

# Home-based cognitive behavioral therapy relieves IBS symptoms

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Persons with irritable bowel syndrome (IBS) can relieve their symptoms as effectively by following a self-administered, at-home cognitive behavioral program as they can by undergoing a 10-week in-office program administered by a trained therapist, a new pilot study has shown. The findings are important because there are no reliable medicines available to treat successfully the full range of symptoms of this chronic, often debilitating, disorder that affects an estimated 14-24 percent of women and 5-19 percent of men in the U.S.

The study is posted online on the Clinical Gastroenterology and Hepatology's Web site and will be published in the journal's July 2008 issue.

Jeffrey M. Lackner, Psy.D., assistant professor in the Division of Gastroenterology in the University at Buffalo School of Medicine and Biomedical Sciences and director of its Behavioral Medicine Clinic at the Erie County Medical Center, is first author.

"The value of this study is that it shows that patients can learn relatively simple self-care skills to take control of symptoms that are resistant to existing medical treatments," said Lackner. "This is a dramatic example of the complexity of brain-gut interactions."

IBS is characterized by chronic abdominal pain and discomfort, diarrhea and/or constipation. Cognitive behavioral therapy (CBT) has been shown to improve symptoms, quality of life and psychological stress, but there

is a shortage of trained CBT therapists, which has created long waiting lists.

The treatment also is expensive and time consuming, requiring 10-12 in-office sessions, a schedule many patients are unable or unwilling to maintain. In addition, IBS specialty clinics are rare, so patients are deprived of the state-of-the-art treatment available at UB.

To help solve these problems, Lackner and colleagues designed a primarily self-administered treatment program that patients can learn at home, using self-study materials, supplemented by four in-office counseling sessions.

"Patients can follow a program like this at their own pace and on their own time," Lackner noted, "and perhaps most important, they can learn these skills in the environment where symptoms are most likely to occur. It also requires less travel, which makes it convenient for patients with busy lifestyles and for those in underserved and rural areas."

The researchers tested the program's effectiveness in a pilot study involving 75 IBS-diagnosed patients who were randomized to one of three groups: a standard 10-session therapist-administered cognitive therapy group (CBT); a "minimal-contact" CBT group (MC-CBT) that included the home-based program and a wait-list group (WL). This last group simply monitored their gastrointestinal symptoms daily.

All participants were interviewed two weeks after the end of the 10-week treatment period to gather information on overall relief of symptoms and improved quality of life.

Patients in both therapy groups reported clinically significant relief of symptoms: 60.9 percent in the CBT group and 72 percent for MC-CBT. Only 7.4 percent of the wait-list group reported improvement. Patients

in both treatment groups also reported significant improvement in quality of life.

"The finding that a self-administered approach can be successful in reducing IBS symptoms is important at this point in time, when few validated therapies are available for patients," said Lackner.

"Further research is needed to establish the therapeutic potential of this novel approach to managing IBS, as well as to understand how these treatments work and the conditions under which they are most likely to achieve the desired effects."

Source: University at Buffalo

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