouliaras G; Margoni D; et al.


Abstract: Aim: To investigate the association of psychiatric and psychosocial correlates with inflammatory bowel disease (IBD) activity in children and adolescents. Methods: A total of 85 pediatric IBD patients (in remission or active state of the disease) and their parents completed a series of questionnaires and semi-structured interviews measuring life events, depression, anxiety,
family dysfunction, and parent mental health. Differences between the remission and the IBD active
group and the association of any significant variable with the disease activity state were examined.
**Results:** Parents of children being in active state of the disease reported more life events (P = 0.005)
and stressful life events (P = 0.048) during the past year and more mental health symptoms (P <
0.001), while the children themselves reported higher levels of anxiety symptoms (P = 0.017)
compared to the remission group. In the logistic regression multivariate analysis, the only predictor
which had a significant positive effect on the probability of the patients being in active state was
parent mental health symptoms (OR = 4.8; 95%CI: 1.2-25.8).  **Conclusion:** Life events, child anxiety
and parent mental health symptoms may be important correlates of pediatric IBD activity and
targets of thorough assessment and treatment.

**Database:** PubMed

30. Factors Associated With Anxiety and Depression in Korean Patients with Inactive Inflammatory
Bowel Disease

**Author(s):** Kim MC; Jung YS; Song YS; et al.

**Source:** Gut Liver. 2016 May 23;10(3):399-405

**Abstract:** Background/aims: Psychological distress is highly prevalent in patients with inflammatory
bowel disease (IBD). We evaluated the disease characteristics and socioeconomic factors associated
with anxiety and depression in Korean patients with quiescent IBD. Methods: In total, 142 IBD
patients (67 with Crohn's disease [CD] and 75 with ulcerative colitis [UC]) completed self-report
questionnaires, including the Hospital Anxiety and Depression Score, the Modified Morisky
Adherence Scale-8, the socioeconomic deprivation score, and the Crohn's and Colitis Knowledge
Score questionnaires. Results: In the CD group, 30 patients (44%) were anxious, and 10 patients
(15%) were depressed; in the UC group, 31 patients (41%) were anxious, and 18 patients (24%) were
depressed. Using multivariate analysis, in the CD group, socioeconomic deprivation was associated
with anxiety (p=0.03), whereas disease duration (p=0.04) and socioeconomic deprivation (p=0.013)
were associated with depression. In the UC group, there was no significant independent predictor of
anxiety and/or depression; however, low income tended to be associated with depression (p=0.096).
Conclusions: Despite clinical remission, a significant number of IBD patients present with anxiety and
depression. IBD patients in remission, particularly those who are socioeconomically deprived, should
be provided with appropriate psychological support.

**Database:** PubMed

31. Effects of a Cognitive Behavioral Therapy Intervention Trial to Improve Disease Outcomes in
Children With Inflammatory Bowel Disease.

**Author(s):** Levy RL; van Tilburg MAL; Langer SL; et al.

**Source:** Inflamm Bowel Dis. 2016 Sep;22(9):2134-48.

**Publication Type:** Randomized Controlled Trial

**Abstract:** Background: Studies testing the efficacy of behavioral interventions to modify psychosocial
sequelae of inflammatory bowel disease in children are limited. This report presents outcomes
through a 6-month follow-up from a large randomized controlled trial testing the efficacy of a
cognitive behavioral intervention for children with inflammatory bowel disease and their parents.
Methods: One hundred eighty-five children aged 8 to 17 years with a diagnosis of Crohn's disease or
ulcerative colitis and their parents were randomized to one of two 3-session conditions: (1) a social
learning and cognitive behavioral therapy condition or (2) an education support condition designed
to control for time and attention. Results: There was a significant overall treatment effect for school
absences due to Crohn's disease or ulcerative colitis (P < 0.05) at 6 months after treatment. There
was also a significant overall effect after treatment for child-reported quality of life (P < 0.05), parent-reported increases in adaptive child coping (P < 0.001), and reductions in parents’ maladaptive responses to children’s symptoms (P < 0.05). Finally, exploratory analyses indicated that for children with a higher level of flares (2 or more) prebaseline, those in social learning and cognitive behavioral therapy condition experienced a greater reduction in flares after treatment.

