Clinical and Polysomnographic Sleep Features in Irritable Bowel Syndrome

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I read with great interest the article titled 'Tracing the relationships between sleep disturbances and symptoms of irritable bowel syndrome' by Moradian Shahrbabaki et al. The authors conducted an interesting cross-sectional study about the correlation between irritable bowel syndrome (IBS) and sleep quality which may also apply to other sleep features. They found an inverse relationship between the severity of symptoms of IBS and sleep quality (1). This finding is consistent with other studies that revealed IBS as one of the medical conditions commonly comorbid with insomnia (2). IBS is associated with restless legs syndrome/Willis-Ekbom disease (RLS/WED) at a significantly high rate (3). Several diseases such as IBS with psychosomatic symptoms and signs have lower frequency in patients with sleepdisordered breathing (SDB) as the Apnea-Hypopnea Index (AHI) increases (4). Moreover, inspiratory flow limitation (IFL) is a common finding in polysomnography (PSG) of patients with IBS and intriguingly, continues positive airway pressure (CPAP) improves IFL and patients' symptoms (5). IBS is associated with sympathetic hyperactivation during wakefulness that could increase the activity of sympathetic nervous system (SNS). Heart rate variability (HRV) indirectly represents SNS activity during PSG. Increased morbidity has been associated with decreased HRV (6).

The authors raise the point that improving sleep habits can have a role in ameliorating IBS symptoms and psychological distress (1). Patients with IBS experience poor sleep quality, have decreased slow-wave sleep (SWS), and have fragmented sleep in their PSG (7). Focus of related recent studies is beyond the clinical correlations of poor sleep quality and IBS; they searched pathophysiologic associations of IBS and sleep recorded parameters in PSG (8-12). So, I would like to suggest to the authors that they conduct a prospective study about all the above clinical and PSG variables in patients with IBS referred from gastrointestinal clinic to sleep clinic.

Conflict of Interests

Authors have no conflict of interests.

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