

Evaluation of Lifestyle among Patients with Irritable Bowel Syndrome in Kirkuk City

Rebaz Ismeal Ali Wali², Assist. Marghoob Hussein Yaas²

¹Lecturer, ²Prof. Dr. College of Nursing /University of Kirkuk College of Nursing-University of Al-Kitab

Abstract

Background: Irritable Bowel Syndrome (IBS) is one of the utilitarian gastrointestinal disorders regularly found in the all inclusive community

Aims: To evaluation the lifestyle among patients with Irritable Bowel Syndrome according to physical, psychosocial and independence areas.

Methodology: The samples purposively collected from the patients who referred in Azadi teaching hospital and Kirkuk general hospital in kirkuk city for period from 21th October in 2018 to 28th of April in 2019. The study sampled comprise of (101) patients with IBS diseases were chosen (male & female). A questionnaire was developed for purposive of study & included 2 parts were demographic data and lifestyle of irritable bowel syndrome. The data were arranged for, age, gender, residence and the results of the procedure.

Results: The age group (20-30) years was represent (26.5%) of the sample, the female represent (48.5%) from the sample. And findings of the study indicated that the physical domain, also the psychosocial domain of the lifestyle for patients had greatly affected.

Conclusion: The study highlights that is most of the patients of IBS to have constipation. Also in a physical domain with good quality of life. Thus, the socio-demographic factors that appear to be most significant in this concomitant with chronic disease condition.

Recommendation: The study recommended future studies that include measurement of dietary factors, habits, exercise and psycho-social factors are needed to understanding of the scope and dimensions of IBS in lifestyle.

Key Ward: Lifestyle, Irritable Bowel Syndrome.

Introduction

Irritable Bowel Syndrome (IBS) is one of the practical gastrointestinal issue regularly found in the general population ¹. It is described by intermittent abdominal pain associated with change in bowel habits, diarrhea and/or constipation and swelling. Based on these manifestations, three subgroups have been differentiated: constipation-predominant (IBS-C), diarrhea-predominant (IBS-D) and those with substituting

bowel movements². The commonness of IBS in the all inclusive community in the western nations is 15-24% independent of age and ethnicity, and the male to female proportion is 1:1.5. In any case, a lower prevalence of 5-10% has been found in Asian countries while considers from Africa have detailed prevalence of between 8-30%³. The exact an etiology of this condition is yet to be established but, several mechanisms have been proposed as the hidden pathogenesis and these incorporate visceral hypersensitivity, change in intestinal motility, psychological status and abnormal bowel barrier⁴. Psychological distress and stressful life occasions have been found to impact clinical introduction and results of IBS⁵. Irritable bowel syndrome (IBS) is characterized as bowel pain and inconvenience with

Corresponding author:

Rebaz Ismeal Ali Wali

E-mail: rebazismael8@gmail.com

changed intestinal habits in the absence of any other mechanical, inflammatory, or biochemical clarification for these manifestation. ⁶It is the most widely recognized digestive disorders. The prevalence of IBS is gone between 10-20 % worldwide. It influences the lifestyle of those who suffer from it, and records for large amounts of health care resources, both in essential and expert consideration⁷.

Methodology

Design: To achieve the objectives of the study, a descriptive study was carried out from the 21th October in 2018 to 28th of April in 2019

Sampling: A purposive sample that comprise of (101) patients, (35) males and (66) females chosen according to the following criteria:- Age ranges between (20 -80) years and definitely diagnosed with Irritable bowel syndrome patients were included from the present study.

Setting: The present study was conducted at azadi teaching hospital and Kirkuk general hospital which receiving large number of patient who have IBS done for them.

Tools: A questionnaire was adopted and developed for the purpose of the study, it comprises of ²parts, part (I) included demographic characteristic of patients which consists of ⁸ items. It includes (age, gender, marital status, educational Level, occupation , Types of IBS, Concomitant with chronic disease, Common food source). Part (II) lifestyle of irritable bowel syndrome (IBS) It consist of ³ domains They are: Physical domains, psychosocial domains and level of independence domains: The overall items were (38) items, All items were measured by using 3-likert scale option were used in the rating scale as (Always, Sometime, Never) . The data were collected through the utilization of constructed questionnaire, interview technique with the patients in hospital. The data was collected between (29th November in 2018 to 28th February in 2019).

