



Patients with inflammatory bowel disease and anxiety and depression

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Patients with inflammatory bowel disease (IBD) are more likely to develop anxiety and depressive symptoms compared to the general population (1). Around 30% of patients with IBD experience such symptoms, with the prevalence being even higher during disease flare-ups (2). Psychiatrists and gastroenterologists have observed that care for these patients could be better integrated, starting already during gastroenterological management. Our presentation presents possible approaches to the recognition and management of anxiety and depressive symptoms in the gastroenterology outpatient setting. At the same time, the authors aim to strengthen and deepen collaboration between the two specialties in order to provide more comprehensive care for patients with IBD. IBD significantly affects many aspects of patients' lives. It often strikes young, working-age individuals, who may withdraw socially due to the course of the disease and who frequently find it difficult to speak about their psychological distress when coping with illness. The high prevalence of anxiety and depressive disorders in these patients may also have biological underpinnings, in particular serotonin deficiency (3). Tryptophan synthesis in the gut (the precursor of serotonin production in the brain) can be disrupted due to impaired intestinal metabolism, where tryptophan is normally generated (4). Psychiatrists note that patients often seek help late in the disease course, when anxiety and depressive

symptoms are already severe and markedly impair functioning, which makes treatment more difficult. Gastroenterologists, on the other hand, are often unaware of patients' psychological difficulties or delegate treatment to family physicians and psychiatrists—specialists whom patients frequently do not approach for help at all.

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