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The following slides were presented during the educational portion of IFFGD's 2020 Virtual Advocacy Event. To view this presentation and the all videos available during this program, please visit https://bit.ly/Adv_Edu.

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Introduction to Complementary Alternative Medicine (CAM) in Gastrointestinal Illness

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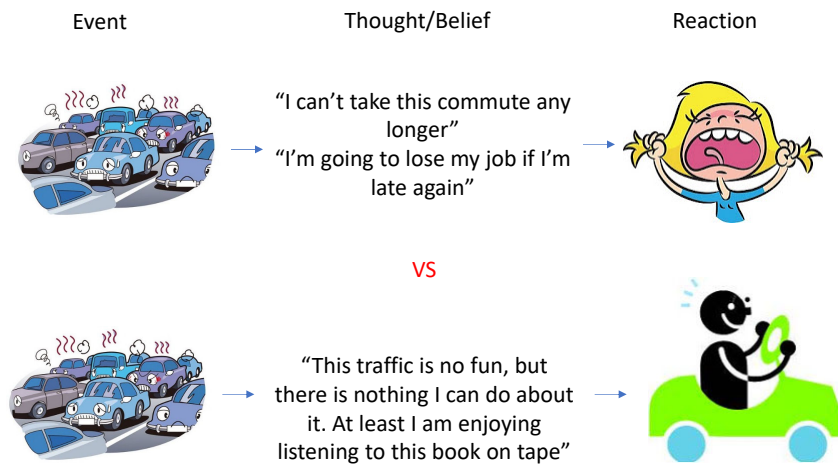
Cognitive Behavioral Therapy

- Applied to a wide range of mental health and chronic medical conditions
- "strong recommendation" rating for improving global IBS
- Likely to be helpful in other GI disorders that have stress triggers, or where anxiety/depression contributes to poorer outcomes.
 - Anxiety lowers thresholds for pain
 - Depression is associated with increased postprandial distress, nausea/vomiting
 - CBT can improve symptoms of several GI disorders, while also enhancing emotional well-being and quality of life and reducing healthcare needs

3

Cognitive Behavioral Theory in a nutshell:

Our thoughts and behaviors influence our emotions and physical reactions



4

Conventional CBT

- 10-12 weekly sessions
- Psychoeducation/rationale for **buy-in**
- Self-monitoring for **awareness/insight**
- Cognitive techniques
 - Identifying and changing unhelpful thinking patterns for **symptom-related anxiety, catastrophization, and hypervigilance to symptoms**
- Behavioral techniques
 - Relaxation training for **arousal reduction**
 - Problem solving for **flexible and emotion-focused coping**
 - Exposure to **minimize avoidance and safety behaviors**
 - Self care skills (e.g., diet, exercise, daily routine) for **general health and QOL**

5

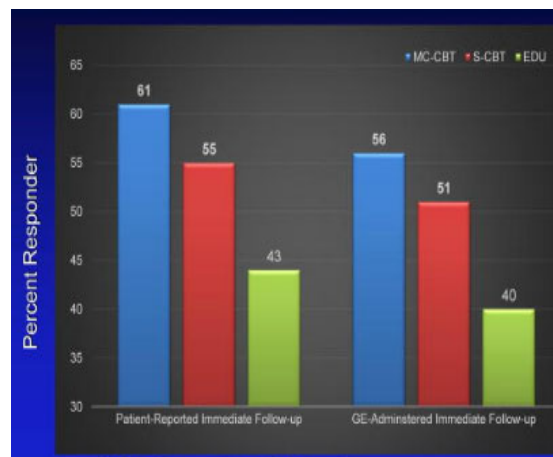
Minimal Contact Cognitive Behavioral Therapy is Effective for IBS

Standard CBT (s-CBT) (n=146)
10 wkly sessions

Minimal Contact (MC-CBT)
(n=145)
4 session of primarily home based CBT requiring minimal therapist contact

Education control (n=145)
4 sessions IBS education

Global IBS Improvement at week 12



Lackner JM et al. Gastroenterology. 2018;155(1): 47-57.

6

Hypnotherapy

7

Hypnotherapy for IBS

5 trials: 278 patients

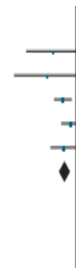
- Most studies show favorable outcome
- Hypnosis consistently produces significant results and improves the cardinal symptoms of IBS in the majority of patients

NNT = 4 (95 % CI = 3 – 8)



1.1.3 Hypnotherapy

Galovski 1998	3	6	6	6	1.5%	0.54 (0.25, 1.16)	1998
Simren 2004	4	14	9	14	1.2%	0.44 (0.18, 1.11)	2004
Lindfors 2012a	28	45	40	45	4.1%	0.70 (0.55, 0.90)	2012
Lindfors 2012b	19	25	20	23	4.0%	0.87 (0.67, 1.15)	2012
Moser 2013	23	51	31	49	3.3%	0.71 (0.48, 1.03)	2013
Subtotal (95% CI)		141	137	14.1%		0.74 (0.63, 0.87)	
Total events	77		106				
Heterogeneity: $\tau^2 = 0.00$; $\chi^2 = 3.84$, d.f. = 4 ($P = 0.43$); $I^2 = 0\%$							
Test for overall effect: $Z = 3.74$ ($P = 0.0002$)							



Ford AC et al. *Amer Journ Gastroenterol.* 2014;109(9):1350-1365.

E8

8

RCTs of psychological vs control therapy or "usual care" in IBS

