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Risk of Addiction For IBS Patients Prescribed Anxiolytics: A Community-Based Study

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Introduction: To evaluate if the prevailing perception over the past decades that anxiolytics lead to or have a significant risk for addiction, or in some other way are deleterious to patients (pts) in our community setting, is a valid and worthy concern.
Methods: A retrospective study of adult Irritable bowel syndrome (IBS) pts seen between 6/2012-1/2017 was undertaken, from our community based gastroenterology practice in Orlando, Florida. We culled out those with IBS and general anxiety state (GAS), and those with IBS and non-cardiac chest pain (NCCP). A follow up period of >3 months was required. All insurances except Medicaid and certain HMO's were accepted. Use of anxiolytics had to begin during the study period. A minimum of 3 follow up visits were required. All patients studied were on an anticholinergics (hyoscyamine, dicyclomine, donnatal), but a few were on lubiprostone or Linaclotide. Anxiolytics included: clonazepam, alprazolam, lorazepam and diazepam. Doses ranged from 0.125 mg bid to 0.5 mg tid and 2-5 mg bid for diazepam.
Results: Of 1148 unique pts identified with IBS, 182(15%) had concomitant GAS and/or NCCP, 141/182(77%) had GAS and IBS, 41/182 (23%) had NCCP and IBS. The mean follow up was 1.5 years. The mean age was 65 and the sex ratio was 3:1 female to male. 11 pts (6%) increased their initial anxiolytic dose during follow up, but then maintained that dose. 18(10%) decreased their dosage, due to lethargy. Many patients had to be convinced that anxiolytics were 1. not deleterious or addictive and 2. would help their primary GI ailment, and 3. that stress was an important element in their IBS and that they had stress in their lives. It often took many months of convincing before pts would commit to a treatment trial. No complications,falls,memory disorders or clinical indications of addiction were brought to our attention, other than lethargy and foggy headedness, that resolved with a lower dose.
Conclusion:

1. No clinical indication of addiction to anxiolytics was seen in our community based suburban cohort with IBS and GAS or NCCP.
2. Anxiety treatment yielded improvement in IBS and NCCP symptoms in all pts.
3. Improved quality of life on anxiolytics was observed by patient, family and physician.
4. Anxiolytics appear to be quite safe in this cohort when given in judicious doses. Perceptions of addiction need to be updated by physicians and society.

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Impact of Stool Consistency on Bowel Movement Satisfaction in IBS-C or CIC Patients Treated With Linaclotide or Other Medications: Results From the CONTOR Study

