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Risk of Addiction For IBS Patients Prescribed Anxiolytics: A Community-Based Study
Douglas Jay SPRONG, MD, The Gastroenterology Group, Maitland, FL

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 insurance except Medicaid and certain HMOS, 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 anticholinergic (hyoscyamine, dicyclomine, dominal), but a few were on labropustine or Linaclootide. Anxiolytics included: clonazepam, alprazolam, lorazepam and diazepam. Doses ranged from 0.123 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 (12/7%) had GAS and IBS, 41 (1182) (33%) 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 consent to a treatment trial. No complications, fall, memory disorders or clinical indications of addiction were brought to our attention, other than lethargy and foggy headedness, that resolved with a lower dose.

Conclusions: 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 Linaclootide or Other Medications: Results From the CONTOR Study
Douglas C.A. Taylor, MD, PhD, Jessica L. Abel, MPH, Jalpa A. Desai, PhD, Carolyn Martin, MSW, Alyssa Goochly Hunter, MAT, Breauna Eusti, MPH, Stefanie Korver, MPH, Robin T. Carson, MPH, David S. Reissner, PhD, William D. Chey, MD, FACG¹,²,³ Ironwood Pharmaceuticals, Inc, Cambridge, MA; ¹Allergan plc, Jersey City, NJ; ²University of Pennsylvania, Philadelphia, PA; ³Optum, Eden Prairie, MN; ⁴Michigan Medicine, Ann Arbor, MI

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. Linaclootide 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). Focused 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 linaclootide. 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 (based on BSFS 2/3).

Results: Overall, BMs characterized as HoLS were satisfactory less often (19.4%) than LoWS (51.2%) and neither LoWS nor HoLS (62.1%). Patients taking linaclootide 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 linaclootide use had higher odds of reporting BMs as satisfactory (odds ratios [OR] 1.23, P < 0.05 than those who had not; the odds were even greater among linaclootide users with LoWS (OR 2.05, P < 0.001) when considering whether the impact of linaclootide 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 linaclootide, patients taking linaclootide were more likely to be satisfied, particularly those reporting LoWS. [1] Abel JL et al. Am J Gastroenterol. 2016; 111 (5): S257.