Introduction

Chronic constipation (CC) is a highly prevalent functional GI disorder estimated to affect up to 20% of the US population. CC is typically defined by the Rome III criteria as a symptom of infrequent bowel movements with straining, hard stools, and a feeling of evacuation incomplete more than once a week for at least 1 year. CC is considered as a chronic condition that results in economic and quality of life burdens. Studies have shown an estimated indirect cost associated with CC to be $15.4 billion annually (Figure 1). IIBS+C is associated with increased risk of CC and is a higher burden than CC alone. Studies have shown IIBS+C to be associated with increased costs compared to CC due to increased inpatient stays, higher medication use, and other healthcare resource utilization. These patients can experience a range of symptoms, including diarrhoea, abdominal pain, and bloating, which can be distressing and lead to decreased quality of life. In addition, studies have shown that IIBS+C is associated with increased healthcare resource utilization and costs compared to CC alone.

Methods

The study included patients with CC and IIBS+C from the California Medicaid (Medi-Cal) program. Patients were identified through International Classification of Diseases, Ninth Edition (ICD-9), clinical claim data. All subjects were newly diagnosed with CC or IIBS+C within the study period (1997–2003). This was defined as no diagnosis in the 24 months prior to their index date. The index date was the date of their first claim for IBS. The study population was limited to those who were continuously enrolled (i.e., no disenrollment before the end of the study period). The study population was stratified into CC and IIBS+C cohorts. The distribution of subjects with CC and IIBS+C is shown in Table 1. The costs of CC and IIBS+C were similar for each year, type of cost category, and in total.

Results

A total of 337,730 subjects were identified in the Medi-Cal 20% sample for the years 1997-2003 with a median follow-up of 1.2 years. Of these, 241,800 subjects had diagnosed CC or IIBS+C. From 1997-2003, a total of 1,301 subjects satisfied the definition for CC and 1,362 satisfied the definition for IIBS+C. The majority of the CC cohort had constipation without diarrhea (92.6%), while the majority of the IIBS+C cohort had diarrhea with constipation (80.2%).

Conclusions

The costs of CC and IIBS+C were similar for each year, type of cost category, and in total. The age of initial diagnosis of CC decreased over time, while the characteristic pattern of CC as a gastrointestinal disorder less pronounced in the IIBS+C population. Because CC and IIBS+C present similar features, they may require the same sort of management. These results indicate an opportunity area for improved management of patients with other functional gastrointestinal disorders.

References

2. Dennison C, et al. The health-related quality-of-life and economic burden of constipation. Pharmacoeconomics. 2005;23:461-76.