## Assessment of Health Related Quality Of Life in Children with Inflammatory Bowel Disease

### **Thesis**

Submitted for the Partial Fulfillment of Master Degree in **Pediatrics** 

### By

May Abd ElTawab Ahmed Abu El-Ma'atti

M.B.B.,Ch (2006) Faculty of Medicine, Ain Shams University

**Under Supervision of** 

### Prof. Hoda Lotfy ElSayd

Professor of Pediatrics Faculty of Medicine Ain Shams University

### Dr. Marwa Talaat El Deeb

Lecturer of Pediatrics Faculty of Medicine Ain Shams University

Faculty of Medicine
Ain Shams University
2014



First of all, thanks to Allah whose magnificent help was the main factor in completing this work.

I would like to express my gratitude to **Prof. Hoda Lotfy El Sayed**, Professor of Pediatrics, Faculty of Medicine, Ain Shams University for her most valuable advises and support all through the whole work and for dedicating much for her precious time to accomplish this work.

My special thanks and deep scensirity to **Dr. Marwa Talaat ElDeeb**, Lecturer of Pediatrics, Faculty of Medicine, Ain Shams University for her unique effort, considerable help, assistance and knowledge.

I am also grateful to **Prof. Maha Elgaafary,** Professor of Community Medicine, Faculty of Medicine, Ain Shams University For her continuous encouragement, supervision and kindness.

Also my all thanks to the children and mothers who participated in my study wishing them all the best.

Last but not least, sincere gratitude to My Family for their continuous encouragement and spiritual support.



سورة البقرة الآية: ٣٢

## Contents

Subjects	Page
List of abbreviations	II
List of Figures	III
List of Tables	IV
· Introduction	1
· Aim of the work	3
· Review of Literature	
" Chapter (1): Inflammatory Bowel Diseases	4
" Chapter (2): Quality of Life	57
" Chapter (3): Psychological Problems in Ch	ronic
Diseases	80
· Subject and Methods	100
· Results	109
· Discussion	134
· Summary	143
· Conclusion	144
· Recommendations	147
· References	148
· Appendix	184
· Arabic Summary	

