

The Relationship Between Affective Disorders and Pain: Focusing on the Functional Gastrointestinal Disorders such as Irritable Bowel Syndrome

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Abstract

Affective disorders and pain could exert an important relationship with digestive manifestations, especially those related to irritable bowel syndrome (IBS). Also, this relationship could be a result of different mechanisms, as here we are discussing some possible pathways between affective disorders, pain and IBS including gut-brain axis, pain, stress, genetics, micro biome, and the oxidative stress status.

Keywords: irritable bowel syndrome (IBS) , affective and pain disorders , gut-brain axis, genetics

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Introduction

Irritable bowel syndrome (IBS) is a common disorder that affects the digestive system especially large intestine, with no specific treatment affecting 11% of the global population; its symptoms are varied and including cramping, bloating, abdominal pain, diarrhea, constipation. IBS has been linked to some psychiatric disorders including anxiety, and depression [1, 2]

General aspects, digestive manifestation, and affective disorders

In point of fact, there is a link between digestive manifestation and psychiatric disorders, as observed in many studies, a three population-based prospective study, found that gastrointestinal disorders occur and mood and anxiety occur later [3, 4 ,5] depressive and anxiety syndromes were the most recurrent in German patients with gastroenterology and hepatology diseases and authors recommended enhancing of psychosomatic basic care in these patients. [6] Patients with bipolar disorders are more likely to have peptic ulcer diseases [7], in a case-control study female bipolar patients with high HADS depression score exhibit more GI symptoms [8], in a community study dyspepsia was associated with a generalized anxiety disorder and major depressive disorder [9] and also with stress [10], in a population-based study peptic ulcer diseases was correlated with mental health problems including depression, and suicidal ideation [11] and also anxiety disorders [12], in cross-sectional study patients with IBD