Characterisation and Association of Abdominal Pain with Anxiety or Depression in Patients with Irritable Bowel Syndrome with Constipation (IBS-C)

Introduction
The Short-Form McGill Pain Questionnaire (SF-MPQ-2) assesses and characterises pain. It consists of 22 items (rated from 0 to 10) in 4 subscales (continuous pain, intermittent pain, neuropathic pain [sensory descriptors], and affective descriptors [emotional aspects of pain, eg cruel/exhausting]). The SF-MPQ-2 has not yet been validated in abdominal pain and, therefore, its use in functional gastrointestinal disorders like IBS is limited. Also, little is known about pain quality in IBS. We used the SF-MPQ-2 to characterise baseline abdominal pain in IBS-C and to determine whether subscale scores were associated with significant baseline anxiety or depression.

Methods
Over a 2-wk baseline period in 2 Phase 3 trials of linaclotide (LIN), patients (pts) with IBS-C (Rome II criteria, N = 1525) rated daily their worst abdominal pain over the past 24 h on an 11-point scale (0 = none, 10 = very severe) and completed the SF-MPQ-2. Summary statistics were calculated for each SF-MPQ-2 item and subscale. Pts were grouped by their highest-scored pain subscale and the pain subscale reported by the highest % of pts was defined as the predominant pain type. Association of each subscale with baseline abdominal pain score was determined by ANCOVA. Baseline anxiety and depression were assessed on the Hospital Anxiety and Depression Scale (HADS-A and HADS-D); pts were categorised as normal/borderline (0–10) or abnormal (11–21). Association of each subscale with abnormal HADS score was analysed by logistic regression.

Results
Continuous pain was the predominant pain type (77% of pts); the item with the highest average score in this subscale was cramping pain. Baseline abdominal pain score was significantly associated with McGill continuous pain (p < 0.0001), intermittent pain (p = 0.004) and affective descriptors (p = 0.012), but not with neuropathic pain (p = 0.526). Only the affective descriptors subscale was significantly associated with abnormal HADS score (Table).

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Results
1795 colonoscopies and 2589 flexible sigmoidoscopies were performed at our hospital during this two year period.

The total number of colonic cancers found were 87 (47 found on colonoscopy and 40 on flexible sigmoidoscopy), giving an incidence of about 2%. The ages ranged from 33 years to 86 years with 49 males and 38 females. The main presenting symptoms were analysed and were as follows:

Anaemia in 16 patients Abdominal pain in 8 patients
Per rectal (PR) bleeding in 45 patients Change in bowel habit in 25 patients
We followed the established norm of dividing colon cancers proximal to the splenic flexure as right colonic and distal to this as left colonic.

Abstract PWE-029 Table

<table>
<thead>
<tr>
<th>Abnormal HADS</th>
<th>Pain subscale</th>
<th>Odds ratio</th>
<th>95% CI</th>
<th>p*</th>
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<td>HADS-A</td>
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<td>1.04</td>
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<td>0.92, 1.09</td>
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<td>Affective descriptors</td>
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<td>&lt;0.0001</td>
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<td>1.10, 1.41</td>
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*p* Wald χ² test

Conclusion
These data indicate that continuous pain is predominant in IBS-C and that anxiety and depression are related to the emotional response to pain, not to pain itself. Support: Ironwood Pharmaceuticals Inc & Forest Laboratories Inc. Editing: CMC funded by Almirall

Disclosure of Interest

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