Data analysis: Data were organized and coded into the computer files; Statistical Package for Social Science (SPSS) version (24) that was used for data analysis while the significance level depended was (P. value < 0.05). Descriptive statistical methods (Frequency, percentage, Mean,) and Inferential statistical methods (t-test, and ANOVA)were used to analyzed the data.

Results

Table (1): Distribution of the Socio-Demographic Data of the Study Sample (No=101).

Variables	Frequency	percentage
Age		
20-30 years	36	26.5
31-40 years	18	13.2
41-50 years	13	9.6
51-60 years	22	16.2
61-70 years	10	7.4
71-80 years	2	1.5
Total	101	74.3
Gender		
Male	35	25.7
Female	66	48.5
Total	101	74.3
Marital status		
Single	32	23.5
Married	46	33.8

Cont... Table (1): Distribution of the Socio-Demographic Data of the Study Sample (No=101).

Divorced	4	2.9
Widowed	19	14.0
Total	101	74.3
Level of education		
Unable to read and write	17	12.5
Read and write	9	6.6
Primary school graduate	16	11.8
Intermediate school graduate	7	5.1
Secondary school graduate	13	9.6
Institution graduate	7	5.1
College graduate	32	23.5
Total	101	74.3
Occupation		
retired	4	2.9
jobless	7	5.1
employee	25	18.4
house wife	41	30.1
student	24	17.6
Total	101	74.3
Type of IBS		
constipation- predominant	55	40.4
diarrhea- predominant	13	9.6
mixed IBS	33	24.3
Total	101	74.3
Concomitant with chronic disease		
diabetes	15	11.0
hypertension	13	9.6
neuron	11	8.1
arthritis	7	5.1
digestive	16	11.8
pulmonary	4	2.9
diabetes and hypertension	35	25.7
Total	101	74.3
Common food source		
home	64	47.1
Restaurant and fast food	37	27.2
Total	101	74.3

Table(1) indicates the socio-demographic characteristics of the whole study sample. The it shows that the highest percentage of age groups is between(20-30years) and constituted(26.5%), and according to gender, the high percent was of females and constituted(48.5%). Most of the patients were married and constituted(33.8%).(23.5%)of the sample

were college, As regard to occupation, (30.1%) patients were housewives. With relation to type of IBS, the majority of the subjects (40.4%) were constipation. The high percent in concomitant with chronic disease and constituted of (25.7%),were diabetes and hypertension. Finally, in respect to the food source the majority of the sample (47.1%)were scheduled for food intake at home.

Table(2)One-way Analysis of Variance for IBS Patient’s Lifestyle Domains in respect to their Age.

Domains	Groups	S.O.S	Degree Freedom	M.S	Frequency	Significant
Physical domain	Between Groups	128.119	5	25.624	2.543	.033
	Within Groups	957.208	95	10.076		
	Total	1085.327	100			
Psycho-Social domains	Between Groups	64.677	5	12.935	.546	.741
	Within Groups	2251.164	95	23.696		
	Total	2315.842	100			
Level of independence domains	Between Groups	52.850	5	10.570	.643	.667
	Within Groups	1561.725	95	16.439		
	Total	1614.574	100			

Table(2)demonstrates that there is significant difference in physical domain in respect to the patient’s age.

Table(3): Association of Lifestyle Domains of IBS Patients in regard to their Gender .

Domains	Mean Difference	t-value	df	Sig.	95% of C.I.	
					Lower	Upper
Physical domain	1.72727	2.577	99	.678	.39741	3.05713
Psycho-Social domains	.23550	.233	99	.072	-1.77064-	2.24164
Level of independence domains	1.36234	1.635	99	.055	-.29103-	3.01571

Table(3)indicates that there are significant differences in independence domains in respect to the patient’s gender.

