




# Behavioral Treatments for Irritable Bowel Syndrome (IBS)

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International Foundation for Gastrointestinal Disorders ([www.iffgd.org](http://www.iffgd.org))

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## Understanding IBS

Irritable bowel syndrome (IBS) affects up to 5-10% of individuals worldwide. IBS affects children and adults of both genders. Although IBS does not shorten a person's life span, it is associated with a large health care and economic burden. Studies have shown that IBS patients have an increased number of health care visits, diagnostic tests, and surgeries. IBS can also severely impact a person's quality of life.

For most people, IBS is best understood as a long-term or chronic condition in which they experience reoccurring issues with abdominal pain or discomfort associated in some way to their bowel movements. Some patients with IBS, particularly those whose problems started after food poisoning or traveler's diarrhea (post-infectious IBS) can gradually get better over time. Others will have IBS for their entire lives.

In IBS, the digestive system appears normal on routine tests. For this reason, it has been referred to as a functional gastrointestinal (GI) disorder. However, there is increasing evidence that the GI symptoms experienced in IBS may be caused by one of more of the following:

- Abnormalities in gut motility
- Improper functioning of the immune system (over or under active)
- Abnormal amounts of bacteria and other organisms (like viruses and fungi) in the gut (microbiota)
- The central nervous system's interpretation of painful signals coming from the gut.

## The Gut-Brain Axis (GBA)

There are numerous connections between the gut and the brain (often called the gut-brain axis or GBA), and psychological therapies have proven helpful in addressing problems with this communication system. The enteric nervous system (ENS), which can be thought of as the nervous system within the gastrointestinal (GI) tract (also referred to as "the second brain"), is made up of hundreds of millions of nerves. Patients with IBS can become hyper-aware of how these nerves are behaving or responding to stimuli in the GI tract, and this may contribute to the discomfort IBS patients experience. This is known as visceral hypersensitivity. Unfortunately, there are no diagnostic tests which provide a concrete diagnosis of visceral hypersensitivity, and it can be frustrating when you are in pain to hear that your medical workup concludes no results. An understanding of the relationship between pain and the gut-brain axis explains the role your brain plays in this process. It also supports why behavioral medicine interventions can be beneficial for treating IBS symptoms.

## Stress and IBS

Stress can also play a role in this process as the GI tract is more sensitive during periods of stress. Stress is variable and can be triggered by a range of activities. Simple daily activities like going to dinner with friends or to the grocery store can cause stress due to concerns surrounding bathroom access or food choices. During periods of stress, patients with IBS may experience changes in intestinal motility (how fast or slow the digestive process occurs), and/or increased pain or

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discomfort. When considering treatment options for IBS, stress management may be recommended.

### **Working with a Behavioral Health Specialist**

It may come as a surprise when your healthcare provider recommends working with a behavioral health specialist to address your IBS-related symptoms. It is important to recognize that this form of therapy neither indicates nor treats an underlying mental health disorder. Consulting with a behavioral health specialist to assist with the management of your GI symptoms is very different from the traditional mental health services one may receive for general anxiety or depression. The development of IBS is quite complex with biological, psychological, and social factors all playing a role in symptom development. For this reason, it has become more common to involve a behavioral health specialist with expertise in gastroenterology to aid in treatment. If you have more severe symptoms of anxiety or depression, it may be beneficial to first work with a general mental health provider to address these issues. Behavioral interventions for IBS are most effective when general mood symptoms are stable.

When working with a behavioral health specialist, a treatment plan will be designed to address your GI symptoms, not general mental health concerns. The treatment goals are to decrease the severity and frequency of symptoms while also providing skills to improve coping and quality of life.

### **Common behavioral therapies include**

- gut-focused cognitive behavioral therapy (GI-CBT)
- gut-directed hypnotherapy (GDH)
- acceptance and commitment therapy (ACT)
- other mindfulness approaches.

### **Gut-Focused Cognitive Behavioral Therapy (GI-CBT)**

Cognitive behavioral therapy (CBT) works to modify the way you think, feel, behave and react to minimize or eliminate unhelpful thoughts and behaviors. CBT is also used to develop coping skills and to better understand internal and external factors impacting symptoms. In gut-focused CBT (GI-CBT) a therapist works specifically with patients to determine how they think and behave in relation to their specific symptoms. It is not uncommon for patients to avoid certain foods or environments which they feel cause or worsen their

symptoms. Over time, these natural reactions can lead to isolation, distress, and disruptive safety behaviors such as food restriction. A therapist will work to adjust these reactions and improve your confidence in your ability to manage difficult or uncomfortable situations. Another important focus of GI-CBT is the impact these factors have on your body and your body's natural stress response. Relaxation skills are often taught to help you learn to reduce tension and discomfort, which directly targets how your nervous system responds to thoughts, feelings, and behaviors.

GI-CBT is one of the most well studied behavioral approaches for IBS, with more than 40 years of research revealing how effective it is for improving IBS symptoms. Data supports its effectiveness via multiple modes of delivery. Individual and group treatment, as well as teletherapy (over the phone or internet) have all proven beneficial.

### **Gut-Directed Hypnotherapy (GDH)**

Gut-directed hypnotherapy is a form of medical hypnosis that has been well researched in patients with IBS. Over 30 published research studies dating back to the 1980s highlight the benefits of this treatment for the mildest to most severe cases. Up to 80% of IBS patients have a positive response to this treatment which are better than those of traditional medications.

