



A Prospective Assessment of Bowel Habit in Irritable Bowel Syndrome in women: Defining an Alternator

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ABSTRACT

Background. Irritable bowel syndrome (IBS) is sub-categorized as IBS with diarrhea (IBS-D) or constipation (IBS-M) based on the Rome II symptom criteria. The remaining category is considered “mixed” (IBS-M). There is no standard definition of an alternator (IBS-A), a group where bowel habit changes over time. Our aim was, for the first time, to use Rome II criteria to prospectively assess change in bowel habit for over one year in order to understand IBS-A.

Methods. Females (n=317) with IBS entering an NIH-funded treatment trial were studied at baseline with questionnaires and 2-week daily diary cards of pain, stool frequency and consistency. The studies were repeated at end of treatment (3 months) and at four 3-month intervals for 1 more year. Algorithms to classify subjects into IBS-D, IBS-C and IBS-M groups utilized diary card information and modified Rome II definitions. ROC curves were utilized to examine the sensitivity and specificity of the algorithms. Changes in bowel habit at 3-month intervals were then assessed using these surrogate diary card measures.

Results. At baseline, 36% had IBS-D, 31% IBS-M and 34% IBS-C. Except for stool frequency, there were no clinical, physiological or health care utilization differences between groups. The proportion of subjects in each subgroup did not change over the year, however, most subjects (over 75%) changed out of their baseline subtype (to either of the other 2 subtypes) at least once during the study period. IBS-M was the group that was the least stable (50% changed out by 12 weeks). Patients were more likely to transition between IBS-M and IBS-C than from IBS-D to IBS-M. Notably, only 29% switched between the IBS-D and IBS-C subtypes over the year.

Conclusion. While the proportion in each of the IBS subtypes stay the same, individuals commonly transition between subtypes, particularly between IBS-M and IBS-C. We recommend that IBS-A be defined as: at least one change between IBS-D and IBS-C by Rome II criteria over a 1-year period.

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