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

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<thead>
<tr>
<th>Cure</th>
<th>Healing</th>
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<td>Symptom removal</td>
<td>Multidimensional, ongoing process of movement toward wellness</td>
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<td>External mechanism of providing physical symptom relief, preferably with complete eradication of the problem</td>
<td>Open-ended and allows the health care practitioner to explore options for mental, emotional and spiritual balancing even with chronic illnesses</td>
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<td>Limited when there is a chronic illness</td>
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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
- Irritable Bowel Syndrome and the mind-body connection (Salt, 1997)
- Managing Medical Symptoms (Barsky, 2003)
- Integrated Behavioral Health in Primary Care (Hunter & colleagues, 2009)