### List of Abbreviations

**5-HT** 5 hydroxy-tyramine

**6MP** 6-Mercaptopurine

**ANCA** Anti-neutrophil cytoplasmic antibody

**ASA** Amino Salicylic Acid

**ASCA** Anti-Saccharomices cerevisiae antibody

**ATI** Antibodies to infliximab

**AZA** Azathioprine

**BE** Barium enema

**CAS** Child Assessment Schedule

**CAS** Child Assessment Schedule

**CBT** Cognitive-behavioral therapy

**CD** Crohn's Disease

**CDAI** Crohn's Disease Activity Index

**CHD** Coronary Heart Disease

**CHQ** Child Health Questionnaire

**CRC** Colo-rectal Carcinoma

**CRP** C-reactive protein

**CT** Computed Tomography

**DLG5** Drosophila Discs Large Homolog 5

**EIM** Extra-intestinal Manifestations

**EN** Enteral nutrition

**ESR** Erythrocyte Sedimentation Rate

**FUO** Fever of Unknown Origin

**GAD** Generalized Anxiety Disorder

**HEDIS** Health Plan Employer Data Information Set

**HLA** Human Leukocyte Antigen

**HRQOL** Health Related Quality of Life

**HSP** Heat Shock Protein

**IBDs** Inflammatory Bowel Diseases

**IFN-**γ Interferon Gamma

**IL1RA** Interlukin 1 Receptor Antagonist

**IRR** Incidence Rate Ratio

**KSADS** Kiddie Schedule for Affective Disorders and

Schizophrenia

**KSADS** Kiddie Schedule for Affective Disorders and

Schizophrenia

MAGUK Membrane-Associated Guanylate Kinase

**MAOIs** Mono amine oxidase inhibitor

MAPK Mitogen Activated Protein Kinase

MDR Multi Drug Resistance gene

MRE Magnetic Resonance Elastoscopy

**NF-kB** Nuclear Factor kB

**NK** Natural Killer cells

**OCD** Obsessive-compulsive disorder

**OCTN** Organic Cation Transporter Proteins

**OR** Odds Ratio

**PD** Panic disorder

**PN** Parenteral Nutrition

**PTSD** Post-traumatic stress disorder

**QOL** Quality of Life

**SAD** Social anxiety disorder

**SB** Small Bowel

**SBFT** Small Bowel Follow Through

**SCHIP** State Children's Health Insurance Program

**SF** Short Form

**SSRIs** Selective serotonin reuptake inhibitors

TACQOL TNO AZL Children's Quality of Life

**TAPQOL** TNO-AZL Preschool children Quality of Life

**TCAs** Tricyclic anti-depressants

**TNF** Tumor Necrosis Factor

**TPMT** Thiopurine S-methyltransferase

**UC** Ulcerative Colitis

**UGI** Upper Gastrointestinal Series

US Ultrasound

**WBC** White Blood Cells

# List of Figures

No.	<u>Figure</u>	Page
<u>1</u>	Changing distribution of IBD.	14
<u>2</u>	Different courses of ulcerative colitis in ten years follow-up.	19
<u>3</u>	Barium meal follow-through demonstrating a long segment of narrowed, ulcerated and nodular appearing ileum.	39
<u>4</u>	CT scan of patient showing Crohn's disease in the fundus of the stomach.	40
<u>5</u>	Aphthous ulcers in CD.	42
<u>6</u>	Ileo-cectectomy specimen characterized by a stricture in the area of the ileocecal valve.	42
7	Endoscopic biopsy showing granulomatous inflammation of the colon in a case of Crohn's disease.	43
<u>8a</u>	Effect of patient sex on QOL scores.	111
<u>8b</u>	Significance of patient sex on QOL.	111
<u>9a</u>	Correlation between patient weight and QOL scores.	117
<u>9b</u>	Significance of patients weight on QOL scores.	117
<u>10a</u>	Correlation between number of bowel motions per day and QOL scores.	119
<u>10b</u>	Significance of number of bowel motions on QOL.	119
<u>11a</u>	Effect of type of disease on QOL scores.	121
<u>11b</u>	Significance of type of disease on QOL scores.	121
<u>12a</u>	Effect of infliximab therapy on QOL.	124
<u>12b</u>	Significance of infliximab therapy on QOL.	124

### & List of Figures

No.	<u>Figure</u>	<u>Page</u>
<u>13a</u>	Effect of surgery on QOL.	126
<u>13b</u>	Significance of surgery on QOL scores.	126
14a	Effect of antidepressants use on QOL.	128
<u>14b</u>	Significance of antidepressants on QOL scores.	128

### List of Tables

No.	<u>Table</u>	<b>Page</b>
1	Differences in clinical picture between UC and Crohn's disease.	17
<u>2</u>	Non-classical findings at presentation in UC patients.	21
<u>3</u>	Factors contributing to growth impairment in children with Crohn's disease.	23
<u>4</u>	Tests utilized in the diagnosis of IBD.	36
<u>5</u>	Endoscopic and histological differences between UC and Crohn's disease.	41
<u>6</u>	Approximate dosage guidelines for SSRIs in pediatrics.	90
<u>7</u>	Domains of IMPACT III questionnaire.	104
<u>8</u>	Description of socio-demographic factors for patients.	109
9	Different QOL scores for patients.	109
<u>10</u>	Effect of patient sex on QOL scores.	110
<u>11</u>	Correlation between patient age and QOL scores.	112
<u>12</u>	Descriptive statistics for different factors related to IBD.	113
<u>13</u>	Correlation between duration of disease and QOL scores.	115
<u>14</u>	Correlation between patient weight and QOL scores.	116
<u>15</u>	Correlation between number of bowel motions per day after treatment and QoL scores.	118
<u>16</u>	Effect of type of disease on QOL scores.	120

