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Non-medical treatment may rapidly relieve severe IBS symptoms

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A significant proportion of irritable bowel syndrome (IBS) patients treated with cognitive behavior therapy have a positive response within four weeks of treatment, according to a new study in *Clinical Gastroenterology and Hepatology*, the official journal of the American Gastroenterological Association (AGA) Institute.

"Patients who quickly achieve treatment gains — for example, IBS symptom relief — may be spared the cost and inconvenience of follow-up care of little therapeutic value. This scenario may lead to the development of self-guided treatments based on multimedia technology, such as Web, DVD and smartphone, and free up trained clinicians to focus on more severely affected patients," said Jeffrey M. Lackner, PsyD, of the University at Buffalo, SUNY, and lead author of the study. "Conversely, patients who do not respond within a set number of sessions early on could be immediately identified and triaged or 'stepped up' to potentially more powerful treatment(s) rather than bearing the cost, demoralization and frustration that comes with treatment failure."

In a study funded by the National Institute of Diabetes and Digestive and Kidney Diseases, doctors investigated whether patients who achieved rapid, substantial and sustained symptom improvements relatively early in treatment (by week four) — called "rapid responders" — maintain treatment gains, compared with non-rapid responders. A total of 71 patients were randomly assigned to undergo 10 weekly, one-hour sessions of cognitive behavior therapy or four, one-hour cognitive behavior therapy sessions over 10 weeks. Rapid responders were

classified as patients who reported adequate relief of pain, adequate relief of bowel symptoms and a decrease in total IBS severity scores of greater than or equal to 50 by week four.

Of patients undergoing cognitive behavior therapy, 30 percent were rapid responders, of whom 90 percent to 95 percent maintained gains at the immediate and three-month follow-up examinations. Although the rapid responders reported more severe IBS symptoms at baseline, they achieved more substantial, sustained IBS symptom reduction than non-rapid responders. Both dosages of cognitive behavior therapy had comparable rates of rapid responders.

"We don't believe the rapidity of response is simply because rapid responders had less severe IBS when they began treatment. In fact, rapid responders had more severe IBS symptoms and quality of life impairment than other patients. Nor did we find evidence to support the notion that patients responded more rapidly just because they were less distressed," added Dr. Lackner. "Further research is needed to clarify whether rapid responders maintain treatment response longer term and, if so, what drives the durability of treatment response."

The great majority of rapid responders (92 percent) showed lasting benefit that persisted three months after treatment ended with no evidence of deterioration. This suggests that rapid response is a relatively robust, clinically meaningful and enduring clinical phenomenon. In fact, rapid responders maintained or continued to improve on the gains made in treatment.

Provided by American Gastroenterological Association

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