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Irritable Bowel Syndrome: What Are the Reasons for Dissatisfaction with the Treatment of Patients and Doctors? (Based on the Experience of Medical Institutions of the Northwestern Federal District of Russia)

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Aim: analyze the results of an anonymous survey of patients with irritable bowel syndrome (IBS) to assess the degree of their satisfaction with the results of the therapy and, on this basis, determine the most optimal approaches to treatment.
Material and methods. The work was carried out in 8 subjects of the North-Western Federal District of Russia. An anonymous survey was conducted in 422 patients with mild to moderate IBS. By assessing the number of people who noted the disappearance or significant decrease in the intensity of the main manifestations of the disease one and three months after treatment, the effectiveness of complex therapy was studied. Among the patients included in the study, people with a mixed variant of IBS with a predominance of pain syndrome (n = 206) self-assessed abdominal pain using a visual pain intensity scale. The rest (n = 216) completed a self-assessment of their condition using the frequency of bowel movements and the Bristol Stool Form Scale. In each of these groups, three subgroups were formed: Subgroup 1 — treatment of patients with gastroenterological drugs; Subgroup 2 — treatment with combined pharmacotherapy (with the appointment of psychotropic drugs); Subgroup 3 — treatment with a combination of gastroenterological and psychotropic drugs and the use of non-medicinal methods of psychotherapy.
Results. The maximum difference in the subjective satisfaction of patients with their treatment was noted three months after the completion of the course of treatment in Subgroup 3 (79 % — mild IBS, 71 % — moderate IBS). Patients of Subgroup 2 after three months positively assessed the results of their treatment in 34 and 27 % of cases, respectively. In patients of Subgroup 1, the considered indicators were even less significant — 28 % (mild IBS) and 22 % (moderate IBS).
Conclusion. The treatment complex for IBS patients can be considered optimal if, in addition to symptomatic medications, appropriate psychotropic medications are necessarily included in it basing on diagnostic assessment of the psychoemotional status of a particular patient, as well as the appointment of individually selected non-medicinal methods of psychological correction in accordance with psychosomatic symptoms. Full-time cycles on psychodiagnostics and psychotherapy should be included in the educational programs of advanced training of doctors working with IBS patients.
Keywords: irritable bowel syndrome, IBS, psychooriented therapy, treatment effectiveness
Conflict of interest: the authors declare that there is no conflict of interest.

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Синдром раздраженной кишки: в чем причины неудовлетворенности лечения больных и врачей? (По опыту лечебных учреждений Северо-Западного федерального округа России)

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Цель исследования: проанализировать результаты анонимного анкетирования пациентов с синдромом раздраженного кишечника (СРК) для оценки степени их удовлетворенности результатами проведенной терапии и на этом основании определить наиболее оптимальные подходы к лечению.
Материал и методы. Работа выполнена в 8 субъектах Северо-Западного федерального округа. Анонимное анкетирование проведено у 422 пациентов СРК легкой и средней степени. По оценке числа людей, от-

метивших исчезновение или существенное снижение интенсивности основных проявлений заболевания через 1 и 3 месяца после лечения, изучалась эффективность комплексной терапии. Среди больных, включенных в исследование, пациенты со смешанным вариантом СРК с преобладанием болевого синдрома (n = 206) проводили самооценку боли в животе по визуальной шкале интенсивности боли. Остальные (n = 216) выполняли самооценку своего состояния по частоте дефекаций и по Бристольской шкале формы стула. В каждой из этих групп формировали три подгруппы: 1-я — лечение препаратами гастроэнтерологического профиля; 2-я — лечение сочетанной фармакотерапией (с назначением психотропных средств); 3-я — лечение комбинацией гастроэнтерологических и психотропных лекарств и применение нелекарственных методов психотерапии.
Результаты. Максимальная разность субъективной удовлетворенности больных своим лечением была отмечена через 3 месяца после завершения курса лечения в 3-й подгруппе (79 % — легкий СРК, 71 % — СРК средней тяжести течения). Пациенты 2-й подгруппы через 3 месяца положительно оценили результаты своего лечения в 34 и 27 % случаев соответственно. У пациентов 1-й подгруппы рассматриваемые показатели оказались еще менее значимы — 28 и 22 %.
Выводы. Лечебный комплекс для пациентов СРК может считаться оптимальным при непременном включении в него помимо симптоматических лекарственных средств целесообразных психотропных лекарственных препаратов на основании диагностической оценки психоэмоционального статуса конкретного больного, а также назначении индивидуально подобранных нелекарственных методов психологической коррекции в соответствии с психосоматической симптоматикой. В образовательные программы повышения квалификации врачей, работающих с пациентами с СРК, следует включать очные циклы по психодиагностике и психотерапии.
Ключевые слова: синдром раздраженного кишечника, СРК, психоориентированная терапия, эффективность лечения
Конфликт интересов: авторы заявляют об отсутствии конфликта интересов.

