

**Keywords:** Depression; Inflammation; IBD; Quality of life

## Introduction

Inflammatory bowel disease (IBD) is a group of chronic, multisystem, immune mediated diseases of the gastrointestinal tract (GIT), mainly comprising Crohn's disease (CD) and ulcerative colitis (UC). These diseases are typically manifesting in a remitting and relapsing course.

The intestinal manifestation of the disease differs; CD causes a transmural inflammation with oedema and ulceration in any part of the GIT (from mouth to anus). UC result in a superficial inflammation of the mucosa and submucosa of the colon with subsequent erosion and ulceration, starting distally and in an ascending manner. CD may manifest with a non-bloody chronic diarrhoea and abdominal pain, whereas UC patients typically pres-

Depression could provoke IBD development [2]. Depression is a complex disorder, proposed to involve genetic, epigenetic, psychological, and en-

vironmental factors that decrease a person's capacity to tolerate stress [3]. The symptoms characteristic for the syndrome is persistent feeling of sadness, worthlessness, and hopelessness. Patients typically show changes in cognitive function (commonly concentration disturbances), appetite, sleep pattern, they tend to become more easily irritable, and lose interest in pre-

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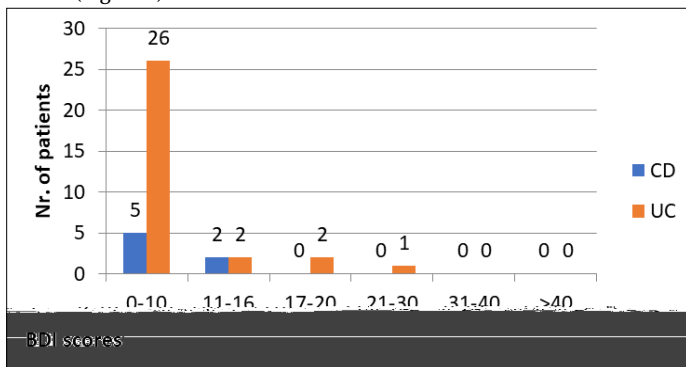
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as in healthy controls [2-8]. This further leads towards the thought that biological mechanisms in the active inflammation play a big role in the development of depression in these patients.

Studies of the U.S. population have shown that the prevalence of depression in IBD subjects was as high as 49% compared to 23% in non-IBD subjects.

These rates increased with female gender, older age and if the patient was separated, divorced or widowed [9]. In addition, it was also possible to see a connection with higher rates of depression in patients who were less physically active and those who had lower educational level, or lack of fam

to BDI (Figure 1).



**Figure 1:** Distribution of BDI scores in all patients divided between CD and UC.

There was a strong correlation between numbers of exacerbations and higher IBD scores in patients with UC ( $p < 0,001$ ;  $r = 0,135$ ).

There was a negative correlation between serum leukocytes and BDI scores ( $p = 0,032$ ). The use of Mesalazine had protective effect ( $p = 0,032$ ).

Age, gender, previous hospitalizations, the use of corticosteroids, sulfasalazine, biologic treatment, previous surgical therapy, serum CRP, IL-6, IL-10 and hemoglobin concentration had no correlation with distribution of IBD scores. Neither had intestinal complications.

#### Quality of Life (QoL) score and associations

Mean QoL score among IBD patients was 49,95 (SD 14,07), maximum score 70 and minimum score 0. In CD patients the mean score was 46,26 (SD 15,12) and in UC patients the mean score was 50,7 (SD 13,97). There

## Competing Interest

None

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## Authors Contributions

Solbritt and Jacqueline wrote the main manuscript text. Jacqueline prepared figures. All authors reviewed the manuscript.

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## References

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