Burdens of irritable bowel syndrome with constipation on healthcare resource utilization, work productivity, activity impairment, and quality of life in France, Germany, and the United Kingdom

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ABSTRACT

Introduction: Irritable bowel syndrome with constipation (IBS-C) is a chronic and episodic gastrointestinal motility and sensory disorder characterized by abdominal pain or discomfort associated with constipation.

Aims and methods: The objective of this study was to assess healthcare utilization, productivity loss and quality of life (QoL) in subjects with and without IBS-C in France, Germany and the United Kingdom (UK). The study population consisted of respondents from the 2004 National Health and Wellness Survey (NHWS). This survey is an annual cross-sectional survey of a nationally representative sample of the adult population (≥18 years) that covers a broad range of health topics.

RESULTS

Demographics and health characteristics.

Table 1. Demographics and health characteristics.

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>IBS-C subjects</th>
<th>Non-IBS-C subjects</th>
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<tbody>
<tr>
<td>Total (n=26,468)</td>
<td>2,696</td>
<td>206,162</td>
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<tr>
<td>Mean age (years)</td>
<td>44.8</td>
<td>42.1</td>
</tr>
<tr>
<td>(SD 11.84)</td>
<td>45.1</td>
<td>45.0</td>
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<tr>
<td>One or more physical comorbidities</td>
<td>63.0</td>
<td>77.0</td>
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<tr>
<td>(p=0.001)</td>
<td>61.0</td>
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</table>
| Women comprised 70% of the IBS-C population with 45% in the non-IBS-C group. The non-IBS-C subjects were older (mean age of 45.1 years) than those with IBS-C (mean age of 42.1 years). 77% of the IBS-C population had more than one physical comorbidity compared with 61% for the non-IBS-C population.

All differences were statistically significant (p<0.001).

Healthcare resource utilization.

The impact of IBS-C on healthcare resource utilization in the previous 6 months is shown in Figure 1. IBS-C subjects reported an average of 8.4 physician visits vs 5.0 visits for the non-IBS-C population. The IBS-C population visited the emergency room three times more often than the non-IBS-C population (0.3 vs 0.1 visits, respectively). Subjects with IBS-C reported on average twice as many hospitalized days than the non-IBS-C subjects (1.4 days vs 0.7 days, respectively).

All differences were statistically significant (p<0.001).

Health-related quality of life (HRQoL).

HRQoL during the month prior to the questionnaire was assessed using the Medical Outcomes Study II-Item Short-Form Health Survey (SF-8).

The SF-8 is a generic HRQoL measure designed to assess physical functioning, role limitations due to physical health problems, body pain, general health, vitality, social functioning, role limitations due to emotional problems, and mental health.

Statistical analysis:

A multivariate analysis (ANCOVA) was performed controlling for age, gender, and physical comorbidities such as GERD/peptic ulcer, arthritis, and psoriasis.

RESULTS

Patient demographics.

Of the 26,468 respondents, 10.2% (2,696) were being diagnosed with IBS-C or having IBS-C symptoms (abdominal pain, bloating and constipation). 70% of females were female. The mean age was 42.1 years. The IBS-C population in the three countries had greater healthcare utilization: 8.4 physician visits vs 5.0 visits for the non-IBS-C population. Subjects with IBS-C reported 1.4 mean hospital days during the past 6 months, versus 0.7 days. All the differences were statistically significant (p<0.001).

The non-IBS-C subjects were older (mean age of 45.1 years) than those with IBS-C (mean age of 42.1 years). 77% of the IBS-C population had more than one physical comorbidity compared with 61% for the non-IBS-C population.

All differences were statistically significant (p<0.001).

ANCOVA results:

The results, controlled for age, gender, and number of physical comorbidities, indicated that the IBS-C population had significantly lower physical and mental health, significantly higher work productivity loss and daily activity impairment, and significantly higher utilization of healthcare resources than the non-IBS-C population (p<0.001).

REFERENCES


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CONCLUSIONS

This analysis of the 2004 NHWS data from France, Germany and the United Kingdom revealed that:

– IBS-C subjects had a greater utilization of healthcare resources in terms of physician and emergency room visits, as well as hospitalization than the non-IBS-C subjects
– productivity loss and activity impairment were higher in people with IBS-C compared with people without the disorder
– subjects with IBS-C reported a lower QoL than the non-IBS-C population

Effective treatments for IBS may improve sufferers’ QoL and reduce the substantial impact placed on healthcare resources.

METHODS

Study sample and data collection.

The study population consisted of respondents from the 2004 National Health and Wellness Survey (NHWS). The NHWS is an annual cross-sectional survey of attitudes, behaviors and treatment choices related to healthcare.

Data were collected through self-administered internet-based questionnaires in 2004 from a nationally representative sample of community-based adults in France, Germany and the United Kingdom.

Inclusion criteria:

– Men and women at least 18 years of age were included in the analysis.
– Patients diagnosed with IBS-C or experiencing IBS-C with symptoms (abdominal pain and/or bloating and constipation) were included in the IBS-C population.
– The non-IBS-C population comprised the rest of the respondents.

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