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Introduction

Irritable bowel syndrome (IBS) is a disease, the high frequency of which in the practice of a gastroenterologist, general practitioner and therapist is second only to chronic gastritis. At the same time, if the treatment of patients with exacerbation of chronic gastritis, especially with the use of *Helicobacter pylori* eradication regimens, gives a fairly quick and sustainable positive effect, then the treatment of patients with IBS requires a very long time, usually extending beyond two to three or more months, is accompanied by frequent and lengthy consultative meetings between the doctor and the patient, and the necessity to repeatedly change the content of drug therapy, personalizing it to the individual psychosomatic characteristics of the patient. At the same time, a significant portion of patients remain dissatisfied with the results of treatment, which even leads to conflicts with the treating specialist.

What is the reason for such situations in a doctor's practice? And if we consider that epidemiological data on IBS indicate that from 10 to 13 % of the adult population suffers from this disease, almost 30 % of whom are seen by a gastroenterologist or therapist, and if even a small part of this contingent is dissatisfied with the results of treatment, then the number of such patients for each of the doctors, primarily in the outpatient medical care sector, turns out to be very large. We carried out a corresponding study in Saint Petersburg and some regions and republics of the North-Western Federal District of Russia [1].

Aim of the study: analyze the results of an anonymous survey of patients with irritable bowel syndrome (IBS) to assess the degree of their satisfaction with the results of the therapy and, on this basis, determine the most optimal approaches to treatment.

Materials and methods

A study of the satisfaction of IBS patients with the effectiveness of treatment for their disease was carried out in 8 subjects of the Northwestern Federal District of Russia [2]. An anonymous survey was completed by 422 patients with IBS undergoing outpatient treatment in 26 medical institutions, including 12 clinics, 4 gastroenterological centers and 10 commercial medical centers. The effectiveness of complex therapy was studied to assess the number of patients who noted the disappearance or significant decrease in the intensity of the main manifestations of the disease one and three months after treatment. The study included 422 patients with mild to moderate IBS. Patients are divided according to the main complaint. IBS patients with a predominant pain syndrome (n = 206) self-assessed abdominal pain using a visual pain intensity scale [3]. The rest of the patients (86 people with diarrhea, 76 — with constipation, 54 — with a mixed variant) performed self-assessment of their condition according to the

frequency of bowel movements and the Bristol Stool Form Scale.

The diet for patients with IBS was selected individually by excluding foods that increase symptoms of the disease (elimination diet). Moderate physical activity (walking, cycling, aerobics) was recommended as well.

All patients included in the study were prescribed the same type of pharmacotherapy in accordance with the provisions of the clinical recommendations of the Russian Gastroenterological Association and the Association of Coloproctologists of Russia [1]. Patients with IBS who had complaints of abdominal pain were prescribed antispasmodics to relieve pain. In case of diarrhea, either loperamide, dioctahedral smectite, or antidiarrheal drugs of biological plant origin were prescribed. For patients with IBS with constipation, laxatives were recommended to increase the volume of intestinal contents to normalize stool.

Results

Before considering the degree of satisfaction of patients with IBS with the treatment of their disease, we will present some organizational aspects of medical care for this category of patients in the Northwestern Federal District of Russia, namely, the characteristics of medical institutions where diagnosis, treatment and dynamic monitoring of IBS patients are carried out in Saint Petersburg and the subjects of the Northwestern Federal District of Russia (Table 1), the degree of provision of IBS patients with personalized therapy in the Northwestern Federal District (Table 2) and the provision of IBS patients with specialized medical and advisory care in the Northwestern Federal District (Table 3). A comprehensive assessment of the organization of diagnostic and treatment work with IBS patients was carried out basing on the reports from a number of chief non-staff gastroenterologists of the Northwestern Federal District of Russia with an analysis of 648 verified clinical cases of IBS. Questioning among them was carried out in 422 patients.

