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Quality of life assessment with SIBDQ in children with upper gastrointestinal pathology

Functional and organic diseases of the digestive system today occupy one of the leading places in the structure of somatic pathology of childhood and adolescence and negatively impact young patients' quality of life. Among the gastrointestinal tract diseases, the first place is occupied by the pathology of the gastroduodenal zone in children. Gastrointestinal diseases rarely occur in isolation in the form of damage to only the upper or lower parts of the digestive system, especially in childhood. Therefore, in the presence of dysfunction symptoms and pathological changes in the upper gastrointestinal tract, it is advisable to use non-invasive means to diagnose pathological changes in the lower gastrointestinal tract.

Objective — to analyze the quality of life using the Short Inflammatory Bowel Disease Questionnaire (SIBDQ) in children and adolescents with upper gastrointestinal tract pathologies.

Materials and methods. The study involved 174 children who visited the Kharkiv city children's clinical hospital No 19 with complaints about upper gastrointestinal disorders (7–18 years old). Patients were interviewed using the self-reported inflammatory bowel disease quality of life questionnaire SIBDQ, which assesses physical, social and emotional well-being (the result is determined from 10 to 70 points, where 10 is the worst condition).

Results. The median SIBDQ score for the entire sample was 51 points [Q₁; Q₃: 45; 58], with 47.1 ± 3.7 % of respondents having up to 50 points. In girls, the median was significantly lower than in boys — 49 [40; 55] versus 55 [49.0; 65.5] (p_U = 0.05). According to the nature of the endoscopic picture, 55 % of children with gastroesophageal and duodenogastric reflux, 38.6 % of children with erythematous duodenopathy, 45.9 % of children with erosive and ulcerative changes and 61.5 % of patients with esophagitis had a low SIBDQ score. Boys with low SIBDQ scores were more prone to gastroesophageal and duodenogastric reflux. All other endoscopic changes were significantly more common (p < 0.05) in girls with less than 50 points according to the survey results.

Conclusions. In 47 % of children with complaints of upper gastrointestinal dysfunction, the quality of life score was low by the SIBDQ (< 50). The median SIBDQ score in girls was significantly lower than in boys: 49 [40; 55] versus 55 [49.0; 65.5] points (p_U = 0.05), respectively. Girls with instrumentally confirmed esophagitis had significantly lower SIBDQ scores compared to boys with esophagitis and girls with other gastrointestinal disorders — 41.5 [37; 46] (p < 0.05). The use of the SIBDQ questionnaires in school-age children and adolescents is advisable not only for lower gastrointestinal tract diseases but also for gastroduodenal zone diseases.

Keywords: children, digestive system, SIBDQ questionnaire.

Diseases of the gastrointestinal tract (GIT) continue to occupy a leading position worldwide, both among the adult population and among children and adolescents. Nowadays, they rank second, second

only to respiratory diseases [3, 11]. In recent years, functional and organic diseases of the gastroduodenal zone and intestinal organs have prevailed in the structure of digestive diseases among the pediatric

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population [14]. Bowel diseases in childhood are mostly functional. However, in recent years, the level of inflammatory bowel disease worldwide has tended to increase, including among children, which requires vigilance and timely diagnosis of this pathology [12].

According to the latest studies, the prevalence of functional gastrointestinal disorders (FGID) among children and adolescents worldwide reaches 40% [18]. Recently, the issue of the «overlap syndrome» reflected in the Rome IV criteria (2016) has been actively discussed [5]. Overlap syndrome is a combination of diseases of one or more organs with common mechanisms of pathogenesis (proven or suspected). According to the literature, the frequency of overlap syndrome among adult patients with FGID ranges from 15 to 87% [17]. Thus, the combination of functional dyspepsia (FD) and irritable bowel syndrome (IBS) is detected in 15.0–44.6% of patients with FGID [6]. According to other studies, the odds ratio for the simultaneous presence of both FD and IBS is 4.4 (95% confidence intervals: 1.21–15.71) [10]. Recently, several genetic studies have shown that the serotonin transporter (SERT) gene polymorphism and the G-protein β_3 (GN β_3) C825T gene polymorphism are associated with FD and IBS, which can cause simultaneous symptoms of both diseases [13]. According to the current information, the prevalence of gastroesophageal reflux disease (GERD) with IBS is 35.8% which leads to a significant deterioration in the quality of life of patients [1, 16].

