

Assessing the prevalence of Anxiety and Depression in Adults with Inflammatory Bowel Disease.

Rhea Kumar¹, Jane McCarthy¹, Kathleen Sugrue¹

¹ School of Medicine, University College Cork, Cork, Ireland

DOI: 10.33178/SMJ.2026.23

Abstract

Background: Inflammatory Bowel Disease (IBD) is a chronic relapsing-remitting condition of the gastrointestinal tract, with two main subtypes: Crohn's Disease (CD) and Ulcerative Colitis (UC) (1). IBD imposes substantial physical and psychological burdens due to its unpredictable clinical course. International studies report approximately 25% prevalence of depressive symptoms and 32% prevalence of anxiety among IBD patients (2,3). Biopsychosocial mechanisms, including dysregulation of the brain-gut axis, chronic inflammation, and social stressors, contribute to this increased risk (2). Mental health conditions in IBD are associated with worse clinical outcomes, including disease flares, hospitalisation, and treatment escalation (5,6,7). Despite global evidence, there is limited data from Irish clinical settings, highlighting a need for targeted research. This study aims to determine the prevalence of anxiety and depression in adults with IBD attending Mercy University Hospital and explore associated clinical and demographic factors.

Materials & Methods: A cross-sectional study was conducted at the IBD infusion clinic at Mercy University Hospital, Cork, Ireland. Convenience sampling recruited adult patients receiving intravenous biologic therapy over three months. A total of 100 participants were included. Psychological and functional burden were assessed using the Hospital Anxiety and Depression Scale (HADS) (8) and the IBD Disk (9), respectively, both interval-scaled for analysis. Clinical and demographic data were extracted from patient charts, including age, sex, time since diagnosis, history of anxiety or depression, number of IBD symptoms, fecal calprotectin levels, and comorbidities. Data was analysed using SPSS; parametric or non-parametric tests were applied based on distribution, with significance set at $p < 0.05$. Ethical approval was obtained from the Clinical Research Ethics Committee of University College Cork, and written informed consent was obtained from all participants.

Results: Of 100 participants, 57% were female and 43% male. Median time since IBD diagnosis was 3 years, and 31% had a prior history of anxiety or depression. HADS results indicated that 72% of participants exhibited at least one symptom of anxiety or depression. Scores were polarized: 28% scored 0, 18% scored 1, 14% scored 2, 11% scored 3, and 29% scored 4. IBD Disk scores showed that 57% of participants scored between 1 and 4, reflecting moderate symptom burden. Higher HADS scores were significantly associated with female sex, prior history of anxiety or depression, longer disease duration, and greater number of IBD symptoms. IBD Disk scores were higher in participants with elevated fecal calprotectin levels and increased symptom burden, but were not associated with sex, age, disease duration, or comorbidities.

Conclusion: Adults with IBD attending a tertiary biologics clinic exhibit a high prevalence of anxiety and depression. Psychological burden was influenced by sex, prior mental health history, disease duration, and symptom load, while functional burden was associated with disease activity and symptom count. These findings emphasise the need for routine mental health screening and integration of psychological support into Irish IBD care