As can be seen from the data presented in Table 1, treatment and diagnostic care for patients with IBS in the subjects of the Northwestern Federal District is provided mainly by local clinics, and to a lesser extent by commercial medical centers and specialized gastroenterological centers (urban, as part of multidisciplinary hospitals, etc.). Some district clinics in Saint Petersburg have gastroenterologists on staff. A small part of IBS patients receives all types of necessary medical and diagnostic care in the clinics of the Ministry of Emergency Situations, the Ministry of Defense of the Russian Federation, universities clinics, etc. The overwhelming number of IBS patients (96 %) in the regions and republics of the Northwestern Federal District of Russia receive at their place of residence all types of medical care available to medical capabilities institutions.

Data from the analysis of the content of therapy for IBS patients (Table 2) indicate that in all medical institutions, when treating this category of patients, priority is given to drug treatment containing a variety of means of relieving IBS symptoms, including diarrhea, constipation, and abdominal pain. It should be noted that in almost 85 % of IBS patients in Saint Petersburg and other subjects of the Northwestern Federal District, the drug complex of pharmacotherapy complies with the recommendations of the Russian Gastroenterological Association, and for the remaining patients, doctors use advice from various scientific and other sources, including publications in medical journals and the Internet, conference reports of various formats, handouts from pharmaceutical companies, etc.

It turned out that only 23.2 % of the surveyed patients were completely satisfied with the treatment

Table 1. Medical institutions of the Northwestern Federal District that provide medical care to patients with irritable bowel syndrome

Таблица 1. Медицинские учреждения СЗФО, которые оказывают медицинскую помощь пациентам с синдромом раздраженного кишечника

Medical institutions ***Медицинские учреждения***	**Saint Petersburg** ***Санкт-Петербург***	**Субъекты СЗФО** ***Subjects of Northwestern Federal District of Russian Federation***
Specialized state gastroenterological centers *Специализированные государственные гастроэнтерологические центры*	8 %	–
Local clinics, general practitioners' offices, various medical centers in rural areas *Участковые поликлиники, офисы врачей общей практики, различные медицинские пункты в сельской местности*	76 %	96 %
For-profit medical centers *Коммерческие медицинские центры*	14 %	3.5 %
Other medical institutions *Прочие медицинские учреждения*	2 %	0.5 %

Table 2. Provision of personalized therapy for IBS patients in the Northwestern Federal District
Таблица 2. Обеспеченность пациентов СРК персонифицированной терапией в СЗФО

Type of medical care for patients with IBS ***Вид медицинской помощи больным СРК***	**Saint Petersburg** ***Санкт-Петербург***	**Subjects of Northwestern Federal District of Russian Federation** ***Субъекты СЗФО***
Drug therapy (without psychotropic drugs) *Лекарственная терапия (без психотропных средств)*	90 %	~ 90 %
Drug therapy + psychopharmacotherapy *Лекарственная терапия + психофармакотерапия*	8 %	< 9 %
Drug therapy + psychopharmacotherapy + non-drug psychotherapy *Лекарственная терапия + психофармакотерапия + нелекарственная психотерапия*	2 %	< 1 %

of their disease, the majority of whom (84 out of 98 people) received appropriate therapy from gastroenterologists, the rest from clinic physicians. Of all respondents, 12.7 % expressed partial satisfaction with the complex of treatment measures they carried out. It consisted of a decrease in the severity of IBS symptoms, primarily abdominal pain, a decrease in the frequency of diarrhea and the duration of constipation. The majority of the surveyed patients with IBS (79.6 %) expressed varying degrees of dissatisfaction with the results of drug therapy for IBS, which all patients received, mainly in accordance with the recommendations of the Russian Gastroenterological Association [1], the provisions of the Rome IV criteria [4] and other scientific and methodological sources.

An important issue for us in assessing the state of qualified medical care for IBS patients was the degree to which patients in the Northwestern Federal District are provided not only with gastroenterologists and therapists, but also with other medical specialists who provide appropriate advisory assistance to them (Table 3). It turned out that in Saint Petersburg and, especially, in other subjects of the Northwestern Federal District, the overwhelming number of patients with IBS receive the necessary medical care from local therapists or other clinicians of equal primary care: 76 and 93 %, respectively. Diagnosis of the disease and treatment of IBS patients under the supervision of gastroenterologists in Saint Petersburg is carried out in no more than 19 % of cases, in the subjects of the Northwestern Federal District — within 7 %. The advisory involvement of psychotherapists and/or clinical (medical) psychologists in treatment work with IBS patients is limited to rare cases and does not exceed a total of 6 % in Saint Petersburg and 1 % in the regions and republics of the Northwestern Federal District.