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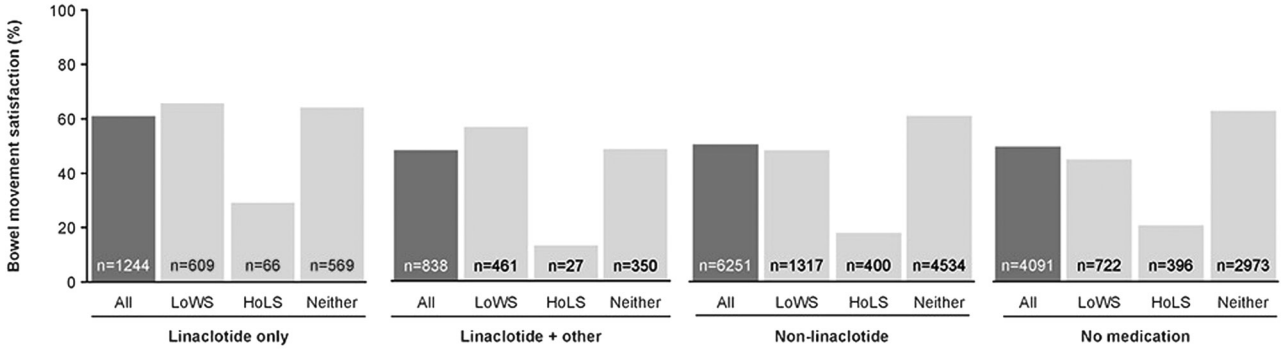
Introduction: Medications for constipation can cause loose or watery stools (LoWS). As new medications become available, an understanding of patients' perceptions regarding treatment effects and satisfaction may help clinicians manage patients' expectations and inform clinical perspectives of these treatments. Linaclotide is one of several treatment options for irritable bowel syndrome with constipation (IBS-C) or chronic idiopathic constipation (CIC); however, little information is available on the impact of stool consistency on patient-reported bowel movement (BM) satisfaction associated with their treatment options.
Methods: Data were derived from CONTOR, a longitudinal research platform combining administrative claims and patient survey data for IBS-C and CIC patients [1]. Pooled data from two patient-reported 7-day daily diaries completed at baseline and Month 12 were used to create a dataset of 2907 diaries representing 26,524 BMs for 1830 patients to understand factors influencing BM satisfaction, particularly among patients taking linaclotide. Data included bowel/abdominal symptom treatments taken in the prior 24 hours, time and 1-word description of each BM, and whether the BM was satisfactory. Binary variables were created for: medication use in the past 24 hours and categorization of the BM as LoWS (based on Bristol Stool Form Scale [BSFS] 6/7), hard or lumpy stool (HoLS, based on BSFS 1/2), or neither LoWS nor HoLS. Logistic regressions between linaclotide and LoWS analyzed the relationship between BM satisfaction and treatment.
Results: Overall, BMs characterized as HoLS were satisfactory less often (19.4%) than LoWS (51.2%) and neither LoWS nor HoLS (61.2%). Patients taking linaclotide reported a similar proportion of BMs as satisfactory when described as LoWS (65.6%) or as neither LoWS nor HoLS (64.1%) [Figure]. Patients reporting linaclotide use had higher odds of reporting BMs as satisfactory (odds ratio [OR] 1.23, $P<0.05$) than those who had not; the odds were even greater among linaclotide users with LoWS (OR 2.05, $P<0.001$) when considering whether the impact of linaclotide on satisfaction depended on stool form [Table].
Conclusion: Patients were more likely to report BMs as satisfactory for stools described as LoWS or neither LoWS nor HoLS. Compared to those not taking linaclotide, patients taking linaclotide were more likely to be satisfied, particularly those reporting LoWS. [1] Abel JL et al. Am J Gastroenterol 2016; 111 (S1): S257.

[425] Model Results

Independent Variables	Odds Ratio	Lower 95% CI	Upper 95% CI	*P*-value
Model without interaction terms				
≥45 years	0.915	0.803	1.044	0.187
≥median PAC-QOL	0.685	0.584	0.802	<0.001
≥median PAC-SYM	0.672	0.572	0.788	<0.001
≥median years of symptoms	0.928	0.812	1.060	0.271
Male	1.034	0.782	1.369	0.813
White	0.730	0.612	0.871	<0.001
Linaclotide	1.230	1.024	1.477	0.027
Polyethylene glycol	0.775	0.652	0.922	0.004
Neither HoLS nor LoWS	6.353	5.580	7.234	<0.001
LoWS	4.279	3.588	5.103	<0.001
Model with interaction terms				
≥45 years	0.911	0.799	1.038	0.162
≥median PAC-QOL	0.682	0.583	0.798	<0.001
≥median PAC-SYM	0.674	0.574	0.791	<0.001
≥median years of symptoms	0.937	0.820	1.071	0.339
Male	1.034	0.784	1.365	0.811
White	0.734	0.614	0.877	<0.001
Linaclotide	0.901	0.744	1.092	0.289
Polyethylene glycol	0.725	0.612	0.860	<0.001
Neither HoLS nor LoWS	6.438	5.652	7.334	<0.001
LoWS	3.576	2.938	4.352	<0.001
Linaclotide with LoWS	2.049	1.500	2.801	<0.001
Polyethylene glycol with LoWS	1.268	0.863	1.865	0.227

For both PAC-QOL and PAC-SYM, higher values indicate worse condition.
CI, confidence interval; HoLS, hard or lumpy stool; LoWS, loose or watery stool; PAC-QOL, Patient Assessment of Constipation Quality of Life questionnaire; PAC-SYM, Patient Assessment of Constipation Symptoms questionnaire.

Figure. Baseline and 12-month bowel movement satisfaction by medication use and categorization[a]



Medication use self-reported within 24 hours of the reported bowel movement. Most common 'other' medications taken with linaclotide included: Miralax, GI/PPIs, and antidepressants/anxiolytics.
Probiotics and other home remedies were not considered 'other' medications in these analyses
[a]Among bowel movement records with non-missing satisfaction and consistency descriptions
GI, gastrointestinal; HoLS, hard or lumpy stool; LoWS, loose or watery stool; PPIs, proton pump inhibitors

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