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Gi Symptom Epidemiology in Young and Middle-Aged Swiss Adults

Astawus Alemayehu*

Institute of Clinical Infectious Diseases, Policlinico Agostino Gemelli, Italy

Editorial

Gastrointestinal (GI) symptoms are common and have significant economic and social implications. In the United States, it is estimated that 11% of the population suffers from a chronic digestive condition, with a prevalence rate of up to 35% among those aged 65 and over. In the United States alone, an estimated 60 to 70 million people were diagnosed with a digestive ailment in 2010 [1]. Despite the prevalence of subacute and chronic gastrointestinal symptoms, there has been no comprehensive study of the relevant Swiss epidemiological data, including the possible connections of gastrointestinal symptoms with somatic and psychiatric diseases in the general population [2].

Functional gastrointestinal disorders (FGIDs), which include functional dyspepsia (FD) and irritable bowel syndrome (IBS), are a group of symptoms that aren't explained by anatomical or biochemical abnormalities. According to Rome III diagnostic criteria, the prevalence rates of dyspepsia/FD and IBS in the general population are 5.3–20.4 per cent and 1.1–29.2 per cent, respectively [3]. A female predominance has been shown in recent reports on Rome III FD and IBS. The male predominance for IBS with diarrhoea and the female predominance for IBS with constipation characterises the prevalence of IBS subtypes [4]. The development of FGIDs is influenced by both genetic and environmental factors. In the formation of FGIDs, gene polymorphisms have a role. The incidence of FGIDs varies depending on race and location. Food may have an impact on their growth as well, but causal correlations are difficult to establish [5].

Concepts of psychosomatic illness

In the absence of alternative empirical aetiologies and biomarkers, psychosomatic notions have long been proposed to explain irritable bowel syndrome, and it is general knowledge that many chronic diseases are linked to psychological issues [6]. It's worth noting that until the discovery of immunological dysregulation, ulcerative colitis was understood by psychosomatic theory.

Causal links are difficult to establish in general. Some types of somatoform diseases (e.g., somatisation disorder, somatic-symptom-index (SSI) 4.6, and pain disorder) frequently co-occur with anxiety and depressive disorders, according to clinical and population-based studies conducted around the world. These findings could point to a causal relationship between the illnesses or to the fact that they share some aetiological variables. Young adults are more likely to develop irritable bowel syndrome as a result of emotional and other causes [7].

Analysis

The goal of our study was to determine the prevalence of gastrointestinal symptoms in Swiss people aged 22 (m)/23 (f) to 49/50 years old, i.e. across a 28-year period, stratified by duration into subacute (1 week) and chronic (1 month) problems (3 months, diarrhoea: 1 month) [8]. Their links to a variety of somatic and mental illnesses were also investigated (see Methods section below).

Our first hypothesis was that gastric and intestinal symptoms, particularly chronic symptoms, are more common in women than in males, based on the present research. Our second hypothesis was that there is a statistically significant link between GI symptoms and certain psychiatric diseases, particularly anxiety, implying that some GI symptoms are partially non-organic [9].

Discussion

This study provides new insights into the longitudinal epidemiology of functional gastrointestinal symptoms in Switzerland. In our sample of 490 participants, male and female, one in five complained of sub-acute or chronic stomach symptoms and of sub-acute or chronic intestinal symptoms. Stomach symptoms were defined as symptoms of the upper gastrointestinal tract (pain, burn, pressure, nausea, vomitus) and intestinal symptoms as symptoms of the lower gastrointestinal tract (constipation, diarrhoea, pain, pressure, bloating). Pain and pressure were most prevalent among the gastric as well the intestinal symptom groups. For both sexes, the prevalence of sub-acute and chronic complaints were comparable in most of the symptom groups [10].

In a review of the prevalence of functional dyspepsia, two studies could be found that were comparable to ours. A British study of a randomly selected sample of 20% of patients registered at two health centre practices who were examined by endoscopy to exclude organic disease reported an estimated prevalence of functional gastrointestinal symptoms of 11.5%. A carefully designed endoscopy study of the inhabitants of a Norwegian community (Sørreisa) aged 20–69 found a prevalence of functional gastrointestinal disorders of 14.7%. Comparing those results (11.5% and 14.7%) to our own prevalence rates of around 20% of any gastric symptoms, it may be concluded that 1/2 to 3/4 of the gastric symptoms are functional in our sample.

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***Corresponding author:** Astawus Alemayehu, Institute of Clinical Infectious Diseases, Policlinico Agostino Gemelli, Italy, E-mail: astawus_alemayehu@gmail.com

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