

Screening for Restless Leg Syndrome Warranted in IBS

BY PATRICE WENDLING

CHICAGO — Screening patients with irritable bowel syndrome for restless legs syndrome may lead to greater identification of RLS and improved treatment for both conditions, new research suggests.

In a single, community-based gastroenterology center, 29% of 90 patients with irritable bowel syndrome (IBS) based on Rome III criteria were also diagnosed with RLS. The prevalence of RLS in the general population is 1%-10%.

All patients with both IBS and RLS had alterations in the initiation and maintenance of sleep, lead author Dr. P. Patrick Basu and his associates reported in a poster at a meeting on neurogastroenterology and motility. Involuntary jerks and wakefulness during more than 30% of sleep time occurred in 75% and 63% of patients, respectively.

Of the 26 patients with RLS, 62% had diarrhea-predominant IBS, while 4% had constipation-predominant IBS and 33% had mixed IBS, suggesting that the specific pathophysiology of diarrhea-predominant IBS may contribute to or relate to RLS. Previous research has identified an association between small intestinal bacterial overgrowth, a factor that may contribute to IBS, and several sensory disorders including fibromyalgia, interstitial cystitis, and RLS.

"Diagnosis of simultaneous IBS and RLS may provide enhanced therapeutic efficacy for these patients, as some medications, i.e., rifaximin, may provide relief for both conditions," wrote Dr. Basu, director of gastroenterology, North Shore–Long Island Jewish Health System at Forest Hills, N.Y., and his associates.

Although the data were not included in the poster, 19 of the 26 IBS patients with RLS were treated with the antibiotic rifaximin, with 9 reporting relief of their RLS symptoms, Dr. Basu

said. The diagnosis of RLS was made using a standard questionnaire formulated by the International Restless Legs Syndrome Study Group and was confirmed by polysomnography.

Dr. Basu's decision to use rifaximin was prompted by an independent study in 13 patients with IBS and a positive lactulose breath test, an indicator of small intestinal bacterial overgrowth, in which rifaximin 1,200 mg/day for 10 days was associated with at least an 80% improvement from baseline in RLS symptoms in 10 patients and a "great" or "moderate" global GI symptom improvement in 11 patients (Dig. Dis. Sci. 2008;53:1252-6). Five of the 10 patients followed long term (mean 139 days) maintained complete resolution of their RLS symptoms.

Dr. Basu uses rifaximin plus probiotics in his own practice for patients with both RLS and IBS, and is planning to evaluate its efficacy at doses up to 1,400 mg/day in combination with probiotics in 75 IBS patients with RLS.

Two recent studies from Washington University School of Medicine, St. Louis, examined whether RLS is associated with celiac disease and Crohn's disease, because all three conditions are associated with iron deficiency. The incidence of RLS was 35% among 85 patients with celiac disease (Dig. Dis. Sci. 2009 Sept. 3 [Epub ahead of print]) and 43% among 272 consecutive patients with Crohn's disease (Inflammatory Bowel Dis. 2009 July 2 [doi:10.1002/ibd.21001]). The rate of iron deficiency was significantly higher among celiac patients with active RLS versus those without RLS, but there was no difference between Crohn's patients with and without RLS with respect to current iron deficiency.

Dr. Basu and associates reported no conflicts of interest. Support for preparation of the poster was provided by Salix Pharmaceuticals, which markets rifaximin as Xifaxan. ■

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Nurse-Led IBS Education Program Hits a Chord

BY PATRICE WENDLING

CHICAGO — A short, structured nurse-led educational intervention for patients with irritable bowel syndrome appeared to be as effective in reducing symptoms as a longer, multidisciplinary program, suggest findings from a small randomized trial.

The study evenly randomized 74 patients to six, 2-hour sessions led by a specialist nurse, gastroenterologist, dietician, physiotherapist, and a psychologist or to three, 2-hour sessions led by a specialist nurse using the same content as in the multidisciplinary education.

Knowledge of irritable bowel syndrome (IBS) significantly improved in both groups as measured using a visual analog scale, with no between-group differences observed at 3 and 6 months follow-up, Gisela Ringström, R.N., Ph.D., and her colleagues reported in a poster at meeting on neurogastroenterology and motility.

