

Study: Patients with IBS commonly use narcotics

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(PhysOrg.com) -- The study found that 18 percent of irritable bowel syndrome patients surveyed reported they were currently using narcotics. These patients reported more abdominal pain, poorer health quality, more IBS-related limitations, more hospitalizations and surgeries, and that they were more likely to use antidepressants and antacid medications.

Doctors often unnecessarily treat [irritable bowel syndrome](#) (IBS) with narcotics, according to a study led by University of North Carolina at Chapel Hill researchers.

"This course of treatment is generally inadvisable because it does not improve functional status and may have adverse long term effects," said study lead author Spencer D. Dorn, MD, MPH, assistant professor in the UNC School of Medicine. Dorn presented these findings May 3 at the annual Digestive Disease Week conference in New Orleans.

Dorn and study co-authors surveyed nearly 1,800 patients who had seen a physician and were diagnosed with IBS. They looked at demographic characteristics, clinical features including subtype, duration, severity, most troublesome symptom, quality of life, psychological factors such as anxiety and depression, overall satisfaction with care and medications currently used.

The study, conducted by researchers at the UNC Center for Functional GI & Motility Disorders and the International Foundation for Functional

Gastrointestinal Disorders, found that 325 patients, or 18 percent, reported currently using narcotics. These patients reported more [abdominal pain](#), poorer health quality, more IBS-related limitations, more hospitalizations and surgeries, and that they were more likely to use antidepressants and antacid medications.

“Although narcotics are commonly used, they may have deleterious long term effects including narcotic bowel syndrome and sometimes drug dependency,” said Dorn. Instead, Dorn and his UNC colleagues recommend an integrative approach that emphasizes patient education, self management over time, non-narcotic symptom-based therapies, and sometimes antidepressants and/or psychotherapy.

“In the current U.S. health care system, clinicians often lack the time, infrastructure, and incentives needed to provide integrative care to patients with chronic conditions, including IBS,” said Dorn. “Instead, very often physicians take the path of least resistance. Narcotic prescriptions are a quick and easy way to get patients out of their office, even though the long term effects can be harmful.” He added that physicians have to resolve to finding better training and incentives to treat patients who would otherwise benefit from more integrative treatments.

Dorn said the findings are especially important since the United States accounts for just 4 percent of the world’s population and more than 80 percent of the [narcotics](#) prescribed worldwide.

Provided by University of North Carolina at Chapel Hill School of Medicine

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