Conclusions: This trial suggests that a brief cognitive behavioral intervention for children with inflammatory bowel disease and their parents can result in improved child functioning and quality of life, and for some children may decrease disease activity.

Database: PubMed

32. Poor Correlation Between Clinical Disease Activity and Mucosal Inflammation, and the Role of Psychological Comorbidity, in Inflammatory Bowel Disease.

Author(s): Gracie DJ; Williams CJM; Sood R; et al.

Source: Am J Gastroenterol. 2016 Apr;111(4):541-51

Abstract: Objectives: There is a move toward patient-reported outcome measures as end points in clinical trials of novel therapies for inflammatory bowel disease (IBD). However, the association between patient-reported symptoms and mucosal inflammation, and the influence of psychological factors, remains unclear. We examined this in a secondary care population. Methods: Validated patient-reported disease activity indices were used to define clinically active disease in a cohort of 356 patients with ulcerative colitis (UC) or Crohn’s disease (CD). A fecal calprotectin ≥250 μg/g was used to define active mucosal inflammation. The hospital anxiety and depression scale (HADS) and patient health questionnaire (PHQ)-15 were used to assess for anxiety, depression, or somatization, respectively. Logistic regression analysis was performed to determine the association between symptoms, mucosal inflammation, and psychological comorbidity. Results: Clinical disease activity was associated with mucosal inflammation in UC (odds ratio (OR) 3.36; 95% confidence interval (CI) 1.34-8.47) but not in CD (OR 1.69; 95% CI 0.74-3.83). Depression in UC (OR 1.21 per 1-point increase in HADS; 95% CI 1.02-1.44) and somatization in UC (OR 1.17 per 1-point increase in PHQ-15; 95% CI 1.03-1.33) and CD (OR 1.31 per 1-point increase in PHQ-15; 95% CI 1.13-1.52) were associated with clinical disease activity. Overall, patient-reported symptoms yielded poor positive predictive values for mucosal inflammation in both CD and UC. Conclusions: Patient-reported symptoms and the Harvey-Bradshaw index were poor predictors of mucosal inflammation in CD. Psychological comorbidity was associated with gastrointestinal symptom-reporting. A shift in the focus of IBD management toward one addressing both psychological and physical well-being is required.

Database: PubMed

33. Patient-reported Anxiety: A Possible Predictor of Pediatric Inflammatory Bowel Disease Health Care Use.

Author(s): Reigada, Laura C; Satpute, Ankita; Hoogendoorn, Claire J; et al.

Source: Inflammatory bowel diseases; Sep 2016; vol. 22 (no. 9); p. 2127-2133

Publication Date: Sep 2016

Publication Type(s): Research Support, Non-u.s. Gov't Journal Article

PubMedID: 27482980

Available at Inflammatory bowel diseases - from Unpaywall

Abstract:BACKGROUND Anxiety is linked with adverse health-related outcomes and increased health-seeking behaviors among patients with chronic illness. Yet, this relationship has received little attention in pediatric inflammatory bowel disease. The aim of this study was to examine whether
anxiety symptoms predicted youth at increased risk for repeated disease relapse and greater gastrointestinal health care use over the subsequent 12 months. METHODS Eighty-six pediatric patients aged 11 to 18 years (M = 14.7, SD = 2.0), and their caregivers completed a validated anxiety questionnaire during a gastrointestinal specialty appointment (baseline). Medical records were reviewed for the subsequent year to record the number of disease relapses and gastrointestinal health care services and generate disease activity scores at baseline and 12 months. Analysis of variance was used to examine anxiety levels between those who experienced ≤1 versus ≥2 disease relapses. Poisson regressions were used to model the relationship between child- and caregiver-reported anxiety and health care use, controlling for disease activity. RESULTS The sample was predominantly white (81%) and male (56%). Patients with higher anxiety at baseline (M = 19.6; SD = 13.7) had more frequent (≥2) disease relapses compared with those with lower anxiety at baseline (M = 12.6; SD = 10.3). Higher anxiety, irrespective of reporter, also predicted greater total gastrointestinal health care use (P < 0.01). This included hospital-based interventions (P < 0.01), but not office encounters or outpatient endoscopic procedures. Findings remained significant after controlling for disease severity (P < 0.05). CONCLUSIONS Assessment of anxiety may be one mechanism by which to identify those youth who are most vulnerable for disease exacerbation and costly interventions in the near future.

