MENTAL HEALTH IN PATIENTS WITH INFLAMMATORY BOWEL DISEASES

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ABSTRACT

Objectives: To examine the mental health of patients with inflammatory bowel disease (IBD) treated with biological therapy.

Methods: A cross-sectional study was conducted among patients with Crohn's disease. Two groups were included: an experimental and a control group. The experimental group consisted of 100 patients with Crohn's disease, of whom 50 were on biological therapy and 50 were not, all treated at the Department of Gastroenterology. Participants completed instruments adapted for the research: a sociodemographic questionnaire and the Symptom Checklist 90 (SCL-90), a tool designed to assess various aspects of mental health and personality.

Results: The highest proportion of women was recorded among healthy participants (71.0%), while men were most represented in the group receiving biological therapy (58.0%). A significant difference was found between genders among healthy and diseased individuals. Participants receiving biological therapy achieved significantly higher scores in the domains of Obsessive–Compulsive Symptoms, Depression, and Psychoticism compared to the other groups.

Conclusion: These findings are consistent with research highlighting the connection between mental health and disease activity, suggesting the need for a holistic approach in the diagnosis and treatment of IBD.

Keywords: mental health, Crohn disease, infalmmatory bowel disease

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INTRODUCTION

Inflammatory bowel diseases (IBD) represent idiopathic, chronic inflammatory disorders characterized by an unpredictable course. Since an underlying immunological imbalance is recognized in these diseases, they are often classified as immune-mediated disorders. Although they primarily affect the gastrointestinal tract, from the oral cavity to the anus, these diseases can also cause pathological changes in other organs, manifesting as extraintestinal complications (e.g., in the skin, eyes, and joints) (1). Within the group of inflammatory bowel diseases, two main entities have long been distinguished: ulcerative colitis (UC) and Crohn's disease (CD). It is now considered that they represent two ends of the same disease spectrum, given the great heterogeneity among patients. According to genetic studies, a more detailed classification of clinical forms (phenotypes) of the disease may become possible (2). In some patients, IBD does not meet the usual criteria for UC or CD, and in such cases, the term unclassified inflammatory bowel disease (IBDU) is used (3). The incidence and prevalence of these diseases are strongly associated with an urbanized lifestyle and higher latitudes, while they are relatively rare in regions such as Asia, Africa, and Latin America (4). In Europe, the incidence of ulcerative colitis is 24.3 per 100,000 inhabitants, in North America 19.2 per 100,000, and in Asia and the Middle East 6.3 per 100,000. For Crohn's disease, the incidence is 12.7 per 100,000 in Europe, 20.2 per 100,000 in North America, and 5.0 per 100,000 in Asia and the Middle East. Mental disorders such as psychiatric illnesses, autism spectrum disorders (ASD), and dementia are more common among patients with inflammatory bowel diseases (IBD) than in the general population. The pathogenic mechanisms connecting these conditions may be multifactorial, including alterations in gut microbiota, genetic predispositions, and chronic inflammation (88). The diagnosis and management of patients with IBD are often complex due to lower treatment adherence. Successful treatment requires close cooperation among a team of professionals, including gastroenterologists, neurologists, psychiatrists, and family members of the patient. ASD is characterized by deficits in social communication and the presence of restricted interests and repetitive behaviors, including autism, Asperger's syndrome, and other developmental disorders (5). Studies have shown that children with ASD often experience gastrointestinal symptoms such as diarrhea, constipation, abdominal pain, and bloating, especially those with more pronounced behavioral problems (6,7). A meta-analysis indicated that children with ASD have a threefold higher risk of gastrointestinal symptoms compared to children without ASD (8). Recent studies have documented a higher prevalence of IBD among patients with ASD (9). A population-based study of over 48,000 children showed a higher prevalence of CD and UC among children with ASD. Furthermore, children with both ASD and IBD were more likely to receive second-line biological therapies, such as adalimumab, possibly due to disease severity or lower treatment compliance (10). A retrospective study from Boston also demonstrated an increased prevalence of IBD among hospitalized patients with ASD (11). Many studies have shown that patients with IBD often suffer from anxiety and depression, which may affect disease progression through the gut-brain axis

(12). A recent systematic review showed that the prevalence of anxiety and depression is higher among IBD patients (anxiety 19.1% vs. 9.6 %, and depression 21.2 % vs. 13.4 %), with significantly higher rates during active disease (13).

