

Impact of inflammatory bowel disease on quality of life and psychological distress: An Often-Neglected dimension of IBD management

Samia Bentabet ^{1, 2, *}, Imane Essahel ^{1, 2}, Nada Lahmidani ^{1, 2}, Mounia El Yousfi ^{1, 2}, Sidi Adil Ibrahim ^{1, 2} and Mohammed El Abkari ^{1, 2}

¹ Department of Hepato-Gastroenterology, Hassan II University Hospital, Fez, Morocco.

² Faculty of Medicine and Pharmacy, Sidi Mohammed Ben Abdellah University, Fez, Morocco.

World Journal of Advanced Research and Reviews, 2026, 30(01), 2469-2476

Publication history: Received on 15 March 2026; revised on 26 April 2026; accepted on 28 April 2026

Article DOI: <https://doi.org/10.30574/wjarr.2026.30.1.1095>

Abstract

Background: Inflammatory bowel diseases (IBD), including Crohn's disease and ulcerative colitis, are chronic immune-mediated inflammatory disorders with a significant and long-lasting impact on patients' quality of life. Beyond gastrointestinal manifestations, these conditions are frequently associated with fatigue, sleep disturbances, psychological distress, and social limitations. Despite their high prevalence, psychological distress, including anxiety and depressive symptoms, remains under-recognized and insufficiently addressed in routine IBD care.

Aim: To evaluate the impact of inflammatory bowel disease on quality of life, psychological well-being, and socio-professional functioning among patients followed in a tertiary gastroenterology center.

Methods: This cross-sectional descriptive study included 210 patients with confirmed IBD followed in a specialized gastroenterology clinic. Data were collected using an anonymous structured questionnaire assessing sociodemographic characteristics, clinical manifestations, quality of life (scored on a scale from 1 to 10), psychological symptoms (anxiety, persistent sadness, suicidal thoughts), and social and professional consequences of the disease.

Results: Among the 210 patients included, 140 had Crohn's disease and 70 had ulcerative colitis. The mean age was 34.5 years, with a slight female predominance (54.8%). Frequent abdominal pain was reported by 73% of patients, persistent fatigue by 69%, and sleep disturbances by 61%. The overall impact of the disease on quality of life (QoL) was rated at a mean score of 6.9/10. Psychological distress was highly prevalent, with 63% of patients reporting anxiety related to disease flares, 49% experiencing prolonged sadness, and 16% reporting suicidal thoughts. Social and professional consequences were also notable: 44% had concealed their disease from relatives, 36% reported recurrent absence from work or school, and nearly one-third had modified their professional activity. Although 55% of patients reported satisfaction with their medical follow-up, only 13% had access to psychological support.

Conclusion: Inflammatory bowel disease exerts a considerable burden on patients' quality of life, psychological well-being, and social functioning. These findings emphasize the need for a more comprehensive and multidisciplinary approach to IBD management, incorporating systematic psychological assessment and access to psychological support in order to improve patients' overall quality of life.

Keywords: Inflammatory Bowel Disease; Crohn's Disease; Ulcerative Colitis; Quality Of Life; Psychological Distress; Anxiety; Depression.

* Corresponding author: S. Bentabet

1. Introduction

Inflammatory bowel diseases (IBD), including Crohn's disease and ulcerative colitis, are chronic immune-mediated conditions characterized by recurrent intestinal inflammation and alternating periods of relapse and remission [1,2]. The incidence of IBD has increased significantly worldwide, particularly in newly industrialized countries, reflecting the influence of environmental and lifestyle factors [3,4].

Although gastrointestinal manifestations remain the hallmark of these diseases, the burden of IBD extends far beyond digestive symptoms. Patients frequently experience fatigue, pain, sleep disturbances, and reduced physical functioning, all of which contribute to impaired quality of life [5,6].

In addition to physical symptoms, psychological distress, including anxiety and depressive symptoms, is commonly reported among patients with IBD. Previous studies have shown that individuals with IBD are at increased risk of mood disturbances compared with the general population [7,8]. Psychological distress may also negatively influence disease outcomes, including increased disease activity, reduced treatment adherence, and higher healthcare utilization [9].

The unpredictable nature of disease flares, the need for long-term treatment, and concerns about social stigma often lead to emotional stress and social isolation [10]. Furthermore, chronic symptoms such as fatigue and abdominal pain may significantly interfere with work, education, and social relationships [11].

