IBS SUFFERERS’ PERSPECTIVES ON COPING WITH THE CONSEQUENCES OF THE DISORDER: A Q-METHODOLOGICAL STUDY.

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IRRITABLE BOWEL SYNDROME (IBS)

- Functional bowel disorder.
- Symptoms include: abdominal pain, bloating, diarrhoea and/or constipation.
- Chronic disorder characterised by relapsing episodes.
- No detectable organic cause.
- Multi-factorial.
- Sub-classification:
  - IBS-D: diarrhoea predominant
  - IBS-C: constipation predominant
  - IBS-M: mixed

Quigley et al. (2009).
CONSEQUENCES

Negative impact of IBS on quality of life prevalent in findings from previous studies:

- Problems identified: toilet proximity, disrupted lives, unpredictability of triggers.
- Psychological considerations; need to ‘preserve dignity’, isolation sufferers experience.
- Work life can be adversely affected: difficulty in planning ahead and staying on track. Also, work productivity loss.

No cure, so successful management is important for individual well-being and reducing societal costs.

Bertram et al. (2001); Ronnevig et al. (2009); Faresjo et al. (2007); Pare et al. (2006)
Q-METHODOLOGY

Used to examine how people think about a topic, both on an individual and collective level.

Participants sort a set of statements into a forced choice, quasi normal grid, depending on their level of agreement/disagreement.

Q-factor analysis
- Correlate all Q-sorts
- Varimax rotation
- Identify clusters of thinking patterns: ‘factors’.

Stenner, Dancey & Watts (2000)
AIMS

To investigate the consequences of IBS that sufferers experience.

Use Q-methodology to identify and define shared viewpoints.
PARTICIPANTS

- Recruited via ‘The IBS Network’
- 35 packs were posted.
- Inclusion criteria:
  - Over 18
  - Suffer from IBS
- Final sample: 23 individuals.
  - 22 females, 1 male
  - Mean duration of illness: 15.2 years
  - Mean symptom severity rating: 2.4 (scale of 0: none – 4: very severe)
  - 8 IBS-D, 8 IBS-C, 7 IBS-M
Q-SET

Statements collated from Stenner et al.’s (2000) and Lacy et al.’s (2007) studies and from two unstructured interviews.

- Consequences
  - Emotional
  - Quality of life
  - Social
  - Eating habits
  - Medical treatments

- Care/support
- Managing symptoms
- Outlook
- Concerns
- Thoughts

Test run with 10 participants went smoothly.
Q-SORT ANALYSIS

- 18 participants’ Q-sorts loaded significantly onto one of the two factors.

- 0.47 inclusion cut-off (p<.01 significance level for participant loading).

### Distinguishing items

<table>
<thead>
<tr>
<th>Item</th>
<th>Factor A</th>
<th>Factor B</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. My irritable bowel symptoms are depressing</td>
<td>0</td>
<td>+3</td>
</tr>
<tr>
<td>2. Symptoms affect my daily activities</td>
<td>0</td>
<td>+4</td>
</tr>
<tr>
<td>3. I prefer not to go out to restaurants to eat</td>
<td>-3</td>
<td>+1</td>
</tr>
<tr>
<td>4. I am resigned to having the symptoms</td>
<td>+2</td>
<td>-1</td>
</tr>
<tr>
<td>12. I don’t think my IBS symptoms have significantly affected my quality of life</td>
<td>+1</td>
<td>-4</td>
</tr>
<tr>
<td>13. My symptoms interfere with my social life</td>
<td>0</td>
<td>+4</td>
</tr>
<tr>
<td>16. I have someone I can talk to about my IBS symptoms</td>
<td>+1</td>
<td>-2</td>
</tr>
<tr>
<td>18. Things could be a lot worse</td>
<td>+4</td>
<td>0</td>
</tr>
<tr>
<td>22. Having irritable bowel symptoms stops me leading the life I would like to lead</td>
<td>-2</td>
<td>+3</td>
</tr>
<tr>
<td>23. I believe my IBS affects my relationship with my friends</td>
<td>-3</td>
<td>+1</td>
</tr>
<tr>
<td>26. My doctor is best qualified to treat my symptoms</td>
<td>+1</td>
<td>-2</td>
</tr>
<tr>
<td>28. I have accepted that I have IBS</td>
<td>+4</td>
<td>0</td>
</tr>
<tr>
<td>29. I am concerned I will pass my IBS onto my children</td>
<td>-4</td>
<td>-1</td>
</tr>
<tr>
<td>30. When I make choices affecting my future I take my IBS into account</td>
<td>-3</td>
<td>+1</td>
</tr>
</tbody>
</table>
10 participants:
- 3 IBS-D, 4 IBS-C, 3 IBS-M.
- 15.6 years duration, 2.2 severity.