Table(4)One-way Analysis of Variance for IBS Patient’s Lifestyle Domains in regard to their Marital status .

Domains	Groups	S.O.S	Degree Freedom	M.S	Frequency	Significant
Physical domain	Between Groups	64.274	3	21.425	2.035	.114
	Within Groups	1021.052	97	10.526		
	Total	1085.327	100			
Psychosocial domain	Between Groups	150.587	3	47.862	2.137	.050
	Within Groups	2172.255	97	22.394		
	Total	2315.842	100			
Level of Independence domain	Between Groups	48.658	3	16.219	1.005	.394
	Within Groups	1565.916	97	16.143		
	Total	1614.574	100			

Table(4) indicates that there are a significant differences in psychosocial domains in regard to the patient’s marital status.

The IBS patients depicts that there are no significant differences in this domains in regard to the patient’s level of education. The results for IBS Patients Lifestyle Domains in respect to Patients Occupation, it reveals that there is a significant difference in independence domain in regard to the patient’s occupation. For IBS Patients Lifestyle Domains in respect to Patients Concomitant with chronic disease, the results demonstrates that there is a significant difference in physical and Psychosocial domain in respect to the patient’s concomitant with chronic disease. The current results also reveals that there is a significant difference in physical domain only in regard to the patient’s food source.

Discussion

Table (1) Our results demonstrate that socio-demographic data of the whole study sample. The it shows that the highest percentage of age groups is between(20-30 years) and established (26.5%). IBS is found much of the time in all age gatherings. ⁸ However, the prevalence of IBS is higher in the more youthful age group than the older age group in numerous studies.⁹ In agreement with that, our examination indicated that most of the IBS cases were under 30 years. As indicated by gender, the high percent was of women and comprised (48.5%). Indicated that IBS has been more predominant

in females than males, and it was additionally noticed that females announced less fortunate IBS-lifestyle scores than males ¹⁰. Most of the patients were married and constituted (33.8%). (23.5%) of the sample were college, As regard to occupation, (30.1%) patients were housewives¹¹. With relation to type of IBS, the majority of the subjects (40.4%) were constipation. I disagree with discoveries were quite to have been accounted by Wilson S et al, 2004 ¹². Nonetheless, others have detailed various figures where cases were divided similarly between IBS with constipation, irritable bowel syndrome within diarrhea and irritable bowel syndrome rotating among looseness of the bowels and abstraction bowel¹³. Whereas others have suggested that diarrhea IBS-D, may have a lower lifestyle than constipation IBS-C or mingled sort IBS-M, or that patients with IBS-C have a lower lifestyle than those with IBS-D. However, such examinations may be difficult to decipher, as patients with IBS regularly travel between the deferent subtypes if they are followed up for extensive stretches¹⁴. The high percent in associative with chronic disease and established of (25.7%) were diabetes and hypertension. Another study which utilized “WHO lifestyle and “Bradley well-being lifestyle” measures demonstrated that lifestyle was not influenced by socio-demographic parameters in diabetic patients¹⁵. the regard to the