Thus, as the study showed, the greatest volume and burden of work with IBS patients to verify the diagnosis, individualize treatment, organize, and carry out all follow-up activities with them lies with primary care doctors, but not with gastroenterologists. Therefore, we set ourselves the task of assessing the degree of knowledge of clinicians and general practitioners in the Northwestern Federal District of the most important provisions of the clinical

Table 3. Provision of specialized medical and advisory care for IBS patients in the Northwestern Federal District
Таблица 3. Обеспеченность пациентов с СРК специализированной лечебно-консультативной помощью в СЗФО

Clinical profile of treatment of patients with IBS ***Клинический профиль лечения пациентов с СРК***	**Saint Petersburg** ***Санкт-Петербург***	**Subjects of Northwestern Federal District of Russian Federation** ***Субъекты СЗФО***
Treatment by a general practitioner *Лечение терапевтом*	75 %	92 %
Treatment by a gastroenterologist *Лечение гастроэнтерологом*	19 %	7 %
Joint treatment by a gastroenterologist (or general practitioner) and a psychotherapist *Совместное лечение гастроэнтерологом (или терапевтом) и психотерапевтом*	5 %	1 %
Joint treatment by a gastroenterologist (or general practitioner), psychotherapist and clinical psychologist *Совместное лечение гастроэнтерологом (или терапевтом), психотерапевтом и клиническим психологом*	1 %	0

recommendations of the Russian Gastroenterological Association [1]. As testing of doctors showed, on 30 questions reflecting therapists' knowledge of the theoretical and practical aspects of IBS, 5 % of doctors correctly answered 26 questions, 12 % — 22 questions, 26 % — 18 questions and 57 % — only 17 or fewer questions. Doctors showed the weakest knowledge in matters of pharmacotherapy of IBS, especially psychopharmacotherapy.

Psychotherapists involved in the study have in their arsenal sufficient methods and means of psychodiagnosis and treatment used in accordance with an identified psychopathology. For anxiety, for example, these are relaxation techniques that the therapist teaches the patient. Cognitive behavioral therapy helps to identify the source of difficult trigger situations and correct irrational attitudes. Mindfulness techniques are very effective for anxiety. Hypnosis helps quickly, but unfortunately temporarily, alleviate anxiety. Autotraining allows you to reduce psychosomatic manifestations of anxiety. There are also numerous breathing techniques. If there is excess irritability, methods of channeling aggression help. This includes working with muscle tension, Jacobson's method of progressive muscle relaxation, feasible physical activity, art therapy methods, etc. When asthenia in IBS patients, it is important to remove its cause (mental or somatic) and discuss resting as a method of treatment. Any resource techniques turned out to be effective. Psychotherapists have shown that the "small steps technique" is effective for depression; keeping a diary and narrative methods are useful. At the same time, a specialist in a non-drug psychotherapy program teaches the patient both self-diagnosis and self-help for these conditions in everyday life, and, if necessary, prescribes a course of psychopharmacotherapy.

In all patients with IBS, the psychotherapist conducts psychodiagnostics and, in the presence of mental disorders, selects psychopharmacotherapy — individualized, in accordance with the patient's clinic. Thus, when a certain level of anxiety, cancerophobia or depression was detected in patients from a wide prescription and clinical spectrum of anxiolytic drugs, drugs affecting different aspects of anxiety were differentially prescribed. From a large list of psychotropic medications, it is important to individually select neuroleptics (antipsychotics), antidepressants (if depression is detected) and other means of normalizing mental disorders for a patient with IBS with an appropriate clinic.

