Inflammatory Bowel Disease: Role of stressful events and psychological consults

Inflammatory Bowel Disease (IBD) consists of two main categories: Ulcerative Colitis (UC) and Crohn’s Disease (CD). These two have a relapsing and remitting nature and no unique etiology has been determined for them.1

It has been said that an aggregation of genetic predisposition, environmental factors and a stressor which starts the underlying inflammation; are the triangle of its cause.2 Several studies hypothesized the impact of stress on the immune function.3 People’s response to emotional/psychological stressors is different, as regards the culture, socio-economic status, personality, environmental factors and so on. In our IBD patients in Gorgan, northeast of Iran; most patients explained a trigger stressor event before the present disease started flowed by its manifestations.

Our patients were enrolled during a research project established to recruit all IBD cases in the province for further study on samples obtained from them (blood samples kept in -80°C) and other data consisted of demographic characteristics were recorded. We are reporting the preliminary results in the first 100 patients enrolled in the study. When these cases were asked about the onset of the disease, most of them; especially adolescences and younger ones (before 30-years-old), could not point out the exact beginning. Some of them had completed high school studies and were preparing for an entrance exam of universities. These exams are among the most stressful events for young people in Iran. This effect has been shown in other studies, too.3

Patients reported symptoms of obsessive behaviors especially in the field of health and hygiene, when interviewed and also when other family members were asked for. Hygiene is an almost newly developed hypothesis which is of concern as an etiology in IBD and has attracted global attention.4 Our patients also reported an exacerbation in IBD symptoms when they encountered any stress events.

Further investigations can be suggested on the relationships between psychological status and onset or relapses of Inflammatory Bowel Diseases. It should be pointed out that special psychological consult could have an important role in the therapeutic approaches considered for these patients, from the early stages of diagnosis up to the routine visits to get prescription for their medications, especially in younger patients who suffered from this problem in their active years of life.

REFERENCES