Irritable Bowel Syndrome

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Acknowledgement

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Irritable Bowel Syndrome (IBS)

- Functional gastrointestinal disorder
  - Abdominal pain
  - Bowel function abnormalities in frequency and consistency (diarrhea/constipation, or mixed)
  - Bloating or abdominal distention
  - Affects 9.4 % of the US population
  - In Western countries, twice as common in women

Medical Care of IBS

- Women comprise 75-80% of IBS in clinical practice
- IBS accounts for 3 million doctors visits a year
- IBS accounts for 25-50% of all visits to gastroenterologists

IBS: Diagnosis

- This diagnosis was historically given loosely to variety of bowel complaints
- The "Rome criteria" have standardized diagnosis
- Firm diagnosis depends *both* on patient meeting Rome Criteria *and* on negative physical findings.
- Palsson et al, 1996, conducted factor analytic study confirming Rome symptom criteria as distinctive diagnostic entity

The Rome Criteria for IBS

- At least 3 months of continuous or recurrent symptoms must be present, and must include:
  - Abdominal pain relieved by defecation or accompanied by a change in stool frequency (<3 x/wk, or > 3 x/day) or consistency, *and*

- Disturbed defecation at least 25 % of the time consisting of 2 or more of following: Altered frequency of bowel movements, altered consistency of bowel movements, Altered stool passage, Passage of mucus, and abdominal distention

Physical Evaluation

(All of the Following Should be Routine)

- Physical examination
- Lab Tests
  - Complete blood count
  - Blood chemical analysis
  - Stool tests
  - Flexible sigmoidoscopy (if neoplasm or inflammatory disease is a concern)

The Psychology of IBS

- A high proportion of IBS patients who consult physicians have psychiatric co-morbidity.
  - Affective disorders, depression, or anxiety
- Patients with IBS have been found to have elevated scores on neuroticism, social desirability and somatization scales

Stress and IBS

- IBS patients commonly report more stressful life events than control subjects
  - More than ½ of IBS patients report that stressful psychological events exacerbate symptoms
  - 51 % of patients report stressful life events which preceded the onset of symptoms
- The stressful life events that IBS patients report are typically commonplace, but …
  - Loss of a parents and sexual abuse seem particularly common in the history of IBS patients

Sexual Abuse History in IBS

- Talley et al (1994) in study of 919 subjects found IBS patients twice as likely to report sexual abuse history
- Longstretch et al (1993) in study of 1264 HMO patients found patients with IBS type symptoms 3 x more likely to report sexual abuse history, and the ration increased with symptom severity

Sexual Abuse (cont.)

- Talley et al (1995) in a study of 997 GI outpatients those with

abuse history were more likely to have IBS type symptoms

Psychophysiology

- Many findings are consistent, but not reliable enough for diagnostic use (too much overlap with normal population):
  - IBS patients report pain at lower balloon distention volumes
  - Show intestinal hypermotility
  - Show intestinal hyperreactivity to stimuli
- Recent studies suggest parasympathetic over-activity:
  - Lower ambulatory BP
  - Lower heart rate
  - Excessive vasoactive intestinal peptide in the bowel

Summing Up IBS

- IBS is not a psychiatric disorder, but patients commonly have psychiatric disorders
- It is a psychophysiological disorder with characteristic, although not diagnostically reliable physiologic dysfunction
- It is strongly affected by, but not caused by, stress

Medical Treatment of IBS

- There is no known cure
- Symptoms are typically chronic, but spontaneous remissions and long latent periods may occur
- There is no "drug for IBS"—no medication consistently improves the global symptom picture
- Some medications help with some specific symptoms, such as pain or diarrhea, but only in some patients
- Traditional interventions consist of adding fiber to diet, antispasmodic or anti-diarrheal medication, and sometimes low lose antidepressant medication

Pharmacotherapy for IBS

- 3 million prescriptions for IBS annually
- In the US manufacturers of all drugs marketed for IBS have been required to label them as "unproven"
- Sometimes helpful for individual symptoms
  - *"The sheer number and variety of drugs sold for IBS treatment are testimony to their collective uselessness.*" W. Grant Thompson (1994). *Canadian Family Physician, 40*, 314.

