

Disordered Eating and Eating Competence in Adults With Irritable Bowel Syndrome Based on Symptom Severity

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Objectives: This study seeks to assess the frequency at which disordered eating impacts patients with irritable bowel syndrome (IBS), evaluate the level of Eating Competence (EC) among patients with IBS, and determine whether EC and eating disorder (ED) risk varies according to IBS symptom severity and IBS subtype.

Methods: This cross-sectional study is based on an anonymous survey conducted from August to September 2021. Adults with IBS ($N = 225$) were recruited from online and social media IBS support forums. IBS symptom severity was assessed using the validated IBS Severity Scoring System (IBS-SSS), ED risk was assessed using the validated Eating Attitudes Test (EAT-26), and EC was assessed using the validated Satter Eating Competence Inventory (ecSI 2.0TM). Multiple

linear regression was used to predict EAT-26 total score from IBS-SSS score and age. The regression model was repeated with IBS subtype added as a covariate. One-way and two-way ANOVAs were used to examine the relationships between IBS severity level, IBS subtype, and ecSI 2.0TM total score.

Results: EC among the sample was 17% while 27% was classified as likely or very likely disordered eating. IBS severity was positively associated with ED risk ($P < 0.001$), and EC was significantly lower in the severe IBS group compared to the moderate IBS group ($P = 0.016$). No relationship was detected between IBS subtype and ED risk or EC.

Conclusions: IBS severity was positively associated with ED risk and negatively associated with EC. This sheds light on the importance of assessing EC and screening for disordered eating and EDs prior to selecting therapies for patients with IBS, particularly when symptom severity is high. This study also calls to attention the relatively low rates of EC in patients with IBS, especially among those with severe IBS.

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