

Title: Illness perceptions in Irritable Bowel Syndrome: Change over time and relationship with self-reported quality of life

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Background: Pathways in an 'extended' common-sense model of illness representations (CSM) were examined in those affected by Irritable Bowel Syndrome (IBS) over time. As complementary and alternative medicine (CAM) use is extensive in IBS, participants were grouped according to CAM use (CAM-users and non-users).

Methods: An online survey examined 197 participant responses (125 CAM-users, 72 non-users) at baseline and again after a minimum of six months. Illness perceptions, conventional treatment beliefs (captured by the IPQ-R and BMQ-General scale respectively), coping (Brief COPE) and domain specific quality of life (IBS-QOL) were measured at both time-points. Related *t*-tests were used to examine changes over time within each group and regression analyses were used to assess theorised pathways proposed by the CSM.

Findings: Both groups showed improved quality of life ratings (CAM-users: $t(124) = -5.97, p < .001$; non-users: $t(71) = -3.31, p < .01$) and significantly lower emotional representations at time-two (CAM-users: $t(117) = 3.33, p < .01$; non-users: $t(68) = 2.60, p < .05$). Stronger perceptions of illness consequences CAM-users: $Beta = -.67, p < .001$; non-users: $Beta = -.62, p < .001$) and emotional representations at time-one (CAM-users: $Beta = -.58, p < .001$; non-users: $Beta = -.51, p < .001$) predicted reduced quality of life at time-two in both groups. Mediation tests revealed that self-blame and behavioural disengagement mediated the pathway from illness perceptions to quality of life in the CAM-user group only.

Discussion: Findings suggest some consistency with CSM theory and addressing components of illness perceptions early in the health care process may improve quality of life in those affected by IBS. CAM-users (and those intending to use CAM) may receive greater benefit from such intervention.