In addition to overlap syndrome, there is a high probability of combined gastrointestinal pathology in childhood. Thus, organic diseases of the gastroduodenal area are often found together with pathology of the biliary tract and esophageal diseases [15]. The presence of *H. pylori*-associated gastritis or peptic ulcer disease in patients contributes to the development of irritable bowel syndrome and small intestinal ulcers [7].

Therefore, gastrointestinal pathology rarely occurs in isolation as a lesion of only the upper or lower digestive system, especially in childhood. Given the above problem, if symptoms of lesions and pathological changes in the upper gastrointestinal tract are present, it is advisable to use non-invasive diagnostic methods to check the lower gastrointestinal tract.

Objective – to analysis of the quality of life using the Short Inflammatory Bowel Disease Questionnaire (SIBDQ) in children and adolescents with upper gastrointestinal tract pathologies.

Materials and methods

The study involved 174 children who visited the City children's clinical hospital No 19 of the Kharkiv

City Council in 2023–2024 with complaints of gastrointestinal disorders aged 7 to 18 years (average age: 14.8 ± 1.9), including 98 ($56.3 \pm 3.7\%$) girls and 76 ($43.7 \pm 3.7\%$) boys. The research was carried out within the framework of the research project «Clinical manifestations and evolution of cardiovascular disorders in children with chronic gastrointestinal pathology» (N 0119U102002). The research was conducted following the principles of the Declaration of Helsinki adopted by the General Assembly of the World Medical Association, the Council of Europe Convention on Human Rights and Biomedicine, the relevant provisions of the WHO, the International Council of Medical Societies, the International Code of Medical Ethics and the laws of Ukraine.

Video esophagogastroduodenoscopy (VEGDS) was performed using the Olympus CV-140 endoscopic video system and the Olympus GIF P-140 video gastroscope. The pH was assessed using the IKZH-2 gastric acidity indicator during VEGDS, and pH values were measured in the esophagus, body and antrum of the stomach. *Helicobacter pylori* infection was determined by a urease test for the detection of *H. pylori* in biopsy specimens (URE test).

All patients were assessed using the self-reported inflammatory bowel disease quality of life questionnaire SIBDQ, which assesses physical, social and emotional well-being (the result is determined from 10 to 70 points, where 10 is the worst condition).

Mathematical data processing was carried out using the method of variation statistics. When performing statistical processing of qualitative variables, the χ^2 criterion for a four-part contingency table with Yates' continuity correction was used to compare the equality of proportions (P proportions).

The Shapiro-Wilk test was used to decide on the type of distribution of the data features. In the case of normal distribution, the signs were described in the form of arithmetic mean (M), standard deviation (SD) and 95% CI. In the case of a non-normal distribution, the characteristics were described as the median (Me), 25th and 75th percentiles [25%; 75%]. The characteristics of 2 independent samples were compared using the Mann-Whitney U test. The Kruskal-Wallis test was used to compare the characteristics of 3 independent samples. To indicate the statistical method, the following notations were used: p_t – when calculating Student's t-test, p_U – when calculating Mann-Whitney U-test, p_{KW} – when calculating the Kruskal-Wallis test. When comparing two values, the difference between them was considered statistically significant at the level of $p < 0,05$.

