



Hypnosis and Irritable Bowel Syndrome

Irritable Bowel Syndrome (IBS) is a continuing issue for many medical practitioners and patients alike. Within Australia the BEACH (Bettering the Evaluation and Care of Health) program reported⁽¹⁾ between April 1998 to March 2005 at a rate of 0.3 per 100 general practice encounters. Within the UK and US, data shows⁽²⁾, IBS prevalence of 14–24% of women and 5–19% of men. There are many studies outlining the effects of hypnotherapeutic intervention of IBS that describe hypnosis as a valid adjunct to standardised treatment. On the other hand, a recent analysis of these studies from the Cochrane Collaboration⁽³⁾ questions some study's research results and queries their conclusions regarding the degree of efficacy reported regarding hypnotherapy for the treatment of IBS.

There are few studies that relate to the attitudes of the Australian GP towards hypnotherapy and psychological interventions. A 2000 survey⁽⁴⁾ of 764 Victorian GP's attitudes and use of a range of complementary therapies found that 20% had trained in hypnosis. A recent UK study⁽⁵⁾ investigated GPs' attitudes towards IBS treatment. The 406 GPs listed on the West Sussex Health Authority Medical List. The GPs (38% response rate) surveyed considered IBS to be a 'nervous complaint' and treated the patient with a combination of placebo and dietary management. The study found 'over 70% thought that hypnotherapy may have a role in the management of patients with IBS'⁽²⁾. The majority of responses indicated (68%) felt that hypnotherapy should not be offered by GPs; 84% felt that it should be provided by a qualified hypnotherapist⁽²⁾.

Clinical Studies

The efficacy of hypnotherapy in treating IBS was investigated in a large-scale audit⁽⁶⁾ (n=250) conducted by researchers at the Department of Medicine, University Hospital of South Manchester, UK. Treatment methodology consisted of 12 weekly hypnotherapy consultations over a three-month period. Some variation to standardization did occur with interventions and reinforcement modified to suit the patient. The patients were required to practise self-hypnotic techniques in-between sessions, and complete identical questionnaires pre- and post- treatment. Analysed data demonstrated that the IBS symptoms of abdominal pain, bloating, and bowel-habit disturbance were significantly reduced. Patients also reported an improved quality of life, with fewer incidences of anxiety and depression (all P values <0.001)⁽⁶⁾.

Gonsakorale⁽⁷⁾ describes more advanced gut-directed techniques for the treatment of IBS. While the primary treatment regime remains the same as the study above⁽⁶⁾, the advanced techniques incorporate a combination of hypnotherapy and psychotherapy. The patient attended 12 weekly one-to-one sessions that were

customised to the individual patient. This customisation gives a recognisable foundation to the techniques and hence is more easily accepted by the patient.

How does it work?

A number of possible mechanisms of action have been put forward. Simren⁽⁵⁾ notes speculation that the action of hypnosis on IBS potentially involves a combination of GI motility, visceral sensitivity, psychological factors, autonomic nervous function and affects the central nervous system. It seems reasonable for hypnosis to have an effect on colorectal sensitivity and studies have revealed a reduction in motor activity⁽⁸⁾. Until the mechanism hypnosis uses to affect IBS is understood, an explanation of the treatment efficacy is not possible. To fully understand the processes of hypnosis in IBS, the neural mechanisms and autonomic nervous system will need to be more systematically evaluated.

Conclusion

Whilst some individual studies indicate hypnosis is an effective treatment alternative for IBS, the Cochrane Collaboration report⁽³⁾ analysed four articles (Galovski⁽⁹⁾, Palsson⁽¹⁰⁾, Roberts⁽¹¹⁾, Whorwell⁽¹²⁾) and queries both the conclusions and quality of other research studies conducted in this area. In their review (a meta-analysis was precluded due to differences in study design and outcome measures) of four articles, Webb et al⁽³⁾ concluded that the favourable effect suggested by the studies had not been proven convincingly. They also question the long term benefits, as only one (of the studies used in their analysis) measured long term (12 month) outcomes. However, they do state that hypnotherapy could be considered for those patients for whom standard medical therapy proves insufficient. Simren⁽⁸⁾ indicates hypnosis is a good treatment option as it positively impacts on IBS symptoms, quality of life, and is cost effective. Gonsakorale⁽⁶⁾ believes hypnosis is an extremely effective treatment although it may be less effective in males with a diarrhoea-predominant bowel habit. Whitehead⁽⁶⁾ concurs with Webb⁽³⁾ in acknowledging research studies have been of poor design. Furthermore, Whitehead⁽⁶⁾ comments that there is little doubt that for IBS patients who do not respond to medical management, hypnosis is the best choice rivaled only by cognitive behavioural therapy. Hypnotherapy has shown sufficient efficacy to warrant further research with high quality trials⁽³⁾.

Article by:

Dr Leon W. Cowen

AdvDipCH, PhD (Clinical Hypnotherapy)

Executive Director

Academy of Applied Hypnosis

1st Flr 302 Pacific Hwy Lindfield NSW 2070

Telephone: (02) 9415 6500

Email: admin@aah.edu.au

Website: www.aah.edu.au

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