

National Prevalence of Psychological Distress and Use of Mental Health Care in Inflammatory Bowel Disease

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BACKGROUND

- Inflammatory bowel disease (IBD) refers to ulcerative colitis and Crohn's disease, which are immune-mediated conditions of chronic intestinal inflammation affecting different areas of the gastrointestinal (GI) tract.
- The course of IBD is often relapsing-remitting with periods of active or quiescent disease and GI symptoms over time.
- Many individuals with IBD also experience symptoms of psychological distress, such as anxiety and depression, which have been linked to increased GI activity in a bidirectional relationship.¹
- However, the burden of psychological distress accompanied by functional impairment in IBD is not well documented nor is utilization of mental healthcare in this population.

OBJECTIVES

- The purpose of this study is to expand upon estimates of psychological distress in IBD to include functional impairment and mental health-care use. Understanding these issues can lead to interventions towards achieving holistic care in IBD.

METHODS

- The National Health Interview Survey (NHIS) is an annual cross-sectional survey conducted by the Centers for Disease Control and Prevention using geographically clustered sampling techniques so that each month's sample is nationally representative
- In the 2015 and 2016 surveys, data about an IBD diagnosis were collected as self-reported response to the question: "have you ever been told by a doctor or other health professional that you had Crohn's disease or ulcerative colitis?"
- All sample adults aged 18 years and older who were interviewed in the 2015 and 2016 NHIS were included in this study.
- Mental health-care use was defined as an affirmative answer to the question "during the past 12 months, have you seen or talked to any of the following health-care providers about your own health: a mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker?"
- An assessment of psychological distress was based on the Kessler Index (K6), which is a validated 6-item scale measuring the frequency of specific psychological symptoms over the preceding 30 days.²
- Responses from the Kessler Index were used to estimate the national prevalence of psychological distress with impairment and mental health-care use in IBD.
- Factors associated with psychological distress with impairment in IBD were analyzed using logistic regression.

References: 1. Gracie DJ, et al. Gastroenterology. 2018;154:1635–1646.e3.
2. Kessler RC, et al. Int J Methods Psychiatr Res. 2010;19(Suppl 1):4–22.

RESULTS

- The prevalence of psychological distress with impairment was significantly higher in IBD than non-IBD adults (7.69% vs. 3.50%, respectively; $P < .01$).
- Among those with IBD and psychological distress with impairment, only a third (36.29%) had seen or talked to a mental health provider in the preceding 12 months.
- About half of these found the cost of mental health care unaffordable.
- On multivariable analysis, factors associated with psychological distress in IBD included increasing emergency room visits and trouble finding a health provider.

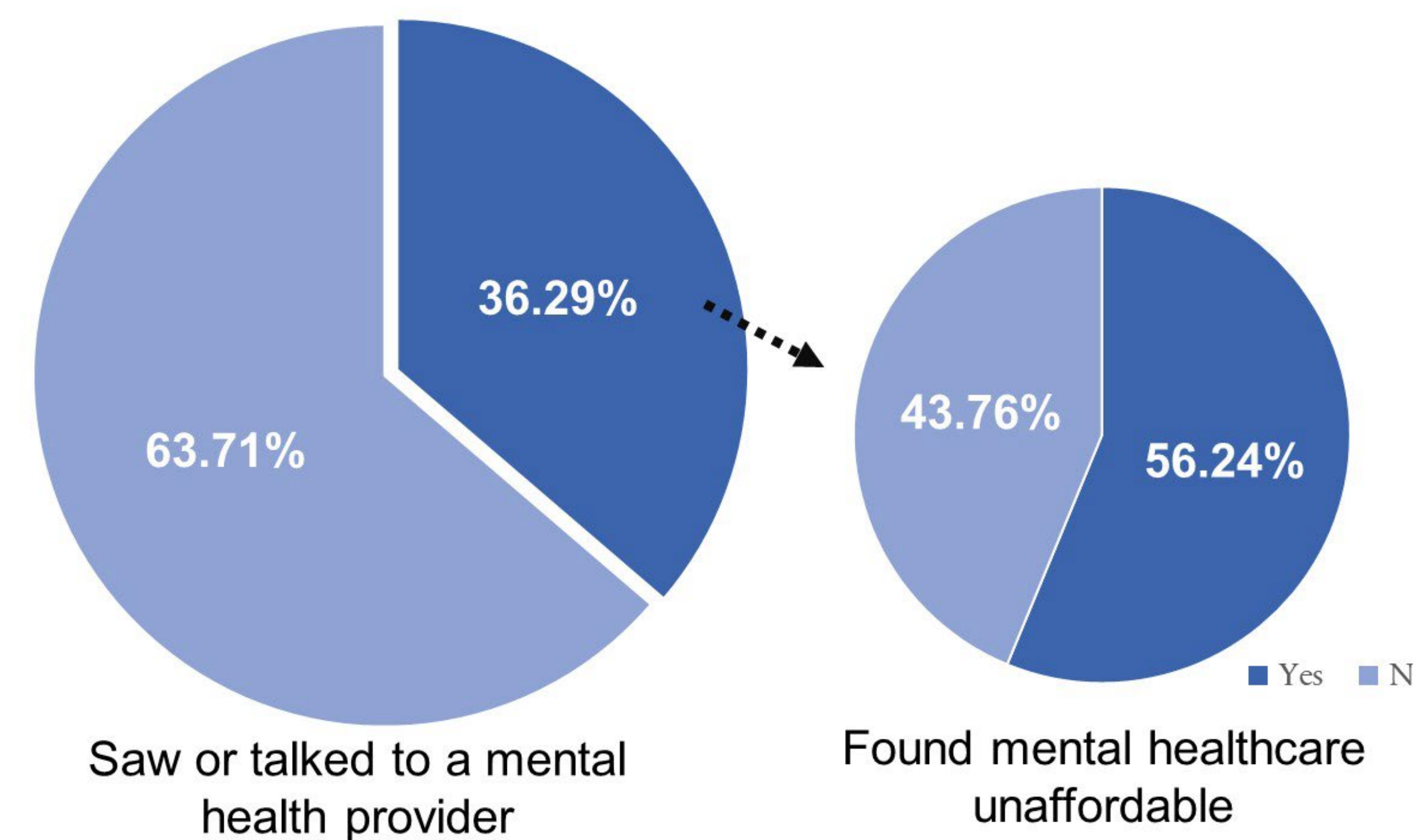
Odds of Psychological Distress with impairment in US Adults with Inflammatory Bowel Disease compared to those without

