

Functional Gastrointestinal Disorders: A Nightmare for Patients and Doctors

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Editorial

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Functional gastrointestinal disorders (FGIDs), also known as disorders of gut-brain interaction (DGBIs), pose significant challenges for both patients and doctors. These disorders manifest as explained and unexplained abdominal symptoms that can have a profound impact on patients' lives. DGBIs encompass various conditions that affect the functionality of the digestive system without any major identifiable structural abnormalities. They are highly prevalent worldwide, affecting approximately 40% of the population, although prevalence rates may vary due to diagnostic criteria and data collection methods (Tome, Kamboj, & Loftus, 2023; Drossman, Creed, Olden, Svedlund, Toner, & Whitehead, 1999).

One of the most well-known DGBIs is irritable bowel syndrome (IBS), which is considered a chronic bowel issue with biopsychosocial elements. It is characterized by abdominal pain and altered bowel habits severely affecting quality of life (QOL). However, IBS is often underdiagnosed and undertreated, leading to a potentially higher prevalence than reported in the literature (Drossman et al., 1999).

The gut microbiota, a collection of microorganisms in the gut, has been found to have a bidirectional communication system with the brain, known as the gut-brain axis (GBA). This communication occurs through various pathways, including the release of neurotransmitters, hormones, and immune molecules. Although the exact mechanisms are still being investigated, it is believed that the gut microbiota can influence neurotransmitter production, immune responses, and inflammation, thereby affecting mind and body well-being (The University of British Columbia Magazine, 2023).

Managing DGBIs requires a multidisciplinary approach and can be done in various medical care settings such as private offices, walk-in clinics, gastrointestinal (GI) clinics, and psychosomatic care clinics. These disorders contribute significantly

to the workload in primary care and gastroenterology clinics. Given the complex and chronic nature of FGIDs, a holistic approach that considers multiple aspects of patient care is crucial (Tome et al., 2023; Drossman et al. 1999; Drossman, 2006).

Patients with digestive brain-gut disorders (DBGIs) frequently experience concurrent depression and anxiety, which can be exacerbated by a lack of understanding, misinformation, and prejudice. Research suggests that medications are crucial in alleviating symptoms of DBGIs; however, patients may encounter obstacles such as negative attitudes or medication intolerances. The intricate nature of the abdominal region, encompassing multiple organs and an extensive GI tract, can contribute to heightened concerns about illness, resulting in health anxiety disorder and abnormal illness behaviors. This exaggerated preoccupation with seeking medical attention not only burdens patients with FGIDs, but also poses challenges to the therapeutic relationship. Furthermore, the constraints of limited time during visits and the pressure to swiftly resolve all symptoms due to high patient expectations, combined with the fear of misdiagnosis and the complexity of symptoms, can prompt physicians to initiate various procedural interventions prematurely.

Patients frequently grapple with understanding their persistent symptoms, even when test results come back negative. This ongoing experience can contribute to a cycle of heightened health-seeking behavior and increased illness anxiety. Furthermore, the discovery of incidental findings can consume patients' thoughts, leading them to worry about the presence of undiagnosed and potentially threatening diseases. This phenomenon is commonly referred to as "incidentaloma".

Therefore, a comprehensive approach to managing the dysfunction of the GBA involves a combination of effective biomedical and psychosocial interventions, with an emphasis on fostering a partnership relationship and empathetic communication. Besides, DBGIs have a substantial impact on individuals, leading to impaired QOL, limitations in daily activities, decreased work productivity, increased healthcare utilization, and higher rates of anxiety and depression (Drossman, 2006; Dalton, 2023). All to gather managing DBGIs can be a complicated medical dilemma which needs to be a focus of attention in evidence-based medicine.

Patients with DBGIs often experience coexisting depression and anxiety. In addition to the distress caused by a lack of understanding, the presence of misinformation and prejudice can further amplify anxiety and the severity of symptoms. Research indicates that medications play a significant role in alleviating symptoms in patients with DBGIs. However, these individuals may encounter difficulties due to negative attitudes or medication intolerances. The complex nature of the abdominal region, with its multiple organs and extensive GI tract, can contribute to heightened concerns about illness, leading to health anxiety disorder and abnormal illness behaviors. This exaggerated preoccupation with health-seeking behavior not only burdens patients with FGIDs, but also poses challenges to the therapeutic relationship. Therefore, managing the dysfunction of the GBA requires a comprehensive approach that combines effective biomedical and psychosocial interventions, with an emphasis on fostering a partnership relationship and empathetic communication. Furthermore, DBGIs have a substantial impact on individuals, resulting in impaired QOL, limitations in daily activities, decreased work productivity, increased healthcare utilization, and higher rates of anxiety and depression. Therefore, the management of DBGIs deserves attention in evidence-based medicine due to its complexity.

Experts strongly advocate for a multidisciplinary care approach to effectively

manage DGBIs. Comprehensive care teams typically include internists or gastroenterologists, psychiatrists and/or psychologists, and dietitians. This approach addresses the biomedical, psychological, and social factors contributing to these disorders. Treatment plans should be personalized based on individual needs and goals (Drossman, 2006; Dalton, 2023).

In a holistic care setting, various interventions can be considered: 1) building a strong patient-provider relationship is essential, with clinicians striving to validate patients' experiences and demonstrate compassion, 2) medical management involves taking a detailed history, conducting a comprehensive physical examination, and identifying alarm symptoms and red-flag signs, managing concurrent disorders and providing patient education are important aspects of care, 3) dietitians play a crucial role in helping patients identify trigger foods and develop personalized diet plans that support a healthy gut microbiome, 4) psychosomatic interventions such as psychotherapeutic medications, relaxation techniques, and hypnotherapy can be beneficial, 5) cognitive-behavioral therapy (CBT) and mind-body therapies are effective in modifying negative thought patterns and managing stress, and 6) physical therapies by physiotherapists aim to improve bowel function and reduce pain. Complementary therapies like acupuncture, mindfulness meditation, and stress management techniques contribute to overall well-being and symptom relief (Drossman, 2006; Dalton, 2023; Settembre, D'Antonio, Moscato, Loi, Santonicola, & Iovino, 2022).

In conclusion, managing FGIDs requires precise diagnosis and effective multidisciplinary management strategies. A comprehensive approach that addresses the biomedical, psychological, and social aspects of these disorders offers better outcomes for patients and should be considered in their management. Despite being non-fatal, the complexity, recurrence, and multidimensionality of FGIDs can make them emotionally draining and resembling a long nightmare for patients and caregivers.

Conflict of Interests

Authors have no conflict of interests.

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