Quality of life has therefore emerged as an important outcome measure in the management of inflammatory bowel disease. Quality of life encompasses physical, psychological, and social dimensions of health and reflects the overall impact of disease on daily functioning [12].

Despite increasing recognition of the psychological burden associated with IBD, assessment of psychological distress remains insufficiently integrated into routine clinical care. Psychological symptoms are often underdiagnosed and undertreated, particularly in healthcare settings primarily focused on controlling intestinal inflammation [13].

Understanding the psychological and social impact of inflammatory bowel disease is essential for improving patient-centered care and optimizing long-term outcomes.

The aim of the present study was to evaluate the impact of inflammatory bowel disease on quality of life and psychological distress among patients followed in a tertiary gastroenterology center.

2. Materials and Methods

2.1. Study Design and Setting

This cross-sectional descriptive study was conducted in the Department of Hepato-Gastroenterology at Hassan II University Hospital in Fez, Morocco, a tertiary referral center for digestive diseases. The study aimed to evaluate the impact of inflammatory bowel disease on patients' quality of life and psychological distress.

2.2. Study Population

A total of 210 adult patients with confirmed inflammatory bowel disease were included in the study. The study population consisted of:

- 140 patients diagnosed with Crohn's disease
- 70 patients diagnosed with ulcerative colitis

The diagnosis of inflammatory bowel disease was established based on standard clinical, endoscopic, radiological, and histopathological criteria in accordance with current international guidelines.

Patients were recruited during routine outpatient consultations in the gastroenterology clinic.

2.2.1. Inclusion Criteria

Patients were eligible for inclusion if they met the following criteria:

- Age \geq 18 years
- Confirmed diagnosis of Crohn's disease or ulcerative colitis
- Regular follow-up in the gastroenterology department
- Ability to understand and complete the questionnaire

Patients who declined participation or were unable to complete the questionnaire were excluded from the study.

2.3. Data Collection

Data were collected using an anonymous structured questionnaire administered during routine consultations. The questionnaire was designed to explore multiple dimensions related to the burden of inflammatory bowel disease.

The questionnaire included the following domains:

- Sociodemographic characteristics: age, sex
- Clinical manifestations: presence of abdominal pain, fatigue, and sleep disturbances
- Quality of life assessment: global impact of the disease rated on a numerical scale from 1 to 10
- Psychological symptoms: anxiety related to disease flares, persistent sadness, and suicidal thoughts
- Social impact: social isolation, concealment of the disease from relatives or friends
- Professional consequences: absence from work or school, changes in professional activity
- Patient perception of care: satisfaction with medical follow-up and access to psychological support

2.4. Statistical Analysis

Descriptive statistical analyses were performed to summarize patient characteristics and questionnaire responses. Continuous variables were expressed as mean values, whereas categorical variables were presented as frequencies and percentages.

All analyses were performed using standard descriptive statistical methods.

3. Results

3.1. Patient Characteristics

A total of 210 patients with inflammatory bowel disease were included in this study. The mean age of the study population was 34.5 years, reflecting the predominance of IBD among young and middle-aged adults. There was a slight female predominance, with 115 women (54.8%) and 95 men (45.2%), corresponding to a female-to-male ratio of 1.2.

Crohn's disease represented the majority of cases in our cohort, accounting for 140 patients (66.7%), whereas ulcerative colitis was diagnosed in 70 patients (33.3%).

The baseline demographic characteristics of the study population are summarized in Table 1.

Table 1 Baseline characteristics of the study population

Variable	Value
Total patients	210
Mean age	34.5 years
Female	115 (54.8%)
Male	95 (45.2%)
Crohn's disease	140 (66.7%)
Ulcerative colitis	70 (33.3%)

3.2. Disease Characteristics

Among the 140 patients with Crohn's disease, the distribution of disease location according to the Montreal classification showed heterogeneous involvement of the gastrointestinal tract.

Ileal disease (L1) was observed in 40% of patients, while isolated colonic involvement (L2) was present in 25% of cases. Ileocolonic disease (L3), representing combined small bowel and colonic involvement, accounted for 35% of patients.

Regarding disease behavior, the majority of patients presented with a non-stricturing, non-penetrating phenotype (B1), which was observed in 56% of cases. Stricturing disease (B2) was identified in 28% of patients, whereas penetrating disease (B3) was reported in 16% of cases.

These findings reflect the clinical heterogeneity of Crohn's disease, which may present with varying patterns of intestinal involvement and disease behavior.