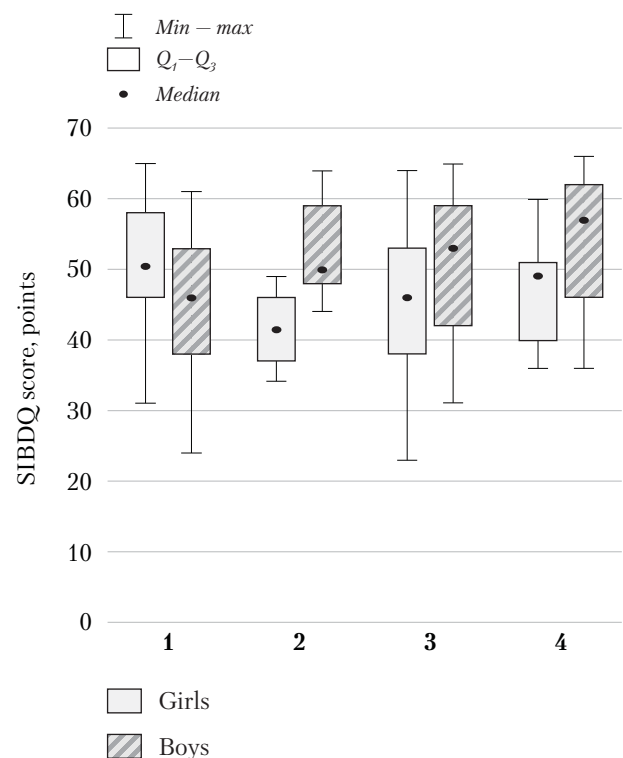
Results and discussion

According to the results of the survey, the median SIBDQ score for the entire sample was 51 points [45; 58], of which $47.1 \pm 3.7\%$ (82/174) of respondents had a score of 0 to 50 points, and $52.9 \pm 3.7\%$ (92/174) had a score of more than 50 points. There was no significant difference in SIBDQ scores between age groups. Analysis of the data by gender distribution showed that girls had a median score on the SIBDQ scale that was significantly lower than boys and was 49 [40; 55] versus 55 [49; 65.5] points ($p_U = 0.05$), respectively. The presence of a significantly lower quality of life score on the SIBDQ scale in girl may be due to many factors (hormonal influence, more emotional perception of symptoms) and was reflected in many modern researches. For example, according to the results of the research by R. Choghakhori et al., quality of life scores in females with IBS were significantly lower than in men. Moreover, the level of proinflammatory cytokines (IL-17, TNF α) was increased, and the level of anti-inflammatory cytokines (IL-10) decreased in women compared to men [4]. According to other authors, female patients with IBS experience more fatigue, depression, anxiety, and lower quality of life than male patients with IBS [9]. In patients with GERD an *in vivo* study found that due to the anti-inflammatory function of estrogen, mast cells can be inactivated, which leads to a lower inflammatory process in women compared to men [2]. However, other researchers have found differential sensitivity in women with increased GERD symptoms [8]. Thus, the perception of symptoms in girls is more pronounced than in boys.

According to indications, 62.6% (109/174) of the surveyed children underwent endoscopic examination. Of these, 52.3% had SIBDQ scores below 50 points. The analysis of VEGDS has shown that esophageal and stomach motility disorders was in first place among endoscopic changes – $73.4 \pm 4.2\%$ (80/109); non-destructive changes of stomach and duodenum mucosa was in second place – $64.2 \pm 4.6\%$ (70/109), erosive and ulcerative changes were diagnosed in $33.9 \pm 4.5\%$ (37/109) of patients, esophagitis was present in $11.9 \pm 3.1\%$ (13/109) of the examined children. According to the nature of the endoscopic picture, in the group of children with esophageal and stomach motility disorders 55% (44/80) had a low SIBDQ score (up to 50), children with non-destructive changes of stomach and duodenum mucosa – 38.6% (27/70), children with erosive and ulcerative changes – 45.9% (17/37), patients with esophagitis – 61.5% (8/13). Thus, most patients with esophagitis had a low score on the SIBDQ scale.

When analyzing the median SIBDQ score, no significant difference was found in children with different endoscopic changes. However, when analyzing the number of points on the quality of life scale in children by gender differences, interesting notes were found. Thus, the median SIBDQ in girls with esophageal and stomach motility disorders was significantly higher than in boys and was 50,5 versus 46 ($p_U = 0,05$) respectively. For all other mucosal changes detected during endoscopy, the median SIBDQ in girls was statistically lower than in boys. So, in esophagitis, the median SIBDQ in girls was equal to 41,5 versus 50 in boys ($p_U = 0,02$); non-destructive changes of stomach and duodenum mucosa – 46 and 53 ($p_U = 0,03$), erosive and ulcerative type of changes – 49 and 57 ($p_U = 0,02$) respectively (Figure).

