# Irritable Bowel Syndrome Patients' Use of Primary Healthcare and Self-Reported Health

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**Received** 05 September, 2021; **Accepted** 30 September, 2021; **Published** 06 October, 2021

## Abstract

Irritable Bowel Syndrome (IBS) is a poorly understood public health problem that affects a significant portion of the population. Despite the fact that co-morbidity can influence diagnosis and therapy, there are few studies on diagnosed and registered co-morbidity in IBS patients in primary care. The researchers used data from a county-wide computerised medical record system to compare co-morbidity among IBS patients to age- and sex-matched controls from the general population. Irritable Bowel Syndrome (IBS) is a chronic gastrointestinal disorder that is linked to a lower quality of life and greater healthcare utilisation. Health self-ratings have been shown to be a reliable predictor of health outcomes. In both IBS and non-IBS patients, a lack of gastrointestinal symptoms, a high sense of coherence, and a younger age were linked to higher self-rated health. The examination of diagnoses from the HCR revealed a broad spectrum of common co-morbidity and significantly more physician-recorded diagnoses among IBS-patients in comparison to the control group in this population-based case–control study.

**Keywords:** Diet• Inflammation• Functional gastrointestinal disorder

## Introduction

Irritable bowel syndrome (IBS) is a frequent functional gastrointestinal disorder (FGD) that affects a small percentage of the general population but is a "hidden" public health problem. IBS has been linked to a wide range of psychological and physical symptoms and discomforts, as well as a decreased quality of life and higher health-care utilization [1]. Fear of serious gastrointestinal (GI) or other sickness is a common reason for this group of people to seek medical help. For correct diagnosis of FGDs and treatment options for this patient population, adequate assessment of co-morbidity is critical. Despite the fact that FGDs are seldom life-threatening, excluding severe disorders such as various types of gastrointestinal cancer is a significant clinical problem. Because psychological, social, and biological factors all play a role, therapeutic decision-making is often complex, even though the impact of each of these elements is likely to be different in various patients and may change over time for the same person [2-4].

Today's treatments are starting to address the multifactorial etiology, and include both pharmacological and non-pharmaceutical options, such as hypnotherapy and cognitive behavioural therapy [5]. In contrast to several of these findings, a recent study in primary care found that IBS patients were not heavy users of health care and that the majority of IBS patients only saw their GP for abdominal symptoms. According to other studies, over half of all IBS patients in general care and specialised clinics had at least one co-morbid symptom. Fibromyalgia, migraine, chronic fatigue syndrome, major depression, and panic disorder are among the co-morbidities associated with IBS, according to Hudson et al. Patients who have one or more co-morbid illnesses have more severe IBS symptoms, more mental complaints, and more illness-related absenteeism than those who do not. In addition to the irritable bowel syndrome itself, psychosocial factors may impact health-care seeking behaviours [3]. Anxiety and depression are more common in IBS patients than in healthy controls, according to studies. The causal link between IBS and psychological factors, on the other hand, is yet uncertain. Although co-morbidity can influence the diagnosis and management of IBS, there are few studies on diagnosed co-morbidity in primary care IBS patients. Because there is overlap between other GI diseases, it is generally known that a broad range of diagnostic techniques is required to rule out other conditions when IBS is suspected. GI and other co-morbidity have previously been described in IBS cases, but most of these studies were conducted among IBS health care seekers, and just a few were based on a population-based design [4,5].

## Conclusion

IBS sufferers appear to be more concerned about major diseases than the overall population. In comparison to age- and sex-matched controls in the general population, they also appear to have greater physician-diagnosed co-morbidity. This co-casual morbidity's direction has to be researched more.

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**Cite this article:** Ewoz, A. Irritable Bowel Syndrome Patients' Use of Primary Healthcare and Self-Reported Health. *Prim Health Care*, 2021, 11(9), 402.