The study showed (Fig. 1) that by the end of the first month of treatment of IBS patients with abdominal pain, when prescribed only gastroenterological drugs (without psychotropic drugs), 40 % of patients with a mild form of the disease and 36 % of patients with

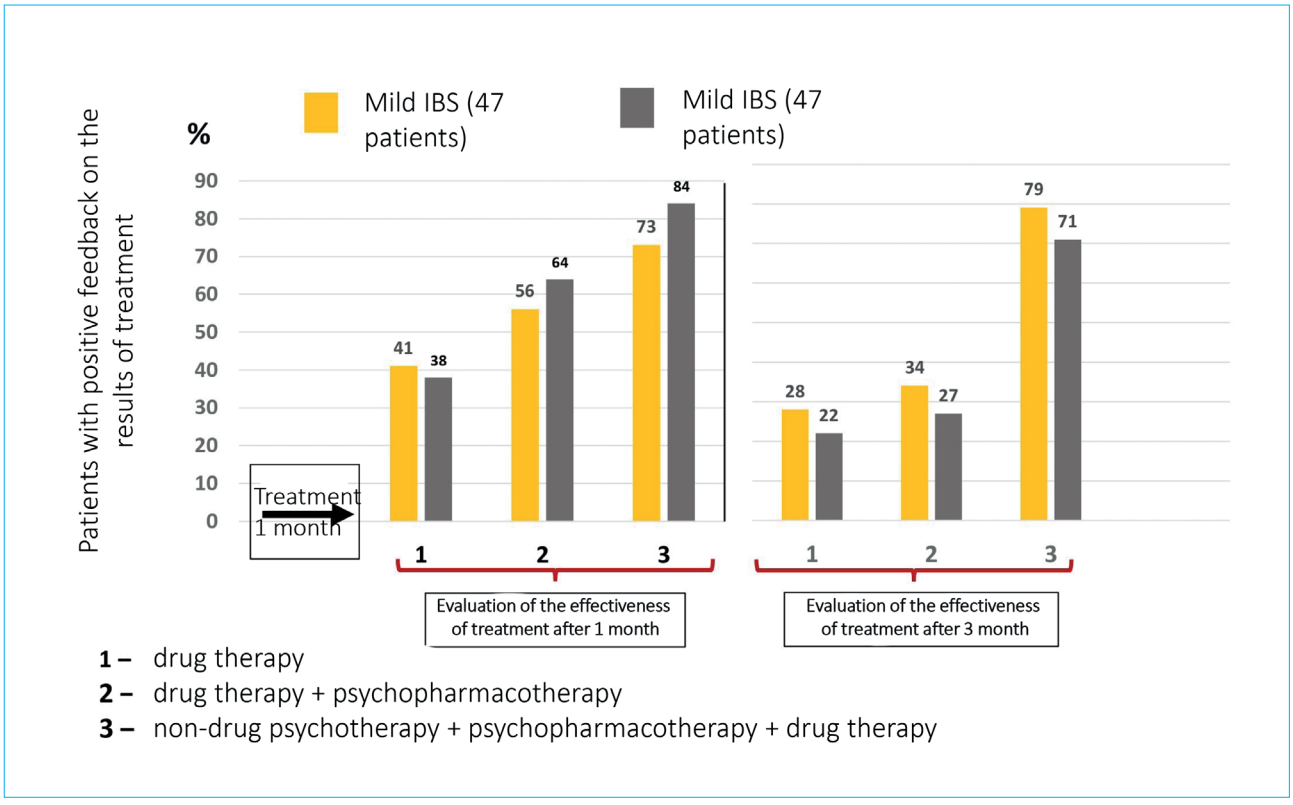

Figure 1. Efficiency of pain relief in patients with mild and moderate IBS (patient survey)

Рисунок 1. Эффективность купирования болевого синдрома у пациентов СРК легкой и средней тяжести (анкетирование больных)

a moderate form assessed positively the carried-out therapy. In the second group, where "therapy with gastroenterological drugs" was combined with the prescription of psychotropic drugs, 56 % of patients with a mild course of the disease and 64 % of patients with moderate IBS were satisfied with their treatment and valued it positively. Finally, in the third group of patients who received not only combined pharmacotherapy, but also non-drug methods of psychotherapy, after one month of such treatment, greater satisfaction with treatment was revealed than in the previous two groups of patients. A positive assessment was given by 75 % of patients with mild IBS and 84 % with moderate IBS.

After three months from the end of the monthly course of treatment for IBS (Fig. 1), in the first two groups of patients who were only on drug therapy, satisfaction with treatment decreased significantly. No more than 34 % of patients with mild IBS responded favorably to the results of their treatment. At the same time, 79 and 71 % of patients with mild and moderate IBS, respectively, who received drug therapy with gastroenterological drugs in combination with psychopharmacotherapy, enhanced by individualized methods of non-drug psychotherapy, expressed satisfaction with the results of complex treatment.