Database: Medline

34. Systematic review: psychological morbidity in young people with inflammatory bowel disease - risk factors and impacts.

Author(s): Brooks, A J; Rowse, G; Ryder, A; Peach, E J; Corfe, B M; Lobo, A J

Source: Alimentary pharmacology & therapeutics; Jul 2016; vol. 44 (no. 1); p. 3-15

Publication Date: Jul 2016

Publication Type(s): Journal Article Review Systematic Review

PubMedID: 27145394

Available at Alimentary pharmacology & therapeutics - from Wiley Online Library Free Content - NHS

Available at Alimentary pharmacology & therapeutics - from Unpaywall

Abstract: BACKGROUND Psychological morbidity in young people aged 10-24 years, with inflammatory bowel disease (IBD) is increased, but risk factors for and impacts of this are unclear. AIM To undertake a systematic literature review of the risk factors for and impact of psychological morbidity in young people with IBD. METHOD Electronic searches for English-language articles were performed with keywords relating to psychological morbidity according to DSM-IV and subsequent criteria; young people; and IBD in the MEDLINE, PsychInfo, Web of Science and CINAHL databases for studies published from 1994 to September 2014. RESULTS One thousand four hundred and forty-four studies were identified, of which 30 met the inclusion criteria. The majority measured depression and anxiety symptoms, with a small proportion examining externalising behaviours. Identifiable risk factors for psychological morbidity included: increased disease severity (r(2) = 0.152, P < 0.001), lower socioeconomic status (r(2) = 0.046, P < 0.001), corticosteroids (P ≤ 0.001), parental stress (r = 0.35, P < 0.001) and older age at diagnosis (r = 0.28, P = 0.0006). Impacts of psychological morbidity in young people with IBD were wide-ranging and included abdominal pain (r = 0.33; P < 0.001), sleep dysfunction (P < 0.05), psychotropic drug use (HR 4.16, 95% CI 2.76-6.27), non-adherence to medication (12.6% reduction) and negative illness perceptions (r = -0.43). CONCLUSIONS Psychological morbidity affects young people with IBD in a range of ways, highlighting the need for psychological interventions to improve outcomes. Identified risk factors provide an opportunity to develop targeted therapies for a vulnerable group. Further research is
required to examine groups under-represented in this review, such as those with severe IBD and those from ethnic minorities.

**Database:** Medline

### 35. Symptoms of Depression and Anxiety Are Independently Associated With Clinical Recurrence of Inflammatory Bowel Disease.

**Author(s):** Mikocka-Walus, Antonina; Pittet, Valerie; Rossel, Jean-Benoît; et al.

**Source:** Clinical gastroenterology and hepatology : the official clinical practice journal of the American Gastroenterological Association; Jun 2016; vol. 14 (no. 6); p. 829

**Publication Date:** Jun 2016

**Publication Type(s):** Research Support, Non-u.s. Gov't Journal Article

**PubMedID:** 26820402

Available at Clinical gastroenterology and hepatology : the official clinical practice journal of the American Gastroenterological Association - from Unpaywall

**Abstract:** BACKGROUND & AIMS We examined the relationship between symptoms of depression and anxiety and clinical recurrence of inflammatory bowel disease (IBD) in a large patient cohort. We considered the progression of depression and anxiety over time. METHODS We collected clinical and treatment data on 2007 adult participants of the Swiss IBD study (56% with Crohn's disease [CD], 48% male) performed in Switzerland from 2006 through 2015. Depression and anxiety symptoms were quantified by using the Hospital Anxiety and Depression Scale. The relationship between depression and anxiety scores and clinical recurrence was analyzed by using survival-time techniques. RESULTS We found a significant association between symptoms of depression and clinical recurrence over time (for all patients with IBD, P = .000001; for subjects with CD, P = .0007; for subjects with ulcerative colitis, P = .005). There was also a significant relationship between symptoms of anxiety and clinical recurrence over time in all subjects with IBD (P = .0014) and in subjects with CD (P = .031) but not ulcerative colitis (P = .066). CONCLUSIONS In an analysis of a large cohort of subjects with IBD, we found a significant association between symptoms of depression or anxiety and clinical recurrence. Patients with IBD should therefore be screened for clinically relevant levels of depression and anxiety and referred to psychologists or psychiatrists for further evaluation and treatment.

