

Diagnostic and Statistical Manual of Mental Disorders (4th edition) to identify patients who had different kinds of psychiatric illnesses. Two self-rating scales were administered. The Chinese-Cantonese version of Hospital Anxiety and Depression Scales (HADS) was used to assess the severity of depression and anxiety and the Hong Kong Chinese version of the World Health Organisation Quality of Life Measure (Abbreviated version) (WHOQOL-BREF) was used to measure quality of life.

Results:

Of 104 outpatients with IBS, three refused participation in the study and two were excluded because they were older than 65. 99 eligible IBS patients were recruited in the study. The response rate was 97.1%. 49.5 % of the subjects had one or more lifetime psychiatric diagnoses. The lifetime and point prevalence of Axis I psychiatric disorders were 69.7% and 43.4% respectively. Depressive disorder was the most frequently diagnosed condition with lifetime prevalence of 35.4%. Past depressive episode was diagnosed in 23.2% of the subjects, while 12.1% had current depressive disorder. As a group, anxiety disorders were the second most common psychiatric diagnosis in this IBS sample with lifetime prevalence of 24.2%. Among anxiety disorders, generalized anxiety disorder was the commonest (8.1%).

Somatoform disorder constituted 10.1% of the sample. Somatoform pain disorder was diagnosed in 6.1 % of the sample. None of the IBS subjects was diagnosed alcohol or substance abuse. 45.7% of depressive disorders, 58.3% of anxiety disorders and 80% of somatoform disorders were previously undetected.

Compared with IBS subjects without psychiatric morbidity, those with psychiatric morbidity had significantly higher HADS depression and anxiety scores. Besides, they had significantly lower scores in all the four WHOQOL-BREF domains. IBS subjects with predominance of diarrhea had significantly higher HADS depression score than those with predominance of constipation. They had significantly lower WHOQOL-BREF scores in physical, psychological and environment domains but the difference in social domain scores did not reach the statistical significance.

None of the socio-demographic and clinical characteristics was found to have strong correlations with development of psychiatric morbidity and WHOQOL-BREF domain scores. On the other hand, both HADS depression and anxiety scores were found to have significantly negative correlations with all four WHOQOL-BREF domain scores respectively.

Conclusions:

This study showed that depressive and anxiety disorders were prevalent in IBS outpatients in gastroenterology clinics in Hong Kong. More than half of the psychiatric diagnoses were previously undetected. IBS outpatients with psychiatric morbidity were shown to have poorer quality of life. Thus, it is worthwhile to screen for psychiatric disorders in IBS outpatients in gastroenterology clinics.

Keywords: Irritable bowel syndrome, psychiatric morbidity, quality of life

Contribution of the candidate in this study

The candidate was solely responsible for study design, liaison with gastroenterologists in Prince of Wales Hospital (PWH) and Alice Ho Miu Ling Nethersole Hospital (AHNH), application for the Ethics Committee's approval, interview outpatients with irritable bowel syndrome (IBS), data input, data analysis and writing up the whole dissertation.