

ndrome in Kenyans.

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Abstract:

To study the prevalence and clinical presentation of irritable bowel syndrome (IBS) in black Kenyans. DESIGN: A retrospective study. SETTING: Nairobi Hospital, an urban private institution. SUBJECTS: Case files of all patients presenting with abdominal pain. MAIN OUTCOME MEASURES: Prevalence of IBS using modified Manning's Symptomatic criteria in 223 consecutive adult patients presenting with abdominal pain and discomfort who had normal clinical findings and normal general and gastrointestinal investigations. RESULTS: Out of the 3472 patient files screened, there were 281 patients who fitted the diagnosis of irritable bowel syndrome giving an overall prevalence of 8%. The mean age was 40 years with range of 11 to 75 years with a peak prevalence in the 3rd decade. The male to female ratio of 1.4:1 being statistical significant at a p-value of 0.010. There was no statistical significant difference between the males and females in constipation and diarrhoea at p-value of 0.84 and 0.82 respectively. Fifteen percent of the patients were either on antidepressants or had been seen by a psychiatrist. Nine percent had undergone laparotomy for the abdominal pain. CONCLUSION: The Black African patient is equally as exposed to irritable bowel syndrome as is his counterpart in the western world and has similar morbidity patterns. The syndrome may account for over 10% of patients with abdominal pain presenting to gastroenterologists in Africa. Proper attention to symptomatology may lead to clinching the diagnosis without resorting to many unnecessary and expensive investigations.