PARTICIPANTS AND METHODS

A cross-sectional study was conducted among patients with Crohn's disease. Two groups were included: an experimental and a control group. The experimental group consisted of 100 patients with Crohn's disease, of whom 50 were on biological therapy and 50 were not, all treated at the Department of Gastroenterology, University Clinical Hospital Mostar. The control group consisted of 100 healthy individuals from the general population, carefully matched with the experimental group according to age, gender, and educational level. Participation was voluntary, and the age of participants ranged from 18 to 70 years, ensuring that the average age between groups did not differ significantly. Efforts were also made to maintain an even gender distribution in both groups. After selecting patients who met the inclusion criteria, interviews were conducted in which the objectives and procedures of the study were explained in detail. Participants completed instruments adapted for the research: a sociodemographic questionnaire and the Symptom Checklist 90 (SCL-90) (14,15), a tool designed to assess various aspects of mental health and personality.

Symptom Checklist 90 (SCL-90)

The SCL-90 is a psychometric instrument that assesses a wide range of psychological problems and symptoms of psychopathology. It is designed to measure progress during psychological treatment or for research purposes. The questionnaire includes 90 items grouped into nine primary symptom dimensions: somatization, obsessive-compulsiveness, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism. Additional items enable the assessment of specific aspects of the client's symptoms. The instrument also generates three global indices of distress. Studies have confirmed its reliability and usefulness, making it a widely used tool in clinical practice.

STATISTICAL ANALYSIS

The obtained results were analyzed using descriptive statistical methods, as well as nonparametric and parametric tests, depending on the data distribution. To test differences between groups, the chi-square test, Student's t-test, and one-way analysis of variance (ANOVA) were applied. Correlations between variables were examined using appropriate correlation tests, while regression analyses were employed to assess relationships among multiple variables. The distribution of samples was evaluated using the Kolmogorov–Smirnov test to determine whether the data met the assumptions of normality. Statistical significance was established at the $p < 0.05$ level. All analyses were performed using SPSS software, version 17 (SPSS Inc., Chicago, IL, USA).

RESULTS

Based on the analysis of sociodemographic variables, statistically significant differences were observed between healthy participants and patients in terms of gender distribution, educational level, and living situation. In the group of healthy participants, there was a significantly

higher proportion of women, and they more frequently had a higher level of education, while a greater percentage lived with their parents. On the other hand, among the patients, gender distribution was equal, more than half had completed secondary education, and the majority were married or living in a marital union. No statistically significant differences were observed between the groups in the remaining sociodemographic variables (Table 1).

Table 1. *Sociodemographic characteristic of respondents by health status*

	Group					
	Healthy		Patients		χ^2	p
	n	%	n	%		
Gender					8,369	**0,004**
M	29	29,0	50	50,0		
Ž	71	71,0	50	50,0		
Educational level					16,754	**0,001***
Primary school	3	3,0	5	5,0		
Secondary school	38	38,4	64	64,0		
University degree	12	12,1	10	10,0		
Master degree	46	46,5	21	21,0		
Standard of living					6,082	0,280*
Signigicantly higher than average	5	5,0	3	3,0		
Slightly above average	21	21,0	16	16,0		
Average	67	67,0	69	69,0		
Slightly below average	3	3,0	10	10,0		
Signigicantly below average	3	3,0	1	1,0		
I can' t evaluate	1	1,0	1	1,0		
With whom do you live					7,864	**0,049**
With parents	42	42,0	27	27,0		
Married	41	41,0	57	57,0		
Alone	7	7,0	3	3,0		
Other	10	10,0	13	13,0		
Whom do you confide in					7,690	0,174
Friend	18	18,0	8	8,0		
Wife/husband	35	35,0	41	41,0		
Mother	23	23,0	16	16,0		
Father	2	2,0	3	3,0		
Brother/sister	13	13,0	20	20,0		
None of the above	9	9,0	12	12,0		

** Fisher's exact test*

Regarding gender, the highest proportion of women was recorded among healthy participants (71.0%), while men were most represented in the group receiving biological therapy (58.0%). A significant difference was found between genders among healthy and diseased individuals (χ^2 = 8.369, p = 0.004). In the group of healthy participants, women predominated, whereas in the group of patients, gender distribution was even. When examining subgroups within the patient population, statistical analysis showed a significant difference in gender distribution between the groups (χ^2 = 11.905, p = 0.003) (Table 2). The group not receiving biological therapy consisted of 42% men and 58% women, while in the group undergoing biological therapy, 58% were men and 42% were women (Figure 1).