The next section of the study was devoted to studying the effectiveness of various treatment complexes according to self-assessment of IBS patients with diarrhea and constipation. Thus, it turned out that 38 % of patients with diarrhea, 24 % of patients with constipation and 38 % of patients with mixed IBS, who received only "therapy with gastroenterological drugs" without psychotropic drugs, positively assessed their treatment a month after the end of the course of therapy (Fig. 2).

Complex pharmacotherapy with psychotropic drugs one month after the course of treatment for IBS was found to have a good effect in 44 % of patients with moderate IBS with diarrhea, in 24 % of similar patients with constipation, and in 40 % of patients with alternating constipation and diarrhea.

The results of self-assessment of patients with moderate IBS, whose treatment program also consisted of a combination of gastroenterological drugs and psychotropic drugs, but enhanced by methods of non-drug psychocorrective therapy, differ significantly in a positive direction. One month after the course of treatment, the results of therapy were well assessed by 68 % of patients with diarrhea, 48 % of patients with constipation and 55 % of patients with combined forms of IBS.

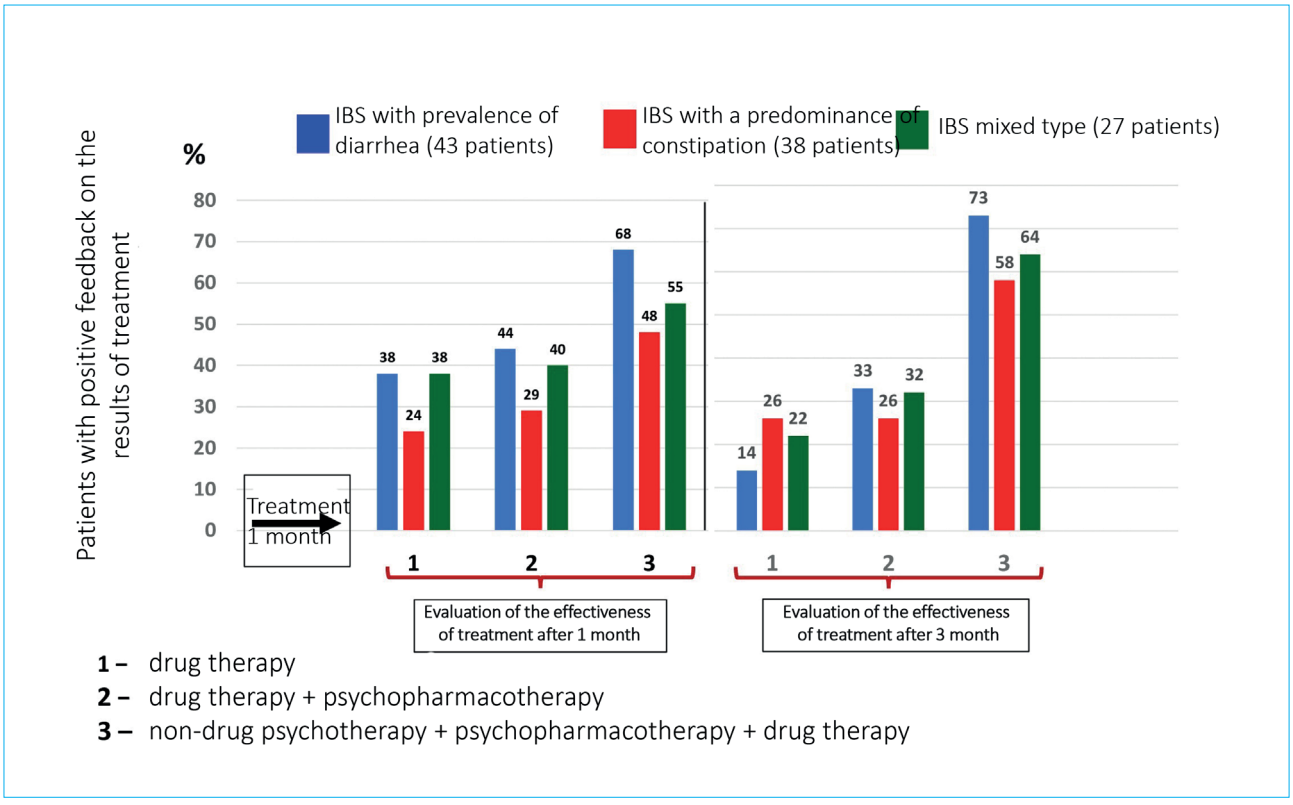

Figure 2. Efficacy of treatment for moderate IBS (patient survey)