**Database:** Medline

### 36. Anxiety symptoms and disease severity in children and adolescents with Crohn disease.

**Author(s):** Reigada, Laura C; Hoogendoorn, Claire J; Walsh, Lindsay C; et al.

**Source:** Journal of pediatric gastroenterology and nutrition; Jan 2015; vol. 60 (no. 1); p. 30-35

**Publication Date:** Jan 2015

**Publication Type(s):** Research Support, Non-u.s. Gov't Journal Article

**PubMedID:** 25187105

**Abstract:** OBJECTIVES Children and adolescents diagnosed as having Crohn disease (CD), a type of inflammatory bowel disease (IBD), have increased vulnerability for anxiety symptoms that may be related to disease-related processes. The aims of this article are 3-fold: to report the proportion of pediatric patients with CD whose self-reported anxiety symptoms are indicative of distress, to describe the constellation of anxiety symptoms, and to examine the relation between anxiety and disease symptoms. METHODS Retrospective medical chart review was performed for 93 youths with CD (ages 9-18 years) who had completed the Screen for Child Anxiety Related Disorders during their
gastroenterology visit. Medical records were reviewed for demographic and disease characteristics. The Harvey-Bradshaw Index (HBI) was used as a measure of CD activity.

**RESULT**

Thirty percent of the youths reported experiencing elevated anxiety symptoms (Screen for Child Anxiety Related Disorder score >20), and 50% had scored above the cutoff in 1 or more anxiety domains, with school anxiety, general anxiety, and separation anxiety symptoms reported most frequently. Youth rated with moderate/severe disease activity on the HBI (n = 4) self-reported more anxiety symptoms compared with youth with inactive disease (n = 78, P = 0.03). Greater school anxiety was significantly associated with decreased well-being (P = 0.003), more abdominal pain (P < 0.001), and the number of loose stools (P = 0.01). Having extraintestinal symptoms was significantly associated with higher somatic/panic anxiety (P = 0.01).

**CONCLUSION**

Implementing a brief anxiety screen in tertiary pediatric settings may be one approach to identify young patients with CD in distress. Health care providers should consider periodic assessment of school anxiety among youth with CD.

**Database:** Medline

37. **Genesis of anxiety, depression, and ongoing abdominal discomfort in ulcerative colitis-like colon inflammation.**

**Author(s):** Chen, Jinghong; Winston, John H; Fu, Yu; et al.

**Source:** American journal of physiology. Regulatory, integrative and comparative physiology; Jan 2015; vol. 308 (no. 1); p. R18

**Publication Date:** Jan 2015

**Publication Type(s):** Research Support, N.i.h., Extramural Journal Article

**PubMedID:** 25411361

**Abstract:** Psychological disorders are prevalent in patients with inflammatory bowel disease; the underlying mechanisms remain unknown. We tested the hypothesis that ulcerative colitis-like inflammation induced by dextran sodium sulfate (DSS) exacerbates the ongoing spontaneous activity in colon-projecting afferent neurons that induces abdominal discomfort and anxiety, and depressive-like behaviors in rats. In this study, we used the conditioned place preference and standard tests for anxiety- and depression-like behaviors. DSS rats developed anxiety- and depression-like behaviors 10 to 20 days after the start of inflammation. Single-fiber recordings showed an increase in the frequency of spontaneous activity in L6-S1 dorsal root ganglion (DRG) roots. Prolonged desensitization of transient receptor potential vanilloid 1 (TRPV1)-expressing colonic afferents by resiniferatoxin (RTX) suppressed the spontaneous activity, as well as the anxiety- and depressive-like behaviors. Reduction in spontaneous activity in colon afferents by intracolonic administration of lidocaine produced robust conditioned place preference (CPP) in DSS rats, but not in control rats. Patch-clamp studies demonstrated a significant decrease in the resting membrane potential, lower rheobase, and sensitization of colon-projecting L6-S1 DRG neurons to generate trains of action potentials in response to current injection in DSS rats. DSS inflammation upregulated the mRNA levels of transient receptor potential ankyrin 1 and TRPV1 channels and downregulated that of Kv1.1 and Kv1.4 channels. Ulcerative colitis-like inflammation in rats induces anxiety- and depression-like behaviors, as well as ongoing abdominal discomfort by exacerbating the spontaneous activity in the colon-projecting afferent neurons. Alterations in the expression of voltage- and ligand-gated channels are associated with the induction of mood disorders following colon inflammation.