	Odds Ratio	95% CI	P-value
Model 1	2.32	1.62-3.31	< 0.01
Model 2	1.78	1.18-2.66	< 0.01
Model 3	1.54	1.04-2.29	0.03

Model 1: adjusted for age + sociodemographic factors

Model 2: model 1+ lifestyle and co-morbidity factors

Model 3: model 2 + healthcare access and utilization factors



CONCLUSIONS

- A significant number of adults with IBD in the United States have psychological distress accompanied by functional impairment. However, mental healthcare is underutilized in this population.
- Many of these individuals find the cost of mental healthcare unaffordable, struggle to find a health provider, and experience repeated emergency room visits.
- Ongoing efforts to improve mental healthcare in IBD should address issues of access and cost. Additionally, these efforts should seek to understand other barriers to mental healthcare use.

Characteristics of US Adults by Inflammatory Bowel Disease Diagnosis

	Unweighted Total Estimated Total	IBD N=951 N=3,121,000 Age-adjusted % [§]	Non-IBD N=65,749 N=240,700,000 Age-adjusted % [§]	P-value
Sociodemographic Variables				
Age group (years)				
18-24		4.87	12.32	
25-44		25.57	34.27	<0.01
45-64		44.67	34.10	
≥ 65		24.89	19.32	
Sex				
Female		62.01	51.53	<0.01
Male		37.99	48.47	
Race and Ethnicity				
Hispanic		15.37	16.35	
Non-Hispanic Asian		2.83	5.89	0.04
Non-Hispanic Black		5.86	11.96	
Non-Hispanic Other		2.76	2.20	
Non-Hispanic White		73.18	63.60	
Region				
Northeast		19.66	17.69	
Midwest		23.81	22.28	0.28
South		34.93	36.36	
West		21.60	23.67	
Marital status				
Married/cohabitating		55.44	60.53	
Widowed/divorced/separated		21.27	15.88	0.19
Never married		23.29	23.59	
Educational attainment				
Less than high school		15.26	12.21	
High school/GED		23.29	24.56	0.13
Some college/Associate degree		32.06	31.30	
Bachelor's degree		18.16	20.23	
Master's/Professional/Doctoral		11.23	11.70	
Employed or working		54.84	63.20	<0.01
Lifestyle Factors & Comorbidity				
Smoking status				
Current		18.04	15.44	
Former		26.04	21.04	<0.01
Never		55.92	63.52	
Heavy alcohol intake[¶]		6.14	5.11	0.21
Other chronic conditions[†]				
None		36.73	52.95	
1		24.89	24.06	<0.01
2-3		29.28	18.80	
4+		9.10	4.19	
Healthcare Access & Utilization				
Health insurance				
Private		64.38	64.56	
Public*		21.60	19.88	0.90
Other		5.45	4.96	
Uninsured		8.57	10.60	
Trouble finding a health provider		8.19	3.14	<0.01
Emergency room visits				
None		66.58	81.14	
1		19.82	12.14	<0.01
2-3		10.05	4.84	
4+		3.55	1.87	

SOURCE: NCHS, National Health Interview Survey, 2015-2016. [§]Age-adjusted (except for age groups) percentage of total. [¶]Heavy alcohol intake defined as drinks per week in the past year for males >14 and females >7. [†]Comorbidities: hypertension, coronary heart disease, stroke, arthritis, asthma, cancer, weak or failing kidneys, chronic obstructive pulmonary disease, diabetes, liver condition. ^{*}Public insurance refers to any Medicaid or Medicare plan.