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## BACKGROUND

- Irritable bowel syndrome (IBS) is a highly prevalent condition associated with reduced health-related quality of life (HRQoL).
- Existing behavioral health interventions for IBS face important limitations and do not specifically target positive psychological and well-being constructs (e.g., optimism, positive affect), which are deficient in IBS and associated with superior HRQoL in medical populations.
- Little is known about the relationships between positive psychological constructs and HRQoL, health behavior participation, and health outcomes in patients with IBS.

## OBJECTIVES

We performed qualitative interviews in 23 patients with IBS to assess the relationships between positive psychological constructs and HRQoL, health behavior participation, and IBS symptoms in order to inform the development of an IBS-specific behavioral health intervention.

## METHODS

- Participants:
  - Adult outpatients at an urban, academic medical center with a diagnosis of IBS meeting ROME IV criteria
  - English speaking, cognitively unimpaired, with access to a telephone
- Qualitative Interviews:
  - Participants completed open-ended, semi-structured, 45-minute qualitative interviews by phone.
  - Interviews focused on symptoms, barriers to health behavior adherence, and relationships between emotions, symptoms, HRQoL, and health behavior adherence.
  - All interviews were recorded and transcribed.
- Content Analysis:
  - Though full analysis by two independent coders (goal reliability of K > 0.80) is ongoing, we performed a preliminary review of transcripts to identify themes frequently reported by participants.

## RESULTS

- Participants (n=23, 13 female) ranged in age from 25-79 (mean age = 54).
- The three main IBS subtypes were similarly represented (IBS-diarrhea (n=8); IBS-constipation (n=7); IBS-mixed (n=8)) such that at least half of the participants (n=16) have experienced symptoms of diarrhea and at least half of the participants (n=15) have experienced symptoms of constipation.
- A majority of participants (n=20) completed a series of quantitative self-report measures.
- Several themes relating to psychological constructs, health-related quality of life, health behaviors, and IBS symptoms were frequently reported by participants.

## QUALITATIVE INTERVIEW THEMES

### Experience of IBS

- Participants consistently reported negative feelings when thinking about IBS and its impact on their lives. Common feelings reported included frustration, anger, anxiety, shame, embarrassment, disappointment, and isolation.
  - “I would say that would be the strongest emotion, embarrassed...And sometimes I could be a little angry, like, “Why me?”” (ID14)
  - “I think it’s crippling.” (ID18)
  - “In one word, I’d say frustrated.” (ID23)

## QUALITATIVE INTERVIEW THEMES

### Positive Psychological Constructs

- Participants described increased positive feelings associated with health behavior participation including pride, gratitude, determination, sense of accomplishment, joy, and feeling energized, with links to improved function and motivation.
  - “I feel like I’m accomplishing something. When I walk 4 miles to the beach, I feel excited and happy, and I feel like I’ve achieved more and then I can do more...I come home and I do things that I’ve put off, like vacuuming the floor.” (ID01)
  - “I feel accomplished. I feel really excited. I really enjoy kind of feeling like I get a workout in every day because I know it’s good for me. It feels kind of—it got the juices flowing. Just I’m really good, do things the rest of the day. So I came home and I cut the lawn and did a pile of other things after work because I was really energized and feeling good.” (ID17)

### Health-related Quality of Life

- Participants consistently described a bidirectional relationship between emotions and health-related quality of life.
  - “I certainly see a very direct correlation between [my emotions and my quality of life]. On the days when...I’m having GI symptoms and flare-ups...it heightens the more negative emotions and makes it really difficult to get things done or be motivated to do them. When I’m happy, it makes things a lot easier in terms of motivation and progress throughout the day.” (ID05)

### Health Behaviors

- Commonly reported health behaviors subjectively linked to improved IBS symptoms included physical activity, dietary changes, and medication adherence.
- Participants described a bidirectional relationship between positive emotions and health behavior adherence.
  - “I think if my emotions are positive, then I’m more inclined to exercise...and when I exercise, I feel tremendous gratitude and joy.” (ID07)

### IBS Symptoms

- Participants consistently reported that their IBS symptoms impact their emotions negatively.
  - “[IBS] makes me anxious. When I have symptoms, I feel anxious.” (ID05)
- Some participants also described experiencing an impact of their emotions on their IBS symptoms and/or experiencing their emotions physically.
  - “It’s correlated. Very much so. Because, again, if I’m having a bad day, it does eventually hit my stomach and my stomach will be off. So I know if I’m in a great mood my stomach should be okay.” (ID10)
  - “I’m not a person who is conscious of a lot of anxiety, but I think my gut feels it.” (ID08)

### Health Behavior Intervention

- Participants expressed enthusiasm about the idea of a program for patients with IBS to promote experiencing more positive emotions.
  - “That sounds exciting – something positive. Something that I would want to do.” (ID01)
  - “That sounds good and it makes complete sense [that it would be helpful].” (ID06)

## CONCLUSIONS

- Patients with IBS experience negative psychological states related to having IBS.
- Patients with IBS identify positive, bidirectional relationships between positive psychological states and health-related quality of life, and between positive psychological states and health behaviors.
- Some patients with IBS identify relationships between their emotions and their IBS symptoms.
- A behavioral health intervention designed to promote positive psychological constructs in IBS may have the potential to improve health-related quality of life, health behavior participation, IBS symptoms, and other health outcomes.