Рисунок 2. Эффективность терапии СРК средней степени (анкетирование пациентов)

Analysis of clinical effectiveness three months after the end of treatment in patients with moderate IBS, in the group that was using conventional pharmacotherapy recommended by the clinical guidelines of the Russian Gastroenterological Association, and in the group of patients with a combination of gastroenterological drugs with psychotropic drugs indicated in the same guidance document, showed the following: in all examined groups, no more than 32–33 % of patients assessed the results of their treatment positively [1].

An expanded complex of therapeutic agents — "pharmacotherapy + psychotropic drugs + non-drug psychocorrective therapy" — three months after the end of treatment turned out to be the most effective, and 73 % of patients with diarrhea, 58 % of patients with constipation and 64 % with alternating diarrhea and constipation.

From the point of view of the principles of individualization of treatment for IBS patients and personalized prescription of therapeutic methods of medicinal and non-medicinal psychotherapy, which, according to our research, is the most important strategic factor in treatment, significantly increasing the effectiveness of the entire process of treating patients, it is important to note the following. When treating patients with IBS, pharmacotherapy alone, or even a combination of drugs, without the use of methods and means of psychotherapy does not provide a reliable and long-term therapeutic effect. However, the reasons for the dissatisfaction of patients with the results of treatment and the dissatisfaction of doctors with the results of their work with IBS patients are dominated by two problems of today. The first of them relates to the category of professionalism of doctors themselves working with patients with IBS and consists in their lack of knowledge and skills in the use of psychotropic drugs when treating patients in this category. The second problem concerns not only the so-called "peripheral medicine", but also the medicine of large cities. This is the lack of implementation of the need for advisory assistance to patients with IBS by medical psychologists and/or psychotherapists.

What can be done so that IBS patients are satisfied, seeing the positive effect of the treatment, and doctors do not burn out emotionally, seeing in many cases the insufficient effectiveness of their work with IBS patients? If it is practically impossible to increase the number of certified psychotherapists and medical psychologists in medical institutions and, moreover, to provide peripheral medical institutions with appropriate rates for these specialists, then it is necessary to find another way. We see only one way out in these conditions — the formation of basic (initial, elementary) psychotherapeutic education for clinicians who provide therapeutic and diagnostic assistance to patients with IBS. In this regard, to implement the identified problem, the Department of Gastroenterology and Hepatology of Saint Petersburg State University has begun preparations for conducting educational cycles "Psychodiagnostics and psychotherapy in the work of a therapist and gastroenterologist."

Many clinicians are against the so-called non-core burden of knowledge on therapists and gastroenterologists, and the inclusion in their duties of at least elements of psychodiagnostics and psychocorrection when working with psychosomatic pathology. Indeed, a gastroenterologist should see a primary patient in 30 minutes, and a repeat patient in 20 minutes. Is it possible for a doctor to carry out additional diagnostic and especially therapeutic procedures?

Conclusion

To date, many minimal express psychodiagnostic methods available to a gastroenterologist in everyday work have been developed and proposed for use in a therapeutic clinic. For example, the Hospital Anxiety and Depression Scale (HADS) allows you to diagnose and determine the degree of depression and anxiety, up to subclinical manifestations of the identified syndromes, in no more than 2–3 minutes [5–7]. Another example is the "Subjective Asthenia Rating Scale" test (Multidimensional Fatigue Inventory, MFI-20) for a short time (no more than 10 minutes) provides diagnosis of asthenia, including post-Covid asthenia in patients with IBS [8]. As an additional argument for the authors' opinion about the availability of certain psychodiagnostic methods for a therapist and gastroenterologist in his work with patients with IBS, the Buss — Perry Aggression Questionnaire (BPAQ), developed in 1992, provides the clinician with convincing information in six minutes. assessment of the patient's psychological status [9]. Promptly obtained data on the psychological triggers of IBS help the general practitioner and gastroenterologist either carry out psycho-oriented drug therapy themselves or motivate the patient to include a psychotherapist or psychologist in the treatment process.

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