Factor A

<table>
<thead>
<tr>
<th>-4</th>
<th>-3</th>
<th>-2</th>
<th>-1</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>IBS will turn into cancer</td>
<td>I prefer not to go out to restaurants to eat</td>
<td>Exercise makes my irritable symptoms worse</td>
<td>I have found that overuse of laxatives produces symptoms</td>
<td>My irritable bowel symptoms are depressing</td>
<td>I don’t think my IBS symptoms have significantly affected my quality of life</td>
<td>Changing my lifestyle could improve my irritable bowel symptoms</td>
<td>I have changed my eating habits as a result of having IBS</td>
<td>Things could be a lot worse</td>
</tr>
<tr>
<td>I am concerned I will pass the problem on to my children</td>
<td>I believe my IBS affects my relationship with my friends</td>
<td>Having IBS symptoms stops me leading the lifestyle I would like to</td>
<td>My doctor provides me with the support I need</td>
<td>Symptoms affect my daily activities</td>
<td>I believe alternative treatments (e.g., ...) can improve my IBS symptoms</td>
<td>I am resigned to having the symptoms</td>
<td>I avoid certain foods</td>
<td>I have accepted that I have IBS</td>
</tr>
<tr>
<td>When I make choices affecting my future, I take my IBS into account</td>
<td>I believe I could reduce my IB symptoms by taking anti-depressants ...</td>
<td>As an IBS sufferer, I feel I am more likely to become depressed ...</td>
<td>My IBS symptoms occupy my thoughts throughout the day</td>
<td>I have someone I can talk to about my IBS symptoms</td>
<td>Relaxation helps alleviate my irritable bowel symptoms</td>
<td>Having IBS increases my levels of stress</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>I have given a lot of thought to how IBS will affect me in the future</td>
<td>My symptoms interfere with my social life</td>
<td>My doctor is best qualified to treat my IBS symptoms</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

‘Accepting & Unconfined’
FFACTOR B

- 8 participants:
- 4 IBS-D, 2 IBS-C, 2 IBS-M.
- 15.1 years duration, 2.8 severity.

**Highly ranked items**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Symptoms affect my daily activities</td>
<td>4</td>
</tr>
<tr>
<td>13. My symptoms interfere with my social life</td>
<td>4</td>
</tr>
<tr>
<td>1. My irritable bowel symptoms are depressing</td>
<td>3</td>
</tr>
<tr>
<td>22. Having irritable bowel symptoms stops me leading the lifestyle I would like to lead</td>
<td>3</td>
</tr>
<tr>
<td>21. Having IBS increases my levels of stress</td>
<td>3</td>
</tr>
<tr>
<td>25. I believe I could reduce my irritable bowel symptoms by taking anti-depressants which do not have a direct effect on the bowel</td>
<td>-3</td>
</tr>
<tr>
<td>5. I have found that overuse of laxatives produces irritable bowel symptoms</td>
<td>-3</td>
</tr>
<tr>
<td>6. My doctor provides me with the support I need</td>
<td>-3</td>
</tr>
<tr>
<td>9. IBS will turn into cancer</td>
<td>-4</td>
</tr>
<tr>
<td>12. I don’t think my IBS symptoms have significantly affected my quality of life</td>
<td>-4</td>
</tr>
</tbody>
</table>

‘Restricted by interfering symptoms’
CONSENSUS ITEMS

- ‘Common ground’ items.
- No more than 1 pile apart across the two factors.

Included:
- ‘IBS will turn into cancer’: most strongly disagreed with in both.
- Increased stress as a result of having IBS.
- Belief that anti-depressants would not reduce symptoms.
- Food avoidance (A: +3, B: +2).
- Eating habit change (A: +3, B: +2).
INTERPRETATION

- Symptom type and severity did not dictate factor inclusion.

- Other points of distinction:
  - Acceptance
  - Coping strategies
  - Illness representations
    - Cause
    - Identity
    - Timeline
    - Consequences
    - Control/cure

- Limitations:
  - The identified constructs need defining and possible associations need further exploration before drawing conclusions.

Rutter & Rutter (2002; 2007), Leventhal et al. (1992)
SUMMARY

- Consensus that having IBS is stressful

- Eating changes are adopted by both groups as an independent coping strategy.

- Two very distinct groups, one of which seems to experience less adverse consequences of IBS than the other.

- Grouping not determined by symptom characteristics.
IMPLICATIONS

- Not all sufferers are as badly affected as previous literature suggests => what can we learn from these individuals to minimise negative consequences for others?

- Support patients in taking command and in the self-management process.

- Future research should aim to address:
  - Involvement of illness representations and acceptance.
  - Doctor support: even in Factor A, the exemplar Q-sort places ‘doctor support’ item in a disagree position (in Factor B: -3).
REFERENCES


