A brief CBT-based self-management approach for IBS with Psychological Wellbeing Practitioners (PWP)
Irritable bowel syndrome (IBS)

Functional bowel disorder characterised by abdominal pain and bowel disturbance in the absence of structural bowel abnormalities.

- Diarrhoea, constipation or both
- Mucous per rectum
- Abdominal bloating
The extent of the problem

• Affects between 10-22% of the population
  \[(\text{Hellier, Sanderson et al. 2006}).\]

• Economic costs of the illness in primary care are estimated to be well over £200 million pounds
  \[(\text{Akehurst, Brazier et al. 2002}).\]
TRIGGER
(Infection, stress or both)

Changes in bowel function

Stress / anxiety

Disruption of social / work life

More bowel symptoms and worry about health

Bowel symptoms

Disrupts daily routine and/or eating habits
The cognitive behavioural model of irritable bowel syndrome: a prospective investigation of patients with gastroenteritis

Meagan J Spence, Rona Moss-Morris

Aim: To determine whether a combination of mood and personality factors together with illness beliefs and behaviours predict the onset of irritable bowel syndrome (IBS) post gastroenteritis, as suggested by the cognitive behavioural model of IBS.

Methods: Primary care patients with a positive test for Campylobacter gastroenteritis, and no previous history of IBS or serious bowel conditions were recruited into this prospective study (n=620). Participants completed a questionnaire at the time of infection, which included standardised measures of mood, perceived stress, perfectionism, negative illness beliefs and illness behaviours. Participants completed follow-up questionnaires designed to determine whether they met the Rome criteria for IBS 3 and 6 months after initial infection.

Results: A total of 49 participants met the criteria for IBS at both follow-up points. Logistic regressions indicated that those who developed IBS had significantly higher levels of perceived stress (1.10, 95% CI 1.02 to 1.15), anxiety (1.14, 95% CI 1.05 to 1.23), somatisation (1.17, 95% CI 1.02 to 1.35) and negative illness beliefs (1.14, 95% CI 1.03 to 1.27) at the time of infection than those who did not develop IBS. Patients with IBS were also significantly more likely to remain active in the face of their acute symptoms until they felt forced to rest (all-or-nothing behaviour) (1.09, 95% CI 1.03 to 1.16), and significantly less likely to initially rest in response to their acute illness (0.93, 95% CI 0.88 to 0.97). Depression and perfectionism were not associated with the onset of IBS.

Conclusions: Results suggest that patients with high stress and anxiety levels are more prone to develop IBS after a bout of gastroenteritis. Additional risk factors include a tendency to interpret illness in a pessimistic fashion and to respond to symptoms in an all-or-nothing manner.
Managing Your IBS Symptoms
A Practical Approach

A manual developed to help people who have been diagnosed with Irritable Bowel Syndrome (IBS)
Presenting the model of IBS

- Validate the symptoms using a physiological model
- Move towards the role of psychosocial factors
Dysregulation of the movements and sensitivity of the colon

**Segmentation**
Segmentation describes a series of ring-like contractions that occur at regular intervals; these churn and mix faeces but do not propel them.

**Peristaltic contractions**
Waves of peristaltic contractions propel faeces toward the rectum. Muscles behind food contract, while the muscles in front relax.

**Mass movements**
Mass movements are strong peristaltic waves that propel faeces relatively long distances about two or three times a day.
1. ASSESSMENT OF YOUR SYMPTOMS
2. MANAGING YOUR SYMPTOMS
3. MANAGING YOUR THOUGHTS
4. PERSONAL EXPECTATIONS AND ACTIVITY PATTERNS
5. IMPROVING SLEEP AND MANAGING STRESS
6. FLARE-UPS AND MAINTAINING IMPROVEMENT
A randomized controlled trial of a cognitive behavioural therapy-based self-management intervention for irritable bowel syndrome in primary care

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**Background.** Recent guidelines for the treatment of irritable bowel syndrome (IBS) emphasize the need for research to facilitate home-based self-management for these patients in primary care. The aim of the current study was to test the efficacy of a manualized cognitive behavioural therapy (CBT)-based self-management programme for IBS in a pilot randomized controlled trial (RCT).

**Method.** Sixty-four primary-care patients meeting Rome criteria for IBS were randomized into either self-management plus treatment as usual (TAU) ($n=31$) or a TAU control condition ($n=33$). The self-management condition included a structured 7-week manualized programme that was self-administered in conjunction with a 1-hour face-to-face therapy session and two 1-hour telephone sessions. The primary outcome measures were the Subject’s Global Assessment (SGA) of Relief and the Irritable Bowel Syndrome Severity Scoring System (IBS-SSS) assessed at baseline, end of treatment (2 months), and 3 and 6 months post-treatment.