nourishment source, most of the example (47.1%) were planned for nourishment admission at home. the respect to the food source, the majority of the sample (47.1%) were scheduled for food intake at home. The decent eating routine is mostly focused on increased fiber admission, improving nourishment habits in patients who are accustomed to skipping breakfast and snacks, and furthermore, on redistributing meals, calories over the 24 hr time frame. The improvement that was also observed among patients who routinely devoured breakfast, morning nibble, lunch, afternoon snack and dinner, could get from the redistribution of nourishment more than five meals¹⁶. Although this causative relationship is hard to demonstrate, most of patients limit or prohibit food things from their eating regimen and a little however important proportion of them have a poor reaction and an a lacking diet¹⁷. To find out the nonappearance or nearness of relationship between socio-demographic characteristics of IBS patients and the lifestyle among them, the tables(2– 8) shows numerous significant statistical differences in certain domains of the lifestyle among IBS patients in regard to certain characteristics of the patients; In this study, lifestyle was independently associated with age, gender, depression symptom, IBS subtypes, educational, marital status and Concomitant with chronic disease were related to lifestyle. The patients were older than in most different studies. The age has in many studies has a restricted impact on lifestyle in patients with IBS¹⁸. Concentrates on the impact of age, occupation, training, marriage and socio-economic status have yielded differing results on lifestyle in patients with IBS¹⁹. Our study finds that people's order report conflicting impacts of their IBS on their lifestyle. It is misty why women report the greatest debilitation of their lifestyle more than men. We presume that psychosocial, social and medicinal services looking for practices are potential supporters to this result⁸. Other study work of Toner et al. has given bits of knowledge into gender-related contrasts in how symptoms might be experienced and deciphered. While perceiving that studies have predominantly centered on the biologic sex contrasts among male and female illness in IBS, gender-specific subjects such as conceivable sexual and physical abuse, gender role socialization, public open shame and humiliation because of GI symptoms²⁰. Kanasawa etal found that lifestyle was not identified with gender, IBS subtypes, instructive, and marital status²¹. Simren et al revealed that IBS subtypes didn't influence lifestyle¹⁰. Although food shirking and social response scores were few in females. However, irritable bowel syndrome in

lifestyle scores were similar in males and females in most Asian study²². Lifestyle had a lower in patients with a lower instruction and socio-economic status is uncovered in Egypt study²³.

Conclusion

This study was showed the high percentage in the age ranging beginning(20-30)years, with gender is female. Although in high percent of type in constipation-predominant in patients. Further, the home food significantly correlate with a higher rate of IBS-lifestyle. Thus, physical domain were the most aspects of life among irritable bowel syndrome patients that were associated with many socio-demographic variables. Concomitant with chronic disease are the most socio-demographic variables that were associated with many aspects of life among irritable bowel syndrome patients.

Recommendation

- 1- Creating modern centers of irritable bowel syndrome to deal with physical, psycho-social problems of IBS patients because suspecting increasing number of patients will affected in future.
- 2- Providing patients with booklets containing information about irritable bowel syndrome, guidance's, to optimize quality of life.
- 3- More studies are needed to fully exploration the factors related to lifestyle of IBS in Kirkuk.

Ethical Clearance: The Research Ethical Committee at scientific research by ethical approval of both environmental and health and higher education and scientific research ministries in Iraq

Conflict of Interest: The authors declare that they have no conflict of interest.

Funding: Self-funding

References

- 1- Longstreth GF, Thompson WG, Chey WD, Houghton LA, Mearin F, Spiller RC. Functional bowel disorders. *Gastroenterology*. 2006 Apr 1;130(5):1480-91.
- 2- Mearin F, Cucala M, Diaz-Rubio M, Fueyo A, Ponce J, Roset M, Balboa A, Badia X, Baro E, Caldwell E, Talley NJ. Irritable bowel syndrome subtypes according to bowel habit: revisiting the

