Objective

To evaluate the effects of irritative bowel syndrome with constipation on work productivity loss.

Methods

Data were taken from the 2007 U.S. National Health and Wellness Survey (NHWS), an annual cross-sectional internet survey of the healthcare attitudes and behaviors of adults (aged ≥18 years). Respondents who self-reported that they suffered from IBS in the past 12 months were directed to answer a series of questions about the condition, including a question about the subgroups of IBS they experienced (IBS-C, IBS-D with diarrhea, IBS-D with abdominal pain, IBS-D with mixed symptoms, and IBS-D without symptoms). Of the 63,012 respondents in the survey, there were 271 and 35,206 employed subjects in the IBS-C and control groups, respectively. Respondents who self-reported that they suffered from IBS in the past 12 months were compared to a control group of employed respondents that did not report IBS symptoms. Employed IBS-C respondents were compared to a control group of employed respondents without IBS or functional constipation. The validated Work Productivity and Activity Impairment (WPAI)4 questionnaire was used to collect data on productivity loss, including absenteeism, presenteeism, total work productivity loss, and activity impairment. Higher scores indicate higher levels of impairment.

Results

Respondents with IBS-C had significantly greater productivity loss relative to controls (Figure 1):

- Absenteeism (Mean = 9.1% vs. 4.8%, p < 0.001)
- Productiveness (Mean = 33.8% vs. 35.4%, p < 0.001)
- Overall work impairment (Mean = 35.1% vs. Mean = 19.1%, p < 0.001)
- Overall activity impairment (Mean = 37.6% vs. Mean = 15.4%, p < 0.001)

This corresponded to almost 2 hours (Mean = 3.2 hours vs. 1.8 hours) more of missed work per week and double the productivity loss while working (Mean = 3.2 hours vs. 1.6 hours) for IBS-C patients compared to controls.

Conclusion

As expected, self-reported IBS-C in adults was associated with significantly overall productivity loss, and activity impairment compared to controls. Appropriate management of IBS-C may reduce work loss, as well as impairment while at work and potentially decrease the financial burden on employers.

Further research is warranted to validate the study findings.

References


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