Effective Management of IBS in Primary Care

- Efficient and cost-effective diagnosis based on Rome criteria and negative physical findings
  - Patient education and reassurance
  - Fiber supplement (bran, or psyllium) if constipation is predominant
  - If symptoms remain troublesome, antispasmodic medication or targeted drug trial to address most troubling symptoms
  - If symptoms remain frequent and /or severe, refer for psychophysiological treatment or cognitive therapy

Effective Behavioral Management

- Do not treat unless you are sure that firm diagnosis has been made by a physician
  - Rome criteria and negative physical findings
- Maintain good contact with PCP and encourage patient to consult physician on any changes in physical symptoms
- Use brief and time-limited treatments following evidence based protocols

Behavioral Management (cont.)

- Educate patient that progress will be gradual
- Use comprehensive daily ratings of all central IBS symptoms on standardized rating sheets to objectify progress
- Use improvement in abdominal pain, bowel dysfunction, and social and work function as chief criteria for improvement, and emotional well-being as secondary criterion

Effective Psychological Treatment

- Brief Cognitive Therapy
- Brief Dynamic Therapy
- Brief Hypnosis Treatment
- To date the highest success rates are reported for cognitive therapy (80%) and hypnosis (80-95%)
  - These are only treatments with replicated highly successful outcomes in controlled studies
  - Barlow dedicated two decades to biofeedback for IBS and now advocates cognitive therapy

Olafur Palsson Hypnosis Protocol
(Developed at EVMS)

- Seven 30-40 minute bi-weekly hypnosis sessions plus 15 minute daily home hypnosis exercise with audiotape. Sessions follow standard written scripts.
- Hypnosis aims at creating physiological relaxation effects, deep whole-body relaxation, and includes suggestions aimed at reduced intestinal pain sensitivity
- Three month follow up visit

References

- Palsson, O.S., & Collins, R. W. (2003). Functional bowel and anorectal disorders. In In D. Moss, A. McGrady, T. Davies, & I. Wickramasera (Eds.), *Handbook of mind body medicine in primary care.* Thousand Oaks, CA: Sage.
- Palsson, O.S., Burnett, C.K., Meyer, K., & Whitehead, W.E. (1997). Hypnosis treatment for irritable bowel syndrome. Effects on symptoms, pain threshold and muscle tone. *Gastroenterology, 112*, A803.
- Palsson, O.S., Turner, M.J., & Johnson, D.A. (2000). Hypnotherapy for irritable bowel syndrome: Symptom improvement and autonomic nervous system effects. *Gastroenterology, 118* (4), A174.

Latest Research

- Palsson,O.S., Turner, M.J., Burnett, C.B., Johnson D.A, & Whitehead, W.E. (2002). Hypnosis Treatment for Severe Irritable Bowel Syndrome: Investigation of Mechanism and Effects on Symptoms. *Digestive Diseases and Sciences, 47* (11), 2605-2614.

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Yoga for IBS
Taneja et al. (2004)

- Recent study of 22 males, aged 20-50
- Confirmed diagnosis of IBS, with predominant diarrhea
- Conventional group (n=12, 1 dropout) received medication—Loperimide
- Experimental group (n=9) received yoga training, 2 times a day for 2 months

- Taneja, I., Deepak, K. K., Poojary, G., Acharya, L. N., Pandey, R. M., & Sharma, M. P. (2004). Yogic versus conventional treatment in diarrhea-predominant IBS: A randomized control study. Applied Psychophysiology and Biofeedback, 29 (1), 19-33.

Yoga Training

- Subjects practiced 12 Asanas or yogic positions
- Subjects practiced Surya Nadi pranayama (right nostril breathing)
  - Subjects with diarrhea predominant IBS have decreased sympathetic tone
  - Surya Nadi pranayama is believed to increase sympathetic tone

Asanas

- Asana is defined as "posture;" literally "seat."
- Asanas served as stable postures for prolonged meditation.
- Asanas open energy channels, chakras and psychic centers of the body.
- Asanas purify and strengthen the body and control and focus the mind.
- Asana is one of eight limbs of classical Yoga.
- Asanas should be steady and comfortable, firm yet relaxed.

Sample Asana from Study: Camel -- Ushtrasana

- The camel opens the chest and stimulates the respiratory, circulatory, nervous and endocrine systems.

Sample Asana from Study: Tiger -- Vajrasana

- Tiger pose warms and stretches the back muscles and spine. Tiger pose strengthens the core body and stimulates

Sample Asana from Study: Cat -- Marjariasana

- The cat pose stretches the middle to upper back and shoulders.

Surya Nadi pranayama

- Right Nostril Breathing

Yoga and IBS

Table -- svanasana

Downward Facing Dog
Yoga Mudra Warrior