Alimentary disorders in young females with irritable bowel syndrome or ulcerative procto-sigmoiditis: A preliminary report

Dear Sir,

Distal ulcerative colitis (procto-sigmoiditis; distal UC), functional diseases (irritable bowel syndrome – IBS) as well as eating disorders are frequently found in young females in Western countries. Indeed, in Europe and North America with high-rate of inflammatory bowel diseases in young subjects, there is a large availability of food despite female attractiveness is linked to thinness. They refer to a group of chronic psychiatric conditions which may involve either scarce or excessive food intake with a damage of physical and mental health. The association between organic and/or functional intestinal diseases may be interesting especially in a high risk population for all three conditions (i.e. young females). These subjects are more inclined to altered body shape perception, which represents the psychiatric basis of eating disorders. On the other hand, a psycho-somatic origin is strongly invoked for IBS and hypothesized even for UC.

Eating disorders may be investigated by two largely validated psychometric questionnaires: eating disorder inventory 2 (EDI 2) and body shape questionnaire (BSQ). Substantially EDI 2 questionnaire explores eating disorders and BSQ body shape dissatisfaction. Results are expressed by a score with a scale from 0 to 5 for each item.

Only five studies applied these questionnaires in IBS but none in UC. Therefore our experience represents the first simultaneous detection of eating disorders in UC and IBS.

We enrolled 45 young females divided into three groups comparable for age: group 1 (15 distal UC in clinical and biochemical remission; mean age 30.2 years, range 18–40), group 2 (15 females with IBS with a mean age 29.5 years, range 18–38) and group 3 (15 healthy volunteers: control group; mean age 28.7 years, range 18–41). All subjects were evaluated by anthropometric measurement. For both case and control groups we estimated Body Mass Index (BMI) and cutaneous skinfold measurement, which are easily feasible markers for human body fat and represent objective indicators of the exterior appearance.

Table 1: Body shape questionnaire (BSQ) and eating disorder inventory 2 (EDI 2) scores in the 3 groups of studied subjects. Statistical analysis: analysis of variance and Student–Neuman–Keuls. BSQ: irritable bowel syndrome (IBS) > distal ulcerative colitis (UC) = controls. EDI 2: irritable bowel syndrome (IBS) > distal ulcerative colitis (UC) = controls.

<table>
<thead>
<tr>
<th>Group</th>
<th>BSQ</th>
<th>EDI 2</th>
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<tbody>
<tr>
<td>Distal UC</td>
<td>65.4±23.2</td>
<td>233±30.8</td>
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<tr>
<td>IBS</td>
<td>88.8±29.1</td>
<td>280±116.3</td>
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<tr>
<td>Healthy volunteers</td>
<td>69.3±24.63</td>
<td>20±8.3</td>
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<tr>
<td>P value</td>
<td>&lt;0.005</td>
<td>&lt;0.001</td>
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BSQ showed a dissatisfaction of body shape distortion only in young females with IBS. Moreover, patients with distal UC and IBS revealed eating disorders compared to healthy volunteers. Our results are summarized in Table 1.

In conclusion, although in a small sample, our study suggests that distal UC patients show eating disorders, which, however, are not sustained by body shape dissatisfaction, while IBS subjects demonstrate the correlation of eating disorders with body shape distortion. We hypothesize that the awareness of suffering from a chronic intestinal disorder could support eating disorder in distal UC. Our results, when confirmed on large series, could suggest that the detection of eating disorders may be helpful in young females with distal UC and IBS and a psychological support represents a useful therapeutic approach.

Conflict of interest

The authors declare that there are no conflicts of interest.

References


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