Some patients may have misconceptions about hypnosis due to poor examples seen on television or in movies. Hypnosis does not make you lose voluntary control or cluck like a chicken when a bell goes off. Those concerned that they are not hypnotizable are often happy to learn that approximately 75% of people are able to be hypnotized "enough" to have a positive response. One of the most important things you can do is be open to trying hypnosis. Those who are reluctant, should consider other forms of treatment.

The goal of GDH is to help gain better control over symptoms by addressing the communication occurring between the brain and gut. Think about your gut and brain as speakers and amplifiers that are not working properly. Your brain is the amplifier and your gut the speaker. Hypnosis helps you learn how to relax your body, think differently about the sensations you are experiencing, and better regulate the functioning of

your mind and gut. Therefore, hypnosis helps you find the most pleasant volume for your amplifier and speaker.

When engaging in GDH, you will want to work with a licensed mental health or health professional with clinical hypnosis and IBS training. Typically, GDH occurs over seven sessions. You should be provided with an audio recording for home practice to assist with learning how to master the skills taught by your practitioner.

### **Acceptance and Commitment Therapy (ACT)**

Acceptance and commitment therapy is a mindfulness-based behavioral therapy that aims to help patients better understand how they approach various aspects of life. The use of ACT in patients with IBS is still in its early stages compared to the other treatments we have addressed, though it shows promise. ACT was originally developed to help patients with mental health conditions such as anxiety and depression. More recently, it has been found to be effective for chronic pain and other medical conditions. One of the primary goals of ACT is to help individuals learn flexible and effective ways to live with their IBS symptoms.

There are six principles used in ACT to help a person achieve more psychological flexibility: acceptance, cognitive defusion (not getting caught up in your thoughts), being present, observing self, values clarification and committed action. A therapist will work with you to learn how each principle helps guide you toward meeting your goals. This type of therapy has also provided patients with skills to decrease avoidant behaviors and anxiety related to their IBS.

### **Other Mindfulness Based Approaches**

Other mindfulness-based approaches often focus on the impact of stress on IBS and the stress that symptoms and the condition can cause. Mindfulness is the act of observing reactions and symptoms in a non-reactive or non-judgmental way. This, in turn, reduces the distress symptoms cause as well as the stress experienced in the body. In using a mindfulness-based approach, a therapist works with patients to teach them skills such as non-judgmental observation and curiosity about moment-to-moment experiences. This encourages them to notice their symptoms without trying to avoid

or change them, and to develop coping skills such as meditation to reduce tense and tight muscles.

The most widely studied mindfulness approach is Mindfulness Based Stress Reduction (MBSR). The approach was designed to help patients with chronic medical conditions. A goal of MBSR is to help patients cope with the impact of pain and the effects pain and illness have on their daily lives. MBSR is most typically taught over 8-weeks in a group or individual settings. Sessions can last up to 3 hours and generally follow a specific protocol. Studies have shown that MBSR can improve the way patients think about their symptoms, improve quality of life, reduce symptom severity, and decrease visceral hypersensitivity.

### **Below are some common questions we hear from our patients.**

#### **1. What is Psychogastroenterology?**

Psychogastroenterology is a growing field driven by behavioral health specialists that combines an understanding of digestive health conditions and the use of evidenced-based behavioral interventions to aid patients in managing their symptoms.

#### **2. What is the difference between a GI behavioral health specialist and general mental health practitioner?**

A GI psychologist or other GI behavioral health specialist is someone who has received advanced training focused on working with individuals who have digestive health conditions. Mental health professionals are licensed to provide services to treat psychological disorders, and while they may have experience working with patients with medical conditions, they do not have specialized training in this area.

#### **3. How do I know I'm a good fit for behavioral treatment?**

Patients may choose to pursue behavioral interventions because they would rather avoid taking medications, or increasing the number of medications they are already consuming. However, behavioral treatments are not for everyone. Patients experiencing high levels of anxiety or depression or dealing with eating

disorders and/or PTSD should first seek care with a general mental health provider.

- 4. How long are GI behavioral treatment sessions and will I be in therapy forever?** Behavioral treatment is short-term and, in some instances, can be completed in as few as four visits. Each visit typically lasts one hour. However, behavioral treatments may require as many as twelve visits or more. Research has found these treatments to be effective long after you complete your sessions.
- 5. Does insurance cover behavioral treatments for irritable bowel syndrome?** Many, but not all, insurance providers cover the services provided by GI behavioral health specialists. You should check with your insurance carrier to see what benefits you have in your insurance plan.
- 6. How can I find a GI trained provider?** There is a therapist finder database at [www.romegipsych.org](http://www.romegipsych.org). This database can be used to search for a provider near you. While access is still limited, advances in the way services are provided, such as telemedicine, has made this a more widely available option for patients.
- 7. What if I can't find a GI trained provider in my area?** If you cannot find a GI behavioral health specialist in your area, you may be able to work with a general mental health provider. Spend time looking at the profiles of the mental health providers in your area and consider providers who have expertise in health psychology, behavioral medicine, chronic medical problems, or other chronic diseases such as lupus, cancer, or diabetes. It is likely that these mental health providers will have skills to help with the management of IBS.

## Conclusion

IBS may seem overwhelming, but we now have a better understanding of the internal and external factors impacting IBS symptoms. Multiple evidence-based behavioral strategies are available to treat this condition. Working with GI trained behavioral health specialists may ultimately reduce both the frequency and severity of symptoms and profoundly improve your quality of life.

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