Among the 70 patients with ulcerative colitis, disease extent according to the Montreal classification revealed that left-sided colitis (E2) was the most frequent form, affecting 43% of patients.

Proctitis (E1), limited to the rectum, was observed in 24% of cases. Extensive colitis or pancolitis (E3), involving the colon proximal to the splenic flexure, was reported in 33% of patients.

These results highlight the predominance of moderate to extensive colonic involvement in our ulcerative colitis population.

3.3. Clinical Symptoms

Digestive and functional symptoms were frequently reported among patients with inflammatory bowel disease.

Abdominal pain was reported by 73% of patients and represented the most frequently reported symptom. Persistent fatigue was also highly prevalent and was reported by 69% of participants. Sleep disturbances were described by 61% of patients, reflecting the important burden of chronic disease on physical well-being.

These symptoms contribute significantly to the daily disease burden experienced by patients and may negatively influence both physical functioning and psychological well-being.

3.4. Impact on Quality of Life

The overall impact of inflammatory bowel disease on quality of life was evaluated using a self-reported numerical scale ranging from 1 to 10.

The mean quality-of-life impact score was 6.9/10 (range: 2-10), indicating a substantial negative effect of the disease on daily functioning.

Approximately 66% of patients reported limitations in physical activity, reflecting the impact of fatigue, pain, and digestive symptoms on daily life. In addition, 59% of patients reported difficulties maintaining a balanced diet, which may be related to digestive symptoms, dietary restrictions, or fear of triggering disease flares.

3.5. Psychological Impact

Psychological distress was highly prevalent among patients included in the study.

A total of 63% of patients reported experiencing anxiety related to the fear of disease flares, highlighting the psychological burden associated with the unpredictable nature of inflammatory bowel disease.

Nearly half of the patients (49%) reported prolonged sadness or depressive symptoms. Furthermore, 16% of patients reported experiencing suicidal thoughts, indicating a significant level of psychological vulnerability within this population.

In addition, 41% of patients reported feeling that the disease controlled their life, while 53% described feelings of social isolation related to their condition.

3.6. Social and Professional Consequences

Inflammatory bowel disease also had a considerable impact on the social and professional lives of patients.

Approximately 44% of patients reported concealing their disease from relatives, friends, or colleagues, often due to embarrassment or fear of stigma associated with digestive symptoms.

In terms of professional and academic impact, 36% of patients reported frequent absence from work or school due to disease-related symptoms or medical consultations.

Moreover, nearly 31% of patients reported modifying their professional activity, including reduced working hours, temporary work interruption, or a change in job position.

3.7. Access to Psychological Support

Despite the high prevalence of psychological symptoms observed in our study population, only 13% of patients reported receiving psychological support as part of their disease management.

Although 55% of patients declared being satisfied with their medical follow-up, the majority expressed a need for improved psychological and social support.

The main clinical symptoms and psychosocial consequences reported by patients are summarized in Table 2.

Table 2 Clinical symptoms and psychosocial impact in patients with IBD

Variable	n (%)
Abdominal pain	153 (73%)
Persistent fatigue	145 (69%)
Sleep disturbances	128 (61%)
Anxiety related to disease flares	132 (63%)
Prolonged sadness	103 (49%)
Suicidal thoughts	34 (16%)
Feeling that disease controls life	86 (41%)
Social isolation	111 (53%)
Concealed disease from relatives	92 (44%)
Absence from work or school	76 (36%)
Modification of professional activity	65 (31%)
Access to psychological support	27 (13%)
Satisfaction with medical follow-up	116 (55%)

4. Discussion

The present study highlights the considerable psychological and social burden associated with inflammatory bowel disease. Our findings confirm that IBD significantly affects multiple dimensions of patients' lives and profoundly impairs quality of life.

In our cohort, a large proportion of patients reported persistent fatigue, abdominal pain, and sleep disturbances. These symptoms are frequently described in the literature as major contributors to impaired quality of life in patients with inflammatory bowel disease [14,15]. Fatigue in particular has been recognized as one of the most disabling symptoms reported by patients with IBD, often persisting even during periods of clinical remission and significantly affecting daily functioning.

Psychological distress was also highly prevalent in our study population. Anxiety related to disease flares was reported by more than half of the patients, while nearly half experienced prolonged sadness. These findings are consistent with previous studies demonstrating that the prevalence of anxiety and depressive disorders among patients with IBD is significantly higher than in the general population [16,17]. Psychological comorbidities may arise from the chronic nature of the disease, the unpredictability of symptom exacerbations, and the long-term need for medical treatment and monitoring.