The analysis of the data showed that boys with low SIBDQ scores were more prone to esophageal and stomach motility disorders. All other endoscopic changes were significantly more frequent ($p < 0.05$) in girls with less than 50 points according to the survey results. In addition, among girls, patients with esophagitis had significantly lower SIBDQ scores 41.5 [37; 46], compared to girls with non-destructive changes of stomach and duodenum mucosa 46



1 — esophageal and stomach motility disorders; 2 — esophagitis; 3 — non-destructive changes of stomach and duodenum mucosa; 4 — erosive and destructive changes.

Figure. SIBDQ scores differences in children depend on genders and with different endoscopic findings

Table. Results of pH-metry in children of different sexes, taking into account the SIBDQ score

Part of GIT	Gender	SIBDQ \geq 50			SIBDQ $<$ 50		
		Mean \pm SD	Skewness	Kurtosis	Mean \pm SD	Skewness	Kurtosis
Esophag	Girls	5.67 \pm 1.13	-2.25	+5.18	5.50 \pm 0.99	-0.63	-0.55
	Boys	5.12 \pm 0.78	+0.32	-0.98	4.63 \pm 0.77*	+2.06	+4.26
Corpus	Girls	1.71 \pm 0.16	-1.20	+1.26	1.72 \pm 0.12	-0.02	-0.39
	Boys	1.63 \pm 0.11	+0.15	-1.22	1.52 \pm 0.14	-1.95	+3.20
Antrum	Girls	3.12 \pm 0.52	+0.58	-0.24	3.16 \pm 0.54	+0.06	-0.79
	Boys	2.81 \pm 0.28	-0.03	-1.45	2.67 \pm 0.27*	+0.46	-0.73

Note. * The difference from girls is statistically significant ($p_U < 0.05$).

[38; 53] ($p_{KW1-2} = 0.07$), with erosive changes 49 [40; 51] ($p_{KW1-3} = 0.05$, $p_{KW2-3} = 0.08$) and with esophageal and stomach motility disorders 50.5 [46; 58] ($p_{KW1-4} = 0.02$, $p_{KW2-4} = 0.06$, $p_{KW3-4} = 0.11$). Among boys, the lowest scores on the SIBDQ scale were recorded in patients with esophageal and stomach motility disorders. Their median score on the quality of life assessment scale was 46 [38; 53] versus 50 [48; 59] ($p_{KW1-2} = 0.13$) in boys with esophagitis, versus 53 [42; 59] ($p_{KW1-3} = 0.05$, $p_{KW2-3} = 0.15$) in boys with non-destructive changes of stomach and duodenum mucosa and versus 57 [46; 62] ($p_{KW1-4} = 0.02$, $p_{KW2-4} = 0.05$, $p_{KW3-4} = 0.15$) in boys with erosive ulcers, respectively.

During the endoscopic examination, 51.4% (56/109) of patients by indications underwent a diagnostic test for the presence of *H. pylori*, 36.7% (40/109) had pH-metry, with pH measurement in three sections: esophagus, corpus and antrum. According to the results of the *H. pylori* test, only 8.9 \pm 3.8% (5/56) of children had a positive result. Of these, 3 had a score above 50 on the SIBDQ scale and 2 had a score below 50. The results of pH-metry depending on gender and taking into account the SIBDQ score are shown in Table.

Therefore, no significant changes in the pH level in patients with low scores on the quality of life

assessment scale were detected. An interesting fact was that girls had higher pH levels in all parts of GIT than boys. In the group of patients with a SIBDQ score of < 50 points, this difference reached significance ($p_U < 0.05$). We did not find any correlation between the presence or absence of *H. pylori* in patients with different scores during the survey on the SIBDQ scale.

Conclusions

In 47% of children with complaints of upper gastrointestinal dysfunction, the quality of life score was low by the SIBDQ (< 50).