- rotating subtype. *Eur J Gastrointestinal Hepato* 2003; 15: 165-172
- 3- Lule GN, Amayo EO. Irritable bowel syndrome in Kenyans. *East Afr Med J* 2002; 79: 360-363
 - 4- Saito YA, Talley NJ. Hereditary of irritable bowel syndrome. *Am J Gastrointestinal* 2008; 103: 2100-2104
 - 5- Drossman DA, Mayer EA, Whitehead WE, Camilleri M. AGA specialized demo on irritable bowel syndrome. *Gastroenterology* 2009; 123: 2108-2131
 - 6- Gaarder SM, Hadley SK. Therapy of irritable bowel syndrome. *Am Fam Psysician*. 2005 Dec 15; 72(12): 2501-2508
 - 7- Jimenez MB. Treat of irritable bowel syndrome with probiotics. An etiopathogenic approaches finally? *Rev Esp Enferm Dig*. 2009; 101(8): 553-564
 - 8- Rey E, Talley NJ. Irritable bowel syndrome: novel reviews on the epidemiology and possibility danger agents. *Dig Liver Dis*. 2009;41:772-780.
 - 9- Gomez Alvarez DF, Medina LM, Mujica Oviedo SC, Morales Vargas JG, Rojas, Camacho Lopez PA, Rueda Jaimes GE. spread of irritable bowel syndrome and related components according to the Rome III test criteria in a common people in Colombia. *Gastrointestinal Hapatol*. 2009 Jun-Jul; 32(6): 395-400
 - 10- Simren M, Abrahamsson H, Svedlund J, Bjornsson ES. Lifestyle in illness with irritable bowel syndrome see in referral centers versus prime care: the effect of sex and predominant bowel normal. examine *Gastroenterol*. 2001;36(5):545-52.
 - 11- Voci SC, Cramer KM. Gender associated traits, quality of life, and psychology modification between females with irritable bowel syndrome. *Quality of Life Res*. 2009;18(9):1169-76.
 - 12- Wilson S, Roberts L, Roalfe A, Bridge P, Singh S. Prevalence of irritable bowel syndrome: a community survey. *Br J Gen Pract* 2004; 54(504)495-502.
 - 13- Mansour-Ghanaei F, Fallah MS, Heidarzadeh A, Jafarshad R, Joukar F, Rezvan-Ghasemipour, et al. Prevalence and characteristics of irritable bowel syndrome(IBS)among medical students of Gilan Northern Province of Iran. *Medum Ease Journal of Gastric Diseases* 2009;1(2):100-105.
 - 14- Muscatello MR, Bruno A, Pandolfo G, Mico U, Stilo S, Sca□di M,et al. gloom, disquiet and outrage in subtypes of irritable bowel syndrome patients. *J Clinical Psychology Med frame*. 2010;17(1):64-70.
 - 15- Kolawole BA, Mosaku SK, Ikem RT. A comparison of two measures of lifestyle of Nigerian clinic illness with kind 2 D.M.. *Afr Health Sci*. 2009;9:161-166.
 - 16- Klement R.J., Pazienza V. Impact of Different Types of Diet on Gut Microbiota Profiles and Cancer Prevention and Treatment. *Medicina*. 2019;55:84.
 - 17- Greer J.B., O'Keefe S.J. Microorganism creation of immunity, infection and cancer. *Foreground. Physiol*. 2011;1:168. doi: 10.3389/fphys.2010.00168.
 - 18- Lackner JM, Gudleski GD, Ma CX, Dewanwala A, Naliboff B. Fear of GI feature has an substantial effect on lifestyle in patients of middle-to-strict IBS. *Am J Gastrointestinal*. 2014;109:1815-23.
 - 19- Park JM, Choi MG, Kim YS, Choi CH, Choi SC, Hong SJ, et al. way of life patients with irritable bowel syndrome in Korea. *Quality of Life Res*. 2009;18(4):435-46.
 - 20- Toner BB, Akman D. Gender function while irritable bowel syndrome: review of literature and hypothesis. *Am J Gastrointestinal* 2000;95:11-16.
 - 21- Kanazawa M, Hongo M, Whitehead WE, Fukudo S, Drossman DA, Shinozaki M, Sagami Y, Endo Y, Palsson OS. Intrepretationand validation of a Japanese purviewof the irritable bowel syndrome-lifestyle measurement[IBS-lifestyle-J] *Vitalpsychosoc Med*. 2007;1:6.
 - 22- Tang YR, Yang WW, Liang ML, Xu XY, Wang MF, Lin L. Age-associate feature and quality of life shifting in women with irritable bowel syndrome. *universal J Gastrointestinal*. 2012;18(48):7175-83.
 - 23- Abdulmajeed A, Rabab MA, Sliem HA, Hebatallah NE. normal of irritable bowel syndrome and its effect on lifestyle in prime health intervention center trial, Suez city, Egypt. *Pan Afr Med J*. 2011;9:5.