The chronic and unpredictable course of inflammatory bowel disease may contribute to persistent emotional stress. Fear of disease relapse, potential treatment complications, and the possibility of surgical interventions may generate uncertainty and psychological vulnerability among patients [18]. Moreover, concerns about disease progression and long-term outcomes may further exacerbate anxiety and emotional distress.

Our results also highlight the important social and professional consequences associated with IBD. More than one third of patients reported frequent absence from work or school due to their disease. Similar observations have been reported in previous studies showing that inflammatory bowel disease may significantly impair work productivity, academic performance, and overall social participation [19,20]. These limitations may contribute to reduced social integration and diminished quality of life.

Interestingly, a considerable proportion of patients in our study reported concealing their disease from relatives or colleagues. Social stigma and embarrassment related to digestive symptoms may contribute to social withdrawal and increased psychological distress [21].

Despite the high prevalence of psychological distress observed in our cohort, only a small proportion of patients had access to psychological support as part of their care. This finding highlights an important gap in the current management of inflammatory bowel disease. International recommendations increasingly emphasize the importance of a multidisciplinary approach to IBD care, incorporating psychological assessment and support when appropriate [22]. Early identification and management of psychological distress may help improve patients' overall well-being and disease outcomes.

Integrating systematic mental health screening into routine clinical practice may therefore represent an important strategy to improve the comprehensive management of patients with inflammatory bowel disease. Collaboration between gastroenterologists, psychologists, and other healthcare professionals could facilitate the development of more holistic and patient-centered care models.

The strengths of this study include the relatively large sample size and the comprehensive evaluation of the psychological, social, and professional impact of inflammatory bowel disease in a real-world clinical setting. By exploring multiple dimensions of disease burden, our study provides a broader understanding of the challenges faced by patients living with IBD.

However, several limitations should be acknowledged. First, the cross-sectional design of the study does not allow the establishment of causal relationships between disease activity and psychological symptoms. Second, the use of self-reported questionnaires may introduce reporting or recall bias. Finally, as the study was conducted in a single tertiary care center, the generalizability of the findings to other populations may be limited.

Future research should focus on longitudinal studies evaluating the relationship between psychological distress, disease activity, and long-term outcomes in patients with inflammatory bowel disease. In addition, the development of multidisciplinary care models integrating psychological assessment, nutritional support, and patient education programs may contribute to improving both disease management and overall quality of life in this population.

5. Conclusion

This study demonstrates that inflammatory bowel disease has a significant impact on patients' **quality of life and psychological well-being**, as well as their social and professional functioning. In our cohort, a high prevalence of fatigue (69%), sleep disturbances (61%), and anxiety related to disease flares (63%) was observed, highlighting the substantial psychological burden associated with IBD. In addition, the disease significantly affected social and professional life, with more than one third of patients reporting work or school absence and nearly half concealing their condition from others.

Despite these findings, access to psychological support remained limited. These results emphasize the importance of a comprehensive and multidisciplinary approach to IBD management, integrating systematic psychological assessment and support in order to improve patients' overall well-being and quality of life.

Compliance with ethical standards

Disclosure of conflict of interest

The authors declare that they have no conflicts of interest.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