Table 1. *Sociodemographic data of the subject by groups (without biological therapy, on biological therapy and healthy subjects)*

	Group						χ^2	p
	Wihout biological therapy		On biological therapy		Healthy			
	n	%	n	%	n	%		
Gender							11,905	**0,003**
M	21	42,0	29	58,0	29	29,0		
Ž	29	58,0	21	42,0	71	71,0		
Educational level							18,555	**0,003***
Primary school	3	6,0	2	4,0	3	3,0		
Secondary school	33	66,0	31	62,0	38	38,4		
University degree	3	6,0	7	14,0	12	12,1		
Master degree	11	22,0	10	20,0	46	46,5		
Standard of living							8,259	0,572*
Signigicantly higher than average	1	2,0	2	4,0	5	5,0		
Slightly above average	8	16,0	8	16,0	21	21,0		
Average	36	72,0	33	66,0	67	67,0		
Slightly below average	4	8,0	6	12,0	3	3,0		
Signigicantly below average	1	2,0	0	0,0	3	3,0		
I can' t evaluate	0	0,0	1	2,0	1	1,0		
With whom do you live							10,522	0,104
With parents	15	30,0	12	24,0	42	42,0		
Married	26	52,0	31	62,0	41	41,0		
Alone	3	6,0	0	0,0	7	7,0		
Other	6	12,0	7	14,0	10	10,0		
Whom do you confide in							10,732	0,739
Friend	6	12,0	2	4,0	18	18,0		
Wife/husband	19	38,0	22	44,0	35	35,0		
Mother	9	18,0	7	14,0	23	23,0		
Father	2	4,0	1	2,0	2	2,0		
Brother/sister	8	16,0	12	24,0	13	13,0		
None of the above	6	12,0	6	12,0	9	9,0		

**Fisher's exact test*

SELF-ASSESSMENT SCALE (SCL-90)

Participants from the patient group achieved significantly higher scores in several domains of psychopathological symptoms according to the SCL-90 questionnaire, including Obsessive–Compulsive Symptoms ($p = 0.022$), Depression ($p = 0.036$), Anxiety ($p = 0.027$), Psychoticism ($p = 0.023$), Positive Symptom Distress Index (PSDI) ($p = 0.043$), Global Severity Index (GSI) ($p = 0.040$), and Positive Symptom Total (PST) ($p = 0.033$). These differences indicate a higher level of psychopathological symptoms among patients compared to healthy participants. However, in other SCL-90 domains — including Somatization, Interpersonal Sensitivity, Hostility, Phobic Anxiety, and Paranoid Ideation — no statistically significant differences were found between groups ($p > 0.05$). The results suggest that patients exhibit more pronounced symptoms in certain psychopathological domains, while in other areas, the differences were not strong enough to reach statistical significance (Table 3).

Table 3. *Comparison of psychopathological symptoms between healthy and patient participants according to SCL-90*

SCL 90	Group				Z	p
	Healthy		Patients			
	M	IR	M	IR		
Somatization	1.54	0.83	1.67	0.83	-0.871	0.384
Obsessive-compulsive symptoms	1.65	1.00	2.00	0.75	-2.296	**0.022**
Interpersonal vulnerability	1.44	0.78	1.67	0.78	-0.901	0.368
Depression	1.46	0.88	1.69	0.77	-2.100	**0.036**
Anxiety	1.50	0.70	1.80	0.68	-2.212	**0.027**
Aggressiveness	1.33	0.67	1.50	0.67	-1.211	0.226
Phobias	1.29	0.57	1.29	0.71	-0.630	0.529
Paranoia	1.67	1.00	1.75	0.83	-0.715	0.475
Psychotic features	1.30	0.60	1.50	0.60	-2.271	**0.023**
Nonspecific symptoms	1.57	0.86	1.71	0.82	-1.899	0.058
Positive symptoms distress index (PSDI)	15.04	6.36	16.36	5.51	-2.026	**0.043**
Global severity index (GSI)	1.52	0.64	1.66	0.058	-2.056	**0.040**
Positive symptom total (PST)	1.52	0.68	1.69	0.62	-2.128	**0.033**