The score on the IBS Severity Scoring System was reduced in a similar way in both groups, with 33% of the patients in the nurse-led group and 32% in the multidisciplinary group achieving a clinically significant improvement in symptoms, as demonstrated by a reduction of at least 50 points.

Significant improvements were also observed in GI-specific anxiety on the Visceral Sensitivity Index and in several of the nine dimensions on the IBS Quality of Life Question-

naire, according to the investigators from the gastroenterology and hepatology section of the Sahlgrenska University Hospital in Göteborg, Sweden.

The findings are clinically important because approximately 10%-20% of the population in western countries suffer from functional GI disorders, Dr. Ringström said in an interview.

In a separate study, led by Dr. Ringström, 80% of 86 IBS patients referred to a gastroenterologist from primary care had knowledge about IBS, but only 15% felt they had received enough information (Gastroenterol. Nurs. 2009;32:284-92).

In the current study, each patient stated an individual goal before they were included in the study, with 59% of patients in both groups reporting they had met their individual goal, Dr. Ringström and her colleagues reported at the meeting, which was hosted by the Functional Brain-Gut Research Group. Patient evaluation of the content and organization of the intervention on a 7-point scale did not differ between the two groups, reaching a median score of 6-7.

The mean age was 38 years in the nurse-led group and 36 years in the multidisciplinary group, with 92% and 81% female, respectively.

The study was supported by grants from the Swedish Medical Research Council and the Health and Medical Care Committee of the Region of Västra Götaland. The authors disclosed no conflicts of interest. ■

Rise in Eosinophilic Esophagitis Cases Seen in Summer, Fall

BY MICHELE G. SULLIVAN

The prevalence and incidence of eosinophilic esophagitis appear to have increased over the past 30 years, with most of the cases being diagnosed in late summer and early fall, Dr. Ganapathy Prasad and his colleagues reported.

It's not entirely clear whether the increases represent a true spike in the disease or reflect the parallel increase in upper endoscopies performed over the study period, wrote Dr. Prasad of the Mayo Clinic, Rochester, Minn., and his coauthors. "Though the incidence of eosinophilic esophagitis appears to be increasing, it is possible

that an increase in rates of endoscopic evaluation and acquisition of esophageal biopsies ... may be responsible in part for this increase," they wrote.

The researchers conducted a retrospective review of eosinophilic esophagitis in Olmsted County, Minn., using the Rochester Epidemiology Project. They examined data from 1976 through 2005. The incidence of eosinophilic esophagitis increased significantly over the last 15 years of the study, from 0.35/100,000 person-years in 1991-1995, to 9.45/100,000 person-years during 2001-2005. Prevalence was calculated to be 55 cases/100,000 person-years by the end of 2005.

Endoscopies increased during

the same period, from about 100/year to about 2,000/year.

The researchers identified 55 adult cases and 23 pediatric cases. The mean age was 37 years among adults and 10 years among children. Dysphagia was the most common presenting symptom in adults and children (93% and 61%, respectively). Food impaction was more common in adults (42% vs. 22%), as was acid reflux regurgitation (38% vs. 22%).

Thirty-seven patients had both proximal and distal esophageal biopsies taken. Of these, 25 had more than 15 eosinophils/high-powered field in both samples, 10 had them in only the distal sample, and the remaining 2 patients had them

only in the proximal sample. Of the five patients who had 24-hour pH studies done, distal esophageal acid exposure was normal in four and only mildly abnormal in one.

Treatment was mostly with inhaled steroids (51%); 40% also received a proton pump inhibitor and 20% received both medication and esophageal dilation.

Recurrences occurred in 32 patients, with 32% having a recurrence within 2 years of initial diagnosis and 49% having a recurrence within 4 years.

Among 56 patients contacted in a follow-up interview, 27 (48%) reported dysphagia within the past 3 months; 11 of these reported symptoms "usually" or "often" and the rest said dys-

phagia occurred "sometimes." Five patients (9%) said they had visited an emergency department for food impaction within the last year, and 23 (41%) reported receiving either dilation or medications, or both.

The review showed that 60% of the diagnoses were confirmed in the late summer and fall. This may speak to an allergic component of the disease postulated by some researchers.

The study was supported in part by the National Institutes of Health and GlaxoSmithKline. Dr. Prasad reported no conflicts. However, two of the coauthors reported receiving research funding from GlaxoSmithKline and other drug companies. ■