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A population-based study of fatigue and sleep difficulties in inflammatory bowel disease

Graff LA, Vincent N, Walker JR, Clara I, Carr R, Ediger J, Miller N, Rogala L, Rawsthorne P, Lix L, Bernstein CN

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Introduction

Fatigue has long been linked to inflammatory bowel disease (IBD) and is frequently reported by patients. This symptom has been commonly explained as a consequence of chronic inflammation, anaemia, prevalent sleep problems and psychological co-morbidities such as anxiety and depression.

To date, only a few studies have explored fatigue in IBD and those available have largely involved small samples, in particular hospitalised populations, and have focussed on either active or inactive disease only.

As part of their ongoing Manitoba IBD cohort study, Graff et al. conducted the first comprehensive investigation on fatigue in IBD. Their sample of 318 participants was representative of the larger local IBD population, with a mean age of 43 years (SD=14.06), an average disease duration of 6.4 years (SD=2.1), 51% of participants having Crohn's Disease (CD) and 46% having current active disease.

Why is this study important?

In this investigation, disease activity was measured using the Harvey-Bradshaw index for CD and Powell-Tuck index for Ulcerative Colitis (UC). Clinically significant fatigue was highly prevalent in IBD participants (both with CD and with UC) who had active disease (72%). However, surprisingly, 30% of those with inactive disease also reached the clinically significant threshold for fatigue. With respect to sleep difficulties, 77% of those with active disease reported poor sleep as did approximately 50% of participants in remission.

In a multivariate analysis, fatigue was found to be highly correlated with poor sleep quality (OR=4.0, 95% CI: 1.9-8.6), active disease (OR=4.2, 95% CI: 2.2-7.8) and high perceived stress (OR=4.2, 95% CI: 2.2-8.1). However, no relationship was found between fatigue and haemoglobin and CRP levels.

In participants with inactive disease, multivariate analysis showed poor sleep quality (OR=4.4, 95% CI: 1.5-13.3) and psychological factors (OR=4.4, 95% CI: 1.7-11.5) to be strongly associated with fatigue.

References

1. Minderhoud IM, Oldenburg B, van Dam PS et al. High prevalence of fatigue in quiescent inflammatory bowel disease is not related to adrenocortical insufficiency. Am J Gastroenterol 2003;98:1088-1093