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MICROSOCIAL AND PERINATAL RISKS AND PROTECTIVE FACTORS FOR DEVELOPMENT OF IRRITABLE BOWEL SYNDROME IN CHILDREN

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Objectives and Study: Irritable bowel syndrome (IBS) shows familial predisposition, which may be explained not only by genetic factors but also by the psychosocial transmission of somatic symptoms from parents to children. The aim of this study is to investigate the role of certain psychosocial factors in the development of IBS in children.

Methods: 54 children aged 6-12 years with a verified diagnosis of IBS according to Rome criteria IV were enrolled in the study. The control group included 50 healthy children of the same age. Phenomenological interviews of children and their parents regarding family history were conducted. Data about the perinatal and neonatal periods was obtained from review of the medical records.

Results: Such perinatal factors as birth from a primigravid woman (59% vs 40%, $p=0.007$), birth via Cesarean section (32% vs 16%; $p=0.008$), and short duration of breastfeeding (44% vs 26%, $p=0.008$) were more common in the group of children with IBS. Also, infant regulatory disorders were more frequent in children with IBS than in the control group (85% vs 66%, $p=0.002$). The connection between increased risk of IBS and several microsocial factors, such as the family history of gut-brain disorders (85% vs 36%, $p<0.0001$), maternal somatization (39% vs 18%, $p=0.001$), frequency of doctor's visits by the mother and the child >6/year (39% vs 18%, $p=0.001$; 41% vs 22%; $p=0.004$), authoritarian parenting by mother and hyper-protective parenting by father (26% vs 12%; $p=0.012$), frequent overeating (26% vs 14%, $p=0.034$) and presence of food intolerances (32% vs 14%, $p=0.003$) was found. On the contrary, birth from a multigravid woman ($p=0.007$), parental emotional warmth ($p=0.002$), and democratic parenting may ($p=0.003$) be protective against the IBS development in children.

Conclusions: The identification of psychosocial risks and protective factors may be useful for early diagnostics and personalized treatment of IBS in children.

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