References

- [1] Ng SC, Shi HY, Hamidi N, Underwood FE, Tang W, Benchimol EI, et al. Worldwide incidence and prevalence of inflammatory bowel disease in the 21st century: a systematic review of population-based studies. *Lancet*. 2017;390:2769–2778.
- [2] Kaplan GG. The global burden of IBD: from 2015 to 2025. *Nat Rev Gastroenterol Hepatol*. 2015;12:720–727.
- [3] Torres J, Mehandru S, Colombel JF, Peyrin-Biroulet L. Crohn's disease. *Lancet*. 2017;389:1741–1755.
- [4] Ungaro R, Mehandru S, Allen PB, Peyrin-Biroulet L, Colombel JF. Ulcerative colitis. *Lancet*. 2017;389:1756–1770.
- [5] Irvine EJ. Quality of life issues in patients with inflammatory bowel disease. *Am J Gastroenterol*. 1997;92:18–24.
- [6] Knowles SR, Keefer L, Wilding H, Hewitt C, Graff LA, Mikocka-Walus A. Quality of life in inflammatory bowel disease: a systematic review and meta-analyses. *J Crohns Colitis*. 2018;12:111–120.
- [7] Mikocka-Walus A, Pittet V, Rossel JB, von Känel R. Symptoms of depression and anxiety are independently associated with clinical recurrence of inflammatory bowel disease. *Clin Gastroenterol Hepatol*. 2016;14:829–835.
- [8] Neuendorf R, Harding A, Stello N, Hanes D, Wahbeh H. Depression and anxiety in patients with inflammatory bowel disease: a systematic review. *Inflamm Bowel Dis*. 2016;22:2136–2148.
- [9] Gracie DJ, Guthrie EA, Hamlin PJ, Ford AC. Bi-directionality of brain-gut interactions in patients with inflammatory bowel disease. *Gastroenterology*. 2018;154:1635–1646.
- [10] Taft TH, Keefer L, Leonhard C, Nealon-Woods M. Impact of perceived stigma on inflammatory bowel disease patient outcomes. *Inflamm Bowel Dis*. 2009;15:1224–1232.
- [11] Casellas F, López-Vivancos J, Badía X, Vilaseca J, Malagelada JR. Influence of inflammatory bowel disease on different dimensions of quality of life. *Eur J Gastroenterol Hepatol*. 2001;13:567–572.
- [12] Lönnfors S, Vermeire S, Greco M, Hommes D, Bell C, Avedano L. IBD and health-related quality of life. *J Crohns Colitis*. 2014;8:266–273.
- [13] Graff LA, Walker JR, Bernstein CN. Depression and anxiety in inflammatory bowel disease. *Am J Gastroenterol*. 2009;104:295–304.
- [14] Van Langenberg DR, Gibson PR. Systematic review: fatigue in inflammatory bowel disease. *Aliment Pharmacol Ther*. 2010;32:131–143.
- [15] Cohen RD. The quality of life in patients with Crohn's disease. *Aliment Pharmacol Ther*. 2002;16:1603–1609.
- [16] Byrne G, Rosenfeld G, Leung Y, Qian H, Raudzus J, Nunez C, et al. Prevalence of anxiety and depression in patients with inflammatory bowel disease. *J Crohns Colitis*. 2017;11:157–165.
- [17] Mikocka-Walus AA, Knowles SR, Keefer L, Graff LA. Controversies revisited: a systematic review of the comorbidity of depression and anxiety with inflammatory bowel diseases. *Inflamm Bowel Dis*. 2016;22:752–762.
- [18] Taft TH, Ballou S, Bedell A, Lincenberg D. Psychological considerations and interventions in inflammatory bowel disease patient care. *Gastroenterol Clin North Am*. 2017;46:847–858.

- [19] Bernklev T, Jahnsen J, Henriksen M, Lygren I, Aadland E, Sauar J, et al. Relationship between sick leave, unemployment, disability, and health-related quality of life in patients with inflammatory bowel disease. *Inflamm Bowel Dis.* 2006;12:402–412.
- [20] Van der Valk ME, Mangen MJ, Leenders M, Dijkstra G, van Bodegraven AA, Fidder HH, et al. Healthcare costs of inflammatory bowel disease have shifted from hospitalisation to anti-TNF therapy. *J Crohns Colitis.* 2014;8:1214–1225.
- [21] Hall NJ, Rubin GP, Dougall A, Hungin AP, Neely J. The fight for 'health-related normality': a qualitative study of the experiences of individuals living with established inflammatory bowel disease. *J Health Psychol.* 2005;10:443–455.
- [22] Turner D, Ricciuto A, Lewis A, D'Amico F, Dhaliwal J, Griffiths AM, et al. STRIDE-II: an update on the treat-to-target strategy in inflammatory bowel disease. *Gastroenterology.* 2021;160:1570–1583.
- [23] Colombel JF, D'Haens G, Lee WJ, Petersson J, Panaccione R. Outcomes and strategies to support a treat-to-target approach in inflammatory bowel disease. *Gastroenterology.* 2017;152:351–361.
- [24] Peyrin-Biroulet L, Sandborn WJ, Sands BE, Reinisch W, Bemelman W, Bryant RV, et al. Selecting therapeutic targets in inflammatory bowel disease (STRIDE). *Gastroenterology.* 2015;148:1210–1219.
- [25] Limdi JK, Aggarwal D, McLaughlin JT. Food-related quality of life in patients with inflammatory bowel disease. *J Crohns Colitis.* 2016;10:194–199.