**Database:** Medline
38. Predictors of abdominal pain in depressed pediatric inflammatory bowel disease patients.

Author(s): Srinath, Arvind I; Goyal, Alka; Zimmerman, Lori A; et al.
Source: Inflammatory bowel diseases; Aug 2014; vol. 20 (no. 8); p. 1329-1340
Publication Date: Aug 2014
Publication Type(s): Research Support, N.i.h., Extramural Journal Article
PubMedID: 24983975

Available at Inflammatory bowel diseases - from Unpaywall

Abstract: BACKGROUND Pediatric patients with inflammatory bowel disease (IBD) have high rates of abdominal pain. The study aims were to (1) evaluate biological and psychological correlates of abdominal pain in depressed youth with IBD and (2) determine predictors of abdominal pain in Crohn’s disease (CD) and ulcerative colitis (UC). METHODS Seven hundred sixty-five patients aged 9 to 17 years with IBD seen over 3 years at 2 sites were screened for depression. Depressed youth completed comprehensive assessments for abdominal pain, psychological (depression and anxiety), and biological (IBD-related, through disease activity indices and laboratory values) realms. RESULTS Two hundred seventeen patients with IBD (161 CD, 56 UC) were depressed. One hundred sixty-three (120 CD, 43 UC) patients had complete abdominal pain index scores. In CD, abdominal pain was associated with depression (r = 0.33; P < 0.001), diarrhea (r = 0.34; P = 0.001), erythrocyte sedimentation rate (r = 0.22; P = 0.02), low albumin (r = 0.24; P = 0.01), weight loss (r = 0.33; P = 0.001), and abdominal tenderness (r = 0.38, P = 0.002). A multivariate model with these significant correlates represented 32% of the variance in pain. Only depression (P = 0.03), weight loss (P = 0.04), and abdominal tenderness (P = 0.01) predicted pain for patients with CD. In UC, pain was associated with depression (r = 0.46; P = 0.002) and nocturnal stools (r = 0.32; P = 0.046). In the multivariate model with these significant correlates, 23% of the variance was explained and only depression (P = 0.02) predicted pain. CONCLUSIONSThe psychological state of pediatric patients with IBD may increase the sensitivity to abdominal pain. Thus, screening for and treating comorbid depression may prevent excessive medical testing and unnecessary escalation of IBD medications.

Database: Medline

39. Anxiety is associated with impaired tolerance of colonoscopy preparation in inflammatory bowel disease and controls.

Author(s): Bessissow, Talat; Van Keerberghen, Ciska-Anne; Van Oudenhove, Lukas; et al.
Source: Journal of Crohn's & colitis; Dec 2013; vol. 7 (no. 11); p. e580
Publication Date: Dec 2013
Publication Type(s): Journal Article
PubMedID: 23664621

Available at Journal of Crohn's & colitis - from Unpaywall

Abstract: BACKGROUND AND AIM Pain and nausea are often reported during bowel cleansing (BC) for ileocolonoscopy (IC). We aimed to explore putative mechanisms associated with impaired tolerance to BC. METHODS A 1:1 (100 IBD and 100 controls) sex and age matched case-control study was performed. Patients completed the hospital anxiety and depression scale (HADS-A/HADS-D), visceral sensitivity index (VSI) and state-trait anxiety inventory, state scale (STAI-S), in addition to self-assessment of BC and abdominal pain and nausea ratings during BC. Endoscopists reported the Mayo score, Harvey Bradshaw index (HBI), simple endoscopic score for Crohn's disease, and Boston bowel preparation scale (BBPS). RESULTS Higher VSI and depression scores were observed in IBD patients. VSI (P<0.0001) and age (P=0.008) showed a positive and negative association with abdominal pain during BC, respectively. HADS-A (P=0.009) and female sex (P=0.02) were positively
associated with nausea during BC, while age (P=0.02) showed a negative association. Disease activity was not associated with worse BBPS or nausea during BC, while a higher HBI was associated with more pain during BC (P=0.0006). Nausea (P=0.007) and abdominal pain (P=0.003) during BC, and less previous ICs (P=0.03) were independently associated with anxiety prior to IC (STAI-S). Significant correlations were found between VSI and STAI-S and disease activity. CONCLUSION Higher gastrointestinal-specific anxiety and co-morbid anxiety are associated with increased pain and nausea during BC, respectively. Pain and nausea during BC were in turn associated with higher anxiety levels at the moment of IC, potentially creating a "vicious circle". Measures taken to reduce anxiety could improve BC and IC tolerance.

