

INTRODUCTION

- Opioids are commonly prescribed to control pain for patients with Inflammatory bowel disease (IBD).
- However, the wide use of narcotics raised concerns for possible opioid dependence and related mortality.
- IBD patients with co-existing irritable bowel syndrome (IBS) are more likely to complain about abdominal pain.

AIM

- To determine the prevalence of opioid prescription and opioid dependence in patients with coexisting IBD and IBS, and to compare with IBD patients without IBS

METHOD

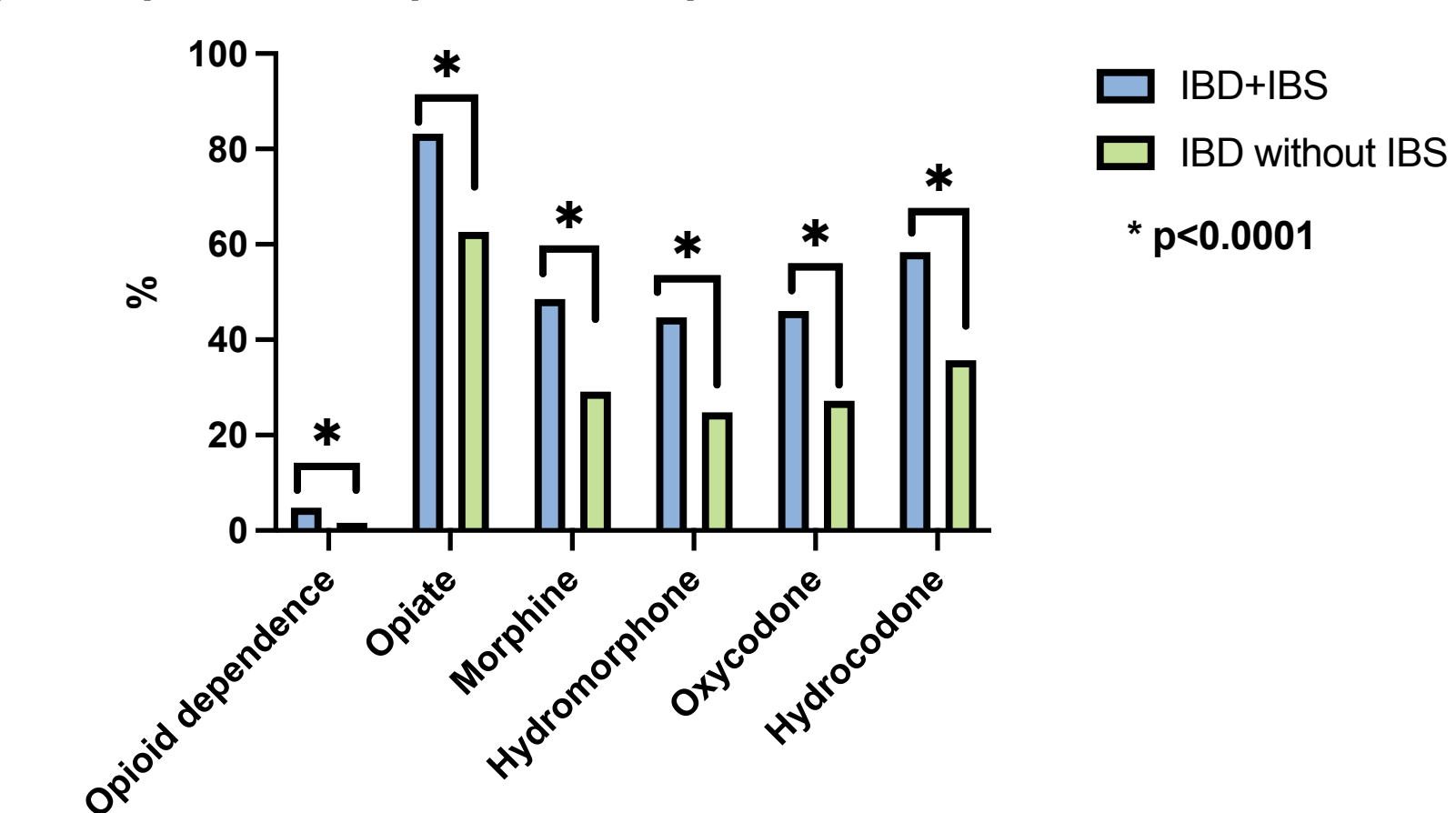
- A population-based study was performed using IBM Explorys (1999-2022), a large pooled de-identified database with a patient information from more than 300 hospitals across the US
- We identified patients with concomitant diagnosis of IBD and IBS (IBD+IBS).
- The control group consisted of patients with IBD without IBS.
- We collected information regarding opioid prescriptions and diagnosis of opioid dependence.
- Categorical data was presented as number of subjects and percentages.
- Odds ratio (OR) at 95% confidence interval was reported.

RESULTS

- We identified a total of 38,650 patients with co-existing IBD and IBS and 327,770 patients with IBD without IBS
- 83.2% of patients in the IBD+IBS group and 62.6% of patients in the control group have been prescribed opioids (OR [2.87-3.03], $p < 0.0001$)
- Opioids were more commonly prescribed in the IBD+IBS cohort including morphine (48.5 vs 29.1%), Hydromorphone (44.7 vs 24.8%), Oxycodone (46.0 vs 27.2%) and Hydrocodone (58.4 vs 35.7%).
- Opioid dependence was also more common in the IBD+IBS group than patients with IBD alone (4.8% vs 1.6%, OR [2.99-3.33], $p < 0.0001$).

	IBD with IBS (N=38650)	%	IBD without IBS (N=327770)	%	OR	95% CI	P
Opioid dependence	1840	4.8%	5110	1.6%	3.16	2.99-3.33	< 0.0001
Opiate	32140	83.2%	205290	62.6%	2.95	2.87-3.03	< 0.0001
Morphine	18760	48.5%	95410	29.1%	2.30	2.25-2.35	< 0.0001
Hydromorphone	17260	44.7%	81420	24.8%	2.44	2.39-2.49	< 0.0001
Oxycodone	17780	46.0%	89210	27.2%	2.28	2.23-2.33	< 0.0001
Hydrocodone	22590	58.4%	117110	35.7%	2.53	2.48-2.59	< 0.0001

Opioid prescription and dependence in patients with concomitant IBD+IBS



CONCLUSIONS

- Patients with overlapping IBD and IBS are prescribed opiates more often than patients with IBD alone, and the former are more likely to be diagnosed with opioid dependence.
- Appropriate use of therapies approved for IBS, in conjunction with treatment of IBD may help reduce opiate use in this population.

REFERENCES

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2. Schirbel A, Reichert A, Roll S, et al. Impact of pain on health-related quality of life in patients with inflammatory bowel disease. World J Gastroenterol 2010;16:3168-77.

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