### & List of Tables

No.	<u>Table</u>	Page
<u>17</u>	Effect of steroids therapy on QOL scores.	122
18	Effect of infliximab therapy on QOL scores.	123
19	Effect of surgery on QOL scores.	125
20	Effect of antidepressants use on QOL scores.	127
21	Effect of presence of relapse on QOL scores.	129
22	Effect of presence of extra-intestinal manifestations on QoL scores.	130
<u>23</u>	Effect of presence of other medical conditions on QOL scores.	131

#### Introduction

Inflammatory bowel diseases were described by Giovanni Battista\_Morgagni (1682–1771) and by Scottish physician T. Kennedy Dalziel in 1913 (**Kirsner, 1988**).

Ileitis terminalis was first described by Polish surgeon **Antoni Leśniowski** in 1904, however, due to the precedence of Crohn's name in the alphabet, it later became known in the worldwide literature as Crohn's disease. Only in Poland is it still called Leśniowski-Crohn's disease. Burrill Bernard Crohn, an American gastroenterologist at New York City's Mount Sinai Hospital, described fourteen cases in 1932, and submitted them to the American Medical Association under the rubric of "Terminal ileitis: A new clinical entity". Later that year, he, Ginzburg with colleagues Leon and **Oppenheimer** published the case series as "Regional ileitis: a pathologic and clinical entity" (Crohn et al., 1932).

Inflammatory Bowel Diseases (IBDs) are lifelong diseases, usually starting in early adulthood and increasingly diagnosed in childhood in otherwise healthy, active individuals. IBDs can significantly impact the quality of life of the patient, their caregiver/s and family, workplace, and community. It can impact career choices, lead to reduced work hours, impact family planning decisions, and lead to income disparity and depression. There are also concerns involving ongoing drug treatment, recurrent hospitalizations and surgeries. IBDs can

#### & Introduction

also complicate travel, life and working arrangements due to the need for bathroom access.

People with IBDs can lead generally normal lives most of the time, but with ongoing medication needs and occasional flares that may require hospitalization with surgery. The unpredictability of symptoms and the prospect of eventual surgery burden daily life. Finally, due to the intimate nature of the symptoms, there may be a stigma attached to the disease from family, friends and workplace colleagues (Crohn's and Colitis Foundation of Canada Journal, 2012).

Health Related Quality of Life (HRQOL), including physical, psychological, and social functioning, can be defined as one means of assessing the burden of chronic illness. Studies tend to refer to either HRQOL or psychosocial functioning and typically examine the effect of IBD on areas such as behavioral, emotional, social functioning, and self-esteem. To increase the sensitivity of the search for the present review, both terms were included used interchangeably. or were **Psychosocial** functioning or HRQOL is typically measured using validated structured interviews (allowing for detection of psychiatric disorders) and/or validated norm-referenced questionnaires (Sarah Ross et al., 2011).

### Aim of the Work

This work was conducted to assess the health related quality of life in children with inflammatory bowel diseases and to provide recommendations for future studies.

### Inflammatory Bowel Diseases

#### • Definition:

The inflammatory bowel diseases; Crohn's disease, Ulcerative colitis and Indeterminate colitis, are immunemediated dysregulation resulting in chronic, relapsing inflammation of the gastrointestinal tract, presenting with diarrhea, abdominal pain and rectal bleeding (**Ferguson et al.**, **2008**).

#### • Etiopathogenesis:

#### - Etiology & Pathogenesis:

While no specific etiology has been defined, the complex nature of IBDs supports the notion that its origin is likely multifactorial. Current theory suggests that in genetically predisposed individuals, environmental factors and maladaptive immune responses to gastrointestinal flora generate a dysregulated inflammatory cascade creating mucosal injury (McGreal and Cho, 2008).

Over the last decade, research has focused on the genetic aspect of IBDs. The identification of linkage between Crohn's disease and the pericentromeric region of chromosome 16 (*IBD1*) by Hugot in 1996, spawned a series of genome scans and linkage analyses in search of susceptibility and phenotypic modifier genes (**Hugot et al., 1996**). In 2001, the discovery that