This program is sponsored by the International Foundation for Gastrointestinal Disorders. The views and opinions expressed in this presentation do not necessarily reflect the official position of IFFGD. Information and resources shared should not replace any medical care you are receiving. Finally, it is important to always consult with your doctor or other health care provider before making decisions about your treatment.

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.

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

Cognitive Behavioral Theory in a nutshell:
Our thoughts and behaviors influence our emotions and physical reactions

<table>
<thead>
<tr>
<th>Event</th>
<th>Thought/Belief</th>
<th>Reaction</th>
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<tbody>
<tr>
<td></td>
<td>“I can’t take this commute any longer”</td>
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<tr>
<td></td>
<td>“I’m going to lose my job if I’m late again”</td>
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<td></td>
<td>“This traffic is no fun, but there is nothing I can do about it. At least I am enjoying listening to this book on tape”</td>
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VS
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

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

Hypnotherapy

Image: A calm river

Refocus: No pain

Heightened suggestibility

Rough water: Severe pain

Heavy focus on pain

Can’t cope

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)

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