COMPARISON BETWEEN GROUPS BASED ON BIOLOGICAL THERAPY

Participants receiving biological therapy achieved significantly higher scores in the domains of Obsessive–Compulsive Symptoms, Depression, and Psychoticism compared to the other groups (Table 4). Specifically, scores in the domain of Obsessive–Compulsive Symptoms were highest among participants on biological therapy (M = 2.10, IQR = 0.72), while participants without biological therapy and healthy controls had lower scores (M = 1.95, IQR = 0.83 and M = 1.65, IQR = 1.00, respectively). The difference between groups was statistically significant (p = 0.015). Similarly, in the Depression domain, participants receiving biological therapy showed higher scores (M = 1.77, IQR = 0.73) compared to those without biological therapy (M = 1.58, IQR = 0.85) and healthy participants (M = 1.46, IQR = 0.88), with the difference reaching statistical significance (p = 0.047). In the Psychoticism domain, participants on biological therapy also had higher scores (M = 1.60, IQR = 0.60) compared to both other groups (M = 1.40, IQR = 0.55 for the non-biological therapy group and M = 1.30, IQR = 0.60 for the healthy group), with a statistically significant difference (p = 0.015). In other SCL-90 domains, such as Somatization, Anxiety, Paranoid Ideation, and Positive Symptom Distress Index (PSDI), no statistically significant differences were observed between groups. This suggests that biological therapy does not have a notable impact on these specific symptoms compared to other groups (patients without biological therapy and healthy participants).

Table 4. *Results of the SCL-90 questionnaire according to the type of treatment*

SCL 90	Group						H	p
	Wihout biological therapy		On biological teraphy		Healthy			
	M	IR	M	IR	M	IR		
Somatization	1,67	0,79	1,63	0,92	1,54	0,83	0,849	0,654
Obsessive-compulsive symptoms	1,95	0,83	2,10	0,72	1,65	1,00	8,385	**0,015**
Interpersonal vulnerability	1,67	0,89	1,67	0,81	1,44	0,78	2,530	0,282
Depression	1,58	0,85	1,77	0,73	1,46	0,88	6,125	**0,047**
Anxiety	1,80	0,85	1,70	0,60	1,50	0,70	5,000	0,082
Aggressiveness	1,33	0,67	1,50	0,67	1,33	0,67	1,478	0,478
Phobias	1,29	0,71	1,29	0,57	1,29	0,57	0,865	0,649
Paranoia	1,50	0,83	1,83	0,83	1,67	1,00	5,893	0,053
Psychotic features	1,40	0,55	1,60	0,60	1,30	0,60	8,402	**0,015**
Nonspecific symptoms	1,57	0,75	1,86	0,86	1,57	0,86	5,083	0,079
Positive symptoms distress index (PSDI)	15,99	6,13	17,29	5,61	15,04	6,36	5,479	0,065
Global severity index (GSI)	1,64	0,62	1,75	0,54	1,52	0,64	5,472	0,065
Positive symptom total (PST)	1,68	0,65	1,76	0,58	1,52	0,68	5,466	0,065

DISCUSSION

While gender distribution among patients was equal. When examining the subgroups of patients, statistical analysis showed a significant gender difference, with men comprising a higher percentage in the group receiving biological therapy (Table 2). Recent cohort analyses have shown differences in the age of onset of inflammatory bowel disease (IBD) between The demographic characteristics revealed a significant difference in gender distribution among groups, with women being predominantly represented among healthy participants, genders across Western and Asia–Pacific countries. Based on data from 16 Western countries, females have a lower risk of developing Crohn's disease (CD) before puberty, whereas after puberty, the risk reverses, with females exhibiting a higher risk (16,17,18).

