

Poster Presentation

TITLE	Fatigue in Inflammatory Bowel Disease: is it a Separate Entity?
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ABSTRACT DETAILS:	
Background:	<p>Fatigue in inflammatory bowel disease (IBD) is a significant problem, reported to affect between 44-86% of patients with active disease(1,2) and 22-54% of patients in remission(1-5). Fatigue has been demonstrated to have a substantial effect on quality of life(4), with IBD patients reporting fatigue as one of their main concerns(6,7).</p> <p>However, the aetiology and pathogenesis of fatigue in IBD is unknown. Proposed mechanisms frequently centre around inflammation but this does not fully explain the persistence of fatigue in quiescent disease.</p> <p>Little consideration has been given to the idea that fatigue may be a separate entity: could it be possible that it is actually a result of chronic fatigue syndrome/myalgic encephalomyelitis (CFS/ME)?</p> <p>Through our study, we wished to assess the burden of fatigue in a cohort of patients with IBD in Tayside and gain a better understanding of it by evaluating whether those reporting fatigue fulfilled criteria for CFS/ME.</p>
Method:	<p>We designed a questionnaire to assess whether patients attending IBD clinics in Tayside, between 3rd-24th November 2017, met the diagnostic criteria for CFS/ME.</p> <p>Given numerous guidelines for the diagnosis of CFS/ME exist we followed the recommendations from BMJ Best Practice and based our questionnaire on the following four criteria: Centres of Disease Control (CDC) which was the most widely used, International Consensus Criteria (ICC) which is the most widely accepted, Institute of Medicine (IOM) and NICE guidance.</p> <p>NICE guidelines, whilst suggested to be less clinically appropriate, were included as, in the UK, these may be the guidelines with which practitioners are most familiar.</p> <p>All guidelines required specific patterns of fatigue in addition to associated symptoms; the biggest differences are in requirements for post exertional malaise and numbers of associated symptoms.</p> <p>Exclusion criteria were age <16, incapacity and/or absence of an established diagnosis of IBD.</p> <p>Questionnaire responses were analysed to determine whether the criteria for a diagnosis of CFS/ME in the context of each of the four guidelines had been reached.</p>

Results:	<p>Of 130 patients approached, 113 met the inclusion criteria and 99 returned a completed questionnaire, forming the study group: 52 female; 47 male, median age 41 (range 18 – 84 years). 46 had Crohn's disease(CD), 38 ulcerative colitis (UC) and 12 IBD unclassified (3 did not state IBD type).</p> <p>Fatigue was experienced by 65% and was more prevalent in CD than UC (74% vs 52%) and in females than males (77% vs 51%). 64% of those experiencing fatigue reported fatigue persisting in the absence of gastrointestinal symptoms.</p> <p>Of these patients with fatigue in IBD, 26 patients (41%) fulfilled the NICE CFS/ME diagnostic criteria, 13 (20%) the ICC, 6 (9%) the IOM criteria and 13 (20%) the CDC criteria.</p>
Conclusions:	<p>Fatigue is commonly reported in this population even when disease is reportedly in remission. Although there may be other confounding factors contributing to fatigue in our cohort, such as concurrent medication or co-morbidity, a small proportion nevertheless meet recognised diagnostic criteria for CFS/ME and this should not be overlooked when managing fatigue in IBD.</p>
References:	<ol style="list-style-type: none"> 1. Czuber-Dochan W, Ream E, Norton C. Review article: description and management of fatigue in inflammatory bowel disease. <i>Aliment Pharmacol Ther</i> [Internet]. 2013 Mar 1 [cited 2018 Mar 6];37(5):505–16. Available from: http://doi.wiley.com/10.1111/apt.12205 2. Van Langenberg DR, Gibson PR. Systematic review: fatigue in inflammatory bowel disease. <i>Aliment Pharmacol Ther</i> [Internet]. Blackwell Publishing Ltd; 2010 Apr 2 [cited 2018 Mar 5];32(2):131–43. Available from: http://doi.wiley.com/10.1111/j.1365-2036.2010.04347.x 3. Villoria A, García V, Dosal A, Moreno L, Montserrat A, Figuerola A, et al. Fatigue in out-patients with inflammatory bowel disease: Prevalence and predictive factors. 2017 [cited 2018 Feb 25]; Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5531543/pdf/pone.0181435.pdf 4. Romberg-Camps MJL, Bol Y, Dagnelie PC, Hesselink-van de Kruijs MAM, Kester ADM, Engels LGJB, et al. Fatigue and health-related quality of life in inflammatory bowel disease. <i>Inflamm Bowel Dis</i> [Internet]. 2010 Dec [cited 2018 Mar 6];16(12):2137–47. Available from: http://www.ncbi.nlm.nih.gov/pubmed/20848468 5. Minderhoud IM, Oldenburg B, Dam PS, Berge Henegouwen GP. High prevalence of fatigue in quiescent inflammatory bowel disease is not related to adrenocortical insufficiency. <i>Am J Gastroenterol</i> [Internet]. Nature Publishing Group; 2003 May 1 [cited 2018 Mar 6];98(5):1088–93. Available from: http://www.nature.com/doifinder/10.1111/j.1572-0241.2003.07414.x 6. Maunder RG, Rooy EC de, Toner BB, Greenberg GR, Steinhart HA, McLeod RS, et al. Health-Related Concerns of People who Receive Psychological Support for Inflammatory Bowel Disease. <i>Can Journal Gastroenterol</i> [Internet]. 1997;11(8):681–5. Available from: https://www.hindawi.com/journals/cjgh/1997/183841/abs/ 7. Casati J, Toner BB, De Rooy EC, Drossman DA, Maunder RG. Concerns of Patients with Inflammatory Bowel Disease A Review of Emerging Themes. [cited 2018 Mar 13]; Available from: https://link.springer.com/content/pdf/10.1023/A:1005492806777.pdf