The median score on the SIBDQ scale for girls was significantly lower than for boys: 49 points [40; 55], versus 55 points [49; 65,5] ($p_U = 0.05$).

Girls with instrumentally confirmed esophagitis had significantly lower scores on the SIBDQ scale compared to boys with esophagitis and girls with other gastrointestinal disorders 41,5 ([37; 46], $p < 0,05$), indicating the need for further medical examination for timely detection and treatment of possible bowel diseases.

Using SIBDQ questionnaires is recommended for children and adolescents consulting a gastroenterologist, not only for lower gastrointestinal tract diseases but also for gastroduodenal zone diseases.

Conflicts of interest: none.

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Оцінка якості життя дітей із захворюваннями верхніх відділів шлунково-кишкового тракту за результатами оцінки за опитувальником SIBDQ

Функціональні та органічні хвороби органів травлення посідають одне з провідних місць у структурі соматичної патології дитячого та підліткового віку й мають негативний вплив на якість життя цих пацієнтів. Серед захворювань шлунково-кишкового тракту (ШКТ) у дітей перше місце посідає патологія органів гастродуоденальної зони. Захворювання ШКТ рідко трапляються ізольовано у вигляді ураження лише верхніх чи лише нижніх відділів травної системи, особливо в дитячому віці. Тому за наявності симптомів порушення функцій і патологічних змін у верхніх відділах ШКТ слід за допомогою неінвазивних методів проводити діагностику для виявлення патологічних змін і в нижніх відділах ШКТ.

Мета — проаналізувати якість життя дітей та підлітків із захворюваннями верхніх відділів ШКТ за результатами оцінки за опитувальником SIBDQ (Short Inflammatory Bowel Disease Questionnaire).

Матеріали та методи. У дослідження було залучено 174 дитини, що звернулись до Харківської міської дитячої клінічної лікарні № 19 зі скаргами щодо порушень функціонування верхніх відділів ШКТ. Вік пацієнтів — 7—18 років. Проведено анкетування за допомогою опитувальника якості життя щодо запальних захворювань кишечника SIBDQ, який дає змогу оцінити фізичний, соціальний та емоційний стан (загальна оцінка — від 10 до 70 балів, де 10 балів — найгірший стан).

Результати. Медіана (Me) SIBDQ для всієї вибірки становила 51 бал [45; 58], < 50 балів мали (47,1 ± 3,7) % респондентів. У дівчат медіана була статистично значущо меншою, ніж у хлопців, — відповідно 49 балів [40; 55] та 55 балів [49,0; 65,5] ($p_U = 0,05$). За характером ендоскопічної картини низьку оцінку за опитувальником SIBDQ мали 55 % дітей із гастроєзофагеальним та дуоденогастральним рефлюксом, 38,6 % дітей з еритематозною дуоденопатією, 45,9 % дітей з ерозивно-виразковими змінами та 61,5 % дітей з езофагітом. До гастроєзофагеального та дуоденогастрального рефлюксу були більш схильні хлопці з низькими оцінками за опитувальником SIBDQ. Решта ендоскопічних змін статистично значущо частіше ($p < 0,05$) траплялися в дівчат, що мали < 50 балів за результатами опитування.

Висновки. У 47 % дітей зі скаргами на порушення функції з боку верхніх відділів ШКТ, зареєстровано низьку оцінку якості життя < 50 балів за опитувальником SIBDQ. Медіана балів у дівчат була статистично значущо меншою, ніж у хлопців. Дівчата з інструментально підтвердженим езофагітом мали статистично значущо нижчі оцінки за опитувальником SIBDQ порівняно з хлопцями з езофагітом та з дівчатами з іншими ураженнями ШКТ — 41,5 ([37; 46], $p < 0,05$). Використання опитувальника SIBDQ у дітей шкільного віку та підлітків доцільне не лише при хворобах нижніх відділів ШКТ, а й при захворюваннях гастродуоденальної зони.

Ключові слова: діти, органи травлення, опитувальник SIBDQ.

ДЛЯ ЦИТУВАННЯ

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