**Results.** Analysis was by intention-to-treat. Twenty-three (76.7\%) of the self-management group rated themselves as experiencing symptom relief across all three time periods compared to seven (21.2\%) of the TAU controls [odds ratio (OR) 12.2, 95\% confidence interval (CI) 3.72–40.1]. At 8 months, 25 (83\%) of the self-management group showed a clinically significant change on the IBS-SSS compared to 16 (49\%) of the control group (OR 5.3, 95\% CI 1.64–17.26).

**Conclusions.** This study provides preliminary evidence that CBT-based self-management in the form of a structured manual and minimal therapist contact is an effective and acceptable form of treatment for primary-care IBS patients.

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**Key words:** Cognitive behavioural therapy (CBT), irritable bowel syndrome (IBS), primary care, randomized controlled trial (RCT), self-management.
Design

• 74 IBS patients randomised into treatment or standard medical care

• 7 week intervention
  – One face-to-face session plus two phone call follow-ups (3 hours in total)

• Assessments at baseline, 2 months, 5 months and 8 months post treatment
Global Ratings of Relief across 3 follow ups: intention-to-treat

The chart shows the percentage of patients who improved and did not improve in the treatment and control groups over the course of three follow-ups. The treatment group shows a higher percentage of improved patients compared to the control group.
Change in IBS-SSS across Groups

- 8 months
- 5 months
- 2 months

Control vs Treatment across different time points.
Change in Social Adjustment Scores across Groups

- **2 months**
  - Control: -2
  - Treatment: 0

- **5 months**
  - Control: -2
  - Treatment: 4.5

- **8 months**
  - Control: -2
  - Treatment: 5.5

Legend:
- **Control**
- **Treatment**
A simple primary care based self-management intervention together with 3 clinical sessions appears to be effective in reducing the severity and impact of IBS symptoms.

HTA funding for a large pragmatic (Phase IV) trial
A brief CBT-based self-management approach for IBS with Psychological Wellbeing Practitioners (PWPs)

Training & piloting in SLaM IAPT services

Chris Merritt
Assistant Psychologist
Southwark IAPT service
IAPT Pathfinder project

• 14 Improving Access to Psychological Therapies (IAPT) services piloting treatment for clients with long-term health conditions

• Southwark IAPT service selected as a pilot site, working in collaboration with Mind in Bexley

• Irritable Bowel Syndrome one of four conditions chosen for development of brief CBT guided self-help courses
PWP training

• Training for PWPs in June 2012:
  – 34 PWPs from 5 London boroughs trained...
  – ...but by October 2012, 15 had left post

• November 2012 training for PWP supervisors with intention to improve continuity

• Peer learning: Clinical skills session April 2013 on IBS
IBS clients in Pathfinder project

July 2012 – April 2013:

$N=122$
IBS clients in Pathfinder project

July 2012 – April 2013:

- N = 122
- Chronic pain
- Chronic fatigue
- IBS
- Diabetes
- Spinal injury
- COPD
- Arthritis
- Multiple Sclerosis
- Cardiac
- Other

IBS Self-management

- N = 19
- Other guided self-help
- Groups

Other
IBS clients in Pathfinder project

- GP referral
- Self referral
- Other guided self-help
- IBS Self-management
- Groups

N=19
IBS clients in Pathfinder project

- GP referral
- Self referral
- Male
- Female
- IBS Self-management
  - Other guided self-help
  - Groups

N=19
IBS clients in Pathfinder project

Age range: 18 – 61
Mean age: 30
Mean number of sessions: 4.9
Clinical outcomes

IBS self-management: Pre- and Post-treatment scores

- PHQ-9 (mood): Pre: 10, Post: 5, p < .01
- GAD-7 (anxiety): Pre: 8, Post: 2, p < .01
- W&SAS (functioning): Pre: 16, Post: 13, p = .02
Clinical outcomes

Comparison of improvements: IBS self-management vs overall

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<thead>
<tr>
<th>Scale</th>
<th>Overall</th>
<th>IBS</th>
<th>Overall</th>
<th>IBS</th>
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<th>IBS</th>
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<td>PHQ-9 (mood)</td>
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<td>GAD-7 (anxiety)</td>
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$P = .05$
Clinical outcomes

Percentage of clients experiencing change at end of treatment

<table>
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<tr>
<th>Scale</th>
<th>Overall project cases</th>
<th>IBS self-management cases</th>
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<tbody>
<tr>
<td>PHQ-9 (mood) reliable change (&gt;5)</td>
<td>50%</td>
<td>46%</td>
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<tr>
<td>GAD-7 (anxiety) reliable change (&