When analyzing psychopathological symptoms using the SCL-90 scale, participants from the patient group achieved significantly higher scores in several domains, including Obsessive–Compulsive Symptoms, Depression, Anxiety, and Psychoticism (Table 3). These results indicate an increased level of psychopathological symptoms among patients compared to healthy individuals, which may be associated with their health status. Within the group receiving biological therapy, higher scores in the domains of Obsessive–Compulsive Symptoms, Depression, and Psychoticism suggest specific psychopathological challenges associated with treatment (Table 4). These findings are consistent with previous studies that demonstrated a strong association between mental and psychological status and disease activity in patients with inflammatory bowel disease, as assessed using the SCL-90-R scale (19). Such results emphasize the importance of a systematic and holistic approach to screening and treatment that includes the assessment of mental health and related symptoms, such as pain, both in patients with active IBD and those in remission (20).

CONCLUSION

The study showed that women were predominantly represented among healthy participants, while gender distribution among patients was balanced. This may indicate gender differences in disease prevention and development. In the group of participants receiving biological therapy, men constituted the majority,

which may reflect specific epidemiological trends and variations in treatment approaches. Considering findings from other studies—such as the increased risk of Crohn's disease among women after puberty and the higher risk of ulcerative colitis among men in older age—these results may suggest the need to tailor therapeutic strategies according to gender and age. These patterns may be influenced by genetic and hormonal factors, as well as environmental conditions specific to different regions. The health status of participants was associated with higher scores on psychopathological scales (SCL-90), with patients exhibiting more pronounced symptoms such as depression, anxiety, and psychotic features. This underscores the importance of considering mental health in patients with chronic diseases, as their physical condition may be linked to an increased prevalence of psychological problems. These findings are consistent with research highlighting the connection between mental health and disease activity, suggesting the need for a holistic approach in the diagnosis and treatment of IBD.

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DUŠEVNO ZDRAVLJE U OBOLJELIH OD UPALNIH BOLESTI CRIJEVA

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SAŽETAK

Uvod: Upalne bolesti crijeva (IBD, engl. inflammatory bowel diseases) predstavljaju idiopatske,kronične upalne poremećaje koji karakteriziraju nepredvidiv tijek.

Ispitanici i metode: Presječna studija provedena je među ispitanicima oboljelima od Crohnove bolesti. Uključenesu bile dvije skupine: ispitna i kontrolna. Ispitnu skupinu činilo je 100 bolesnika oboljelih od Crohnove bolesti, od kojih je 50 bilo na biološkoj terapiji, a 50 izvan biološke terapije, svi liječeni na Kliničkom odjelu za gastroenterologiju SKB-a Mostar. Ispitanici su ispunili instrumenate prilagođenih za istraživanje: sociodemografski upitnik, Symptom Checklist 90 (SCL-90).

Rezultati: U skupini zdravih ispitanika bilo je značajno više žena i oni su češće imali viši stupanj obrazovanja, dok su u većem postotku živjeli s roditeljima. Ispitanici iz skupine bolesnika su postizali značajno više rezultate u nekoliko domena psihopatoloških simptoma prema SCL-90 upitniku, uključujući opsesivno-kompulzivne simptome (p=0,022), depresivnost (p=0,036), anksioznost (p=0,027), psihotična obilježja (p=0,023), indeks pozitivnih simptoma stresa (PSDI) (p=0,043), indeks ukupnih teškoća (GSI) (p=0,040) i ukupne pozitivne simptome (PST) (p=0,033).

Zaključak: Ove razlike ukazuju na viši stupanj psihopatoloških simptoma kod bolesnih ispitanika u odnosu na zdrave. važnost uzimanja u obzir mentalnog zdravlja pacijenata s kroničnim bolestima, jer njihovo zdravstveno stanje može biti povezano s povećanom učestalošću psihičkih problema. Ovi nalazi su u skladu s istraživanjima koja naglašavaju povezanost između mentalnog zdravlja i aktivne bolesti, što sugerira potrebu za holističkim pristupom u dijagnosticiranju i liječenju IBD-a.

Ključne riječi: duševno zdravlje, Crohnova bolest, upalne bolesti crijeva

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