

# Irritable Bowel Syndrome: BHC interventions in Primary Care

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# Rome Criteria

- System developed to classify **Functional gastrointestinal disorders (FGIDs)**, disorders of the digestive system in which symptoms cannot be explained by the presence of structural or tissue abnormality, based on clinical symptoms.
- Examples of FGIDs include irritable bowel syndrome, functional dyspepsia, functional constipation, and functional heartburn.
- Most recent revision of the Rome III criteria were published in 2006

# Diagnostic Criteria

Recurrent abdominal pain or discomfort at least 3 days/month in the last 3 months associated with *two or more* of the following:

1. Improvement with defecation
2. Onset associated with a change in frequency of stool
3. Onset associated with a change in form (appearance) of stool

# Functional Assessment

- Met with PCP and/or GI; diagnoses given?
- Current symptoms and pain dynamics
  - History, duration, frequency, intensity
  - Better? Worse? Amount of distress?
- Treatment approaches – past and current
- Functional impact
- Avoidance
- Before pain? Next best thing? Something small to start with? What do you know you could accomplish
- Motivation?

# Treatment Areas

- Education
- Cognitive-Emotional Management
- Lifestyle adjustment
- Self-regulation

# Education

- Widespread frequency; 25 – 30% refractory
- Fight/flight response
- Cure vs. Healing
- Pain vs. Suffering
- Behavioral pacing – underdoing vs. overdoing
- Stress

# Cure vs. Healing

- Symptom removal
- External mechanism of providing physical symptom relief, preferably with complete eradication of the problem
- Limited when there is a chronic illness
- Multidimensional, ongoing process of movement toward wellness
- Open-ended and allows the health care practitioner to explore options for mental, emotional and spiritual balancing even with chronic illnesses

# Cognitive-Emotional Management

- Working with catastrophizing
- Naming cognitive distortions (e.g. “This is killing me”)
- Challenging cognitive distortions
  - Magnification (e.g. “It will get worse”)
  - Rumination (e.g. “I can’t get my mind off my pain”)
  - Helplessness (e.g. “There’s nothing I can do”)
- Managing emotions
  - Anxiety
  - Sadness
  - Anger

# Cognitive-Emotional Management

- Managing emotions
  - Anxiety
  - Sadness
  - Anger
- Behavioral
  - Behavioral activation
  - Pacing
  - Self-monitoring
    - Beginning: BMs, rating of stress, bloating, pain etc.
    - Advanced: Situation, thoughts, physical sensation, emotions, behavior

# Lifestyle Adjustment

## Self care and the 5 pillars of health

- Healthy eating
- Exercise and movement
- Quality sleep
- Breaks for self-regulation
- Social/spiritual health

# Possible food triggers

- Excessive amounts of grape, apple, prune, banana, raisin or citrus.
- Grain products, such as: wheat, rye or bran
- Vegetables and legumes, such as: cabbage, cauliflower or broccoli; baked or boiled beans; or onions, peas, radishes or potatoes

# Possible food triggers (contd.)

- Dairy products, such as: cheese, milk, butter or yogurt; ice-cream or sour cream
- Other items, such as: nuts, chocolate, eggs, high fat foods, alcohol, caffeine, carbonated drinks

# Self-regulation

Emphasis is on internal coping, management and patient empowerment

- Relaxation
- Meditation
- Mindfulness
- Hypnosis
- Biofeedback

# Relaxation

- Relaxation breathing
- Progressive muscle relaxation

# Mindfulness Meditation

- University of Massachusetts Medical Center
- Empirical support for chronic pain
- Emphasis on going towards the symptoms and working with it
- Nonavoidance
- Reacting vs. responding
- Body scan, sitting meditation, gentle yoga

# Medical hypnosis

- Definition
- Misconceptions
- Everyday trance

# IBS Hypnosis Protocol

- Research supported (UNC)
- 7 sessions
- Emphasizes relaxation and imagery with suggestions
  - Decreased pain sensitivity
  - Less impact on functioning
  - Improved quality of life

# Refer to specialty care

- Severe symptom consistency
- Severe activity disruption
- High medical use
- Severe psychiatric diagnosis

# Resources

- [www.ibshypnosis.com](http://www.ibshypnosis.com)
- Irritable Bowel Syndrome and the mind-body connection (Salt, 1997)
- Managing Medical Symptoms (Barsky, 2003)
- Integrated Behavioral Health in Primary Care (Hunter & colleagues, 2009)