BACKGROUND

Irritable bowel syndrome (IBS) is a chronic functional gastrointestinal disorder caused by abdominal pain or discomfort associated with bowel symptoms. The condition is characterized by recurrent abdominal pain or discomfort associated with a change in stool frequency or a change in stool consistency. People with IBS experience symptoms such as bloating, gas, and changes in bowel habits, which can affect their daily activities and overall quality of life. The impact of IBS on work productivity and daily activities is significant, leading to reduced work performance and increased healthcare costs. The objective of this study was to assess the impact of IBS-C on work productivity and daily activities, and to estimate the associated indirect costs.

METHODS

Study Design

This study was conducted using a case-control design with a matched cohort to assess the impact of IBS-C on work productivity and daily activities. The sampling frame consisted of currently active health plan members who met the modified Rome III diagnostic criteria for IBS-C. The study population was identified through electronic health records and claims data. The study protocol and all survey-related materials were reviewed and approved by the institutional review board.

Study Measures

The Work Productivity and Activity Impairment Questionnaire: General Health (WPAI:GH) was used to measure work productivity loss and activity impairment due to IBS-C. The WPAI:GH is a validated self-administered questionnaire that assesses absenteeism, presenteeism, and overall work productivity loss. The questionnaire consists of four domains: work productivity loss due to IBS-C and activity impairment due to IBS-C.

RESULTS

The study recruited 627 respondents who met the criteria for IBS-C. The study population was primarily female (78.2%) and white (84.4%). The mean age of the respondents was 39.6 years (SD = 15.4). The majority of respondents were employed (92.5%) and received health insurance through an employer (91.4%). The majority of respondents reported having IBS-C for more than 10 years (60.0%).

Overall work productivity loss was estimated at $291 ± $302 USD per employed IBS-C respondent per week. About 30.2% of respondents reported being absent from work due to health problems, and 32.1% reported presenteeism due to IBS-C. The mean productivity loss for all employed respondents was 35.1% (SD = 22.3). Daily activity impairment averaged 14.2% (SD = 10.1), and overall work productivity loss averaged 39.3% (SD = 11.1).

The study protocol and all survey-related materials were reviewed and approved by the institutional review board. The overall work productivity loss was estimated at $291 ± $302 USD per employed IBS-C respondent per week. The impact of IBS-C on work productivity and daily activities is significant, leading to reduced work performance and increased healthcare costs. The study protocol and all survey-related materials were reviewed and approved by the institutional review board.

CONCLUSIONS

The study provides important insights into the impact of IBS-C on work productivity and daily activities, and can inform healthcare policy and interventions to address the burden of IBS-C on patients and their employers.

REFERENCES


LIMITATIONS

The study was limited to employed individuals and may not be generalizable to the broader population of IBS-C patients. The study was also limited to English-speaking respondents, which may have introduced selection bias.

Implication for Practice

The study highlights the significant impact of IBS-C on work productivity and daily activities, and provides evidence to support the need for targeted interventions to address the burden of IBS-C on patients and their employers.