Database: Medline

40. How do psychological variables influence coping strategies in inflammatory bowel disease?

Author(s): Iglesias-Rey, Marta; Barreiro-de Acosta, Manuel; Caamaño-Isorna, Francisco; et al.
Source: Journal of Crohn's & colitis; Jul 2013; vol. 7 (no. 6); p. e219
Publication Date: Jul 2013
Publication Type(s): Journal Article
PubMedID: 23083699
Available at Journal of Crohn's & colitis - from Unpaywall

Abstract: BACKGROUND Adjusting to chronic disease is a complex process and one that, in the case of inflammatory bowel disease (IBD), has received very little attention. The objectives of this study were to identify coping strategies used by patients with IBD and to explore how these strategies are related to psychological characteristics. METHOD A transversal study was designed in which 875 patients with IBD were prospectively enrolled. Independent variables were evaluated using a sociodemographic questionnaire and a clinical questionnaire—the Hospital Anxiety and Depression Scale (HADS) and the Perceived Stress Scale (PSS); dependent variables were evaluated using the COPE Inventory (Coping Orientation to Problems Experienced), a multidimensional scale for evaluating general coping styles. Multiple linear regression was used to identify the variables associated with the type of coping used. RESULTSThe participation rate was 91.3%. The most common coping strategy was emotion-focused coping (X=2.64; 95% CI=2.61-2.69), with no differences in relation to type of disease. The highest scores for anxiety were associated with emotion-focused coping (β=0.164, p=0.001) whereas, for depression, the highest scores were associated with escape-avoidance (β=0.108, p=0.044). No correlation was found between stress levels and type of coping. CONCLUSION Patients with IBD have a tendency to focus on emotions in their coping process, and this process appears to be related not only to sociodemographic characteristics or features of the disease itself but also to psychological factors—anxiety and depression, primarily.

Database: Medline

41. Common psychological disorders in inflammatory bowel disease and implications for disease management

Author(s): Graff L.A.; Dudley-Brown S.
Source: Journal of Clinical Outcomes Management; Jul 2013; vol. 20 (no. 7); p. 315-324
Publication Date: Jul 2013
Publication Type(s): Review
Abstract: Objective: To review and describe the relationship between mood disorders and inflammatory bowel disease (IBD), considering the evidence for prevalence and comorbidity, as risk factors for disease course, and for psychological interventions in IBD disease management. Method(s): Review of the clinical literature, with a primary focus on human studies and English language reports in the last decade to serve as an update to prior reviews. Result(s): Studies suggest that mood disorders are more prevalent in IBD. Anxiety and depression that pre-date IBD onset may be a risk factor for disease. Mood disorders can adversely affect the course of IBD, including more frequent relapses and greater risk of surgery. Active or more severe disease and poorer socioeconomic status are risk factors for the development of a mood disorder in IBD. Antidepressant medication and psychological therapy can improve anxiety and depression in IBD, but the evidence for direct improvement of IBD outcomes with these 2 therapy approaches is still preliminary. Conclusion(s): The psychological health of the IBD patient is relevant in disease management given the relationship of mood disorders with disease outcomes. GI practitioners are encouraged to screen for depression and anxiety and to initiate or refer for pharmacologic or psychological treatment when indicated. There is potential for these interventions to positively affect disease course directly in addition to mitigating distress and improving quality of life.

Database: EMCARE

42. The causal representation of outpatients with Crohn’s disease: is there a link between psychological distress and clinical disease activity?

Author(s): Banovic I; Gilibert, Daniel; Andronikof, Anne; et al.

Source: GMS Psycho-Social-Medicine; Jan 2013; vol. 10 ; p. 1-10

Publication Date: Jan 2013

Publication Type(s): Academic Journal

Available at Psycho-social medicine - from Europe PubMed Central - Open Access

Abstract: Objectives: Because of the fluctuating and occasional character of Crohn’s disease (CD), patients have to cope with a changeable condition of health. Personal perceived control is known to be an important element of adaptation to their medical condition. The objectives of this work are to determine if perceived personal control is predictive of the clinical activity of the disease and of psychological distress (depression, anxiety). Methods: The Hospital Anxiety Depression Scale (HADS), the causal dimension scale and the Clinical Global Impression (CGI; assessing perceived severity) were administered to 160 patients affected by Crohn’s disease. Indicators of inflammation (CRP), disease duration and clinical activity of the disease were also asessed. Results: Globally, CD patients perceive their disease as being personally neither controllable nor uncontrollable. Whereas psychological distress is significantly higher when the disease is active, the relationship between the variables appears complex. The feeling of personal control is explained by the clinical activity of the disease (p=.0001) and by the perception that CD is unstable (p<.00001) and globally impacts the life of patients (p=.001). Nevertheless perception of personal control does not explain the clinical activity of the disease. Finally, psychological distress is explained by the perception that the medical team is unable to control the disease (p=.00001) and by the global consequences of the disease on life (p<.005). Conclusions: Psychological treatments should take these dimensions into account so as to improve the well-being and medical conditions of patients.

Database: CINAHL

43. Mood disorders in inflammatory bowel disease: relation to diagnosis, disease activity, perceived stress, and other factors.
BACKGROUND Anxiety and depression are common in patients with inflammatory bowel disease (IBD); however, the factors associated with mood disorders in patients with ulcerative colitis (UC) and Crohn's disease (CD) are poorly defined.

METHODS In all, 103 patients with UC, 101 with CD, and 124 healthy controls completed the Hospital Anxiety and Depression Scale (HADS). Disease activity was defined both from symptom scores and in UC endoscopically, and in CD by fecal calprotectin and/or serum C-reactive protein. Multivariate regression analyses were used to identify factors associated with anxiety and depression.

RESULTS In both UC and CD, anxiety (HADS-A) and depression (HADS-D) scores were higher than in controls (HADS-A: 8.5 ± 4.1 [mean ± SD], 8.6 ± 3.9, 3.2 ± 1.8, P < 0.001; and HADS-D: 4.1 ± 3.3, 4.7 ± 3.3, 1.7 ± 1.4, P < 0.001, respectively). There were no differences in the prevalence of mild, moderate, and severe anxiety and depression in UC and CD. In UC, anxiety scores were associated with perceived stress and a new diagnosis of IBD; depression was associated with stress, inpatient status, and active disease. In CD, anxiety was associated with perceived stress, abdominal pain, and lower socioeconomic status, and depression with perceived stress and increasing age.

CONCLUSIONS Anxiety and depression are common in IBD. Perceived stress is associated with mood disturbances in both UC and CD, but the other associated factors differ in the two diseases. Gastroenterologists should look for mood disorders in IBD and consider stress management and psychotherapy in affected patients.

Database: Medline

44. Psychiatric Disorders in Patients with Immune-Mediated Inflammatory Diseases: Prevalence, Association with Disease Activity, and Overall Patient Well-being.

Author(s): Walker; Graff, Lesley A; Dutz, Jan P; Bernstein, Charles N

Source: Journal of Rheumatology; Nov 2011; vol. 38; p. 31-35

Publication Date: Nov 2011

Publication Type(s): Academic Journal

Abstract: There has been much speculation on the importance of emotional factors in patients with immune-mediated inflammatory disease (IMID); it is only in the past 10 years that well designed, large-cohort studies have been able to clarify this relationship. This article provides an overview of evidence on the occurrence of depression and anxiety in IMID, and the role of these comorbidities as risk factors for onset of IMID, as well as the degree to which they affect the course of disease and treatment outcomes.

Database: CINAHL
## Databases & Search terms

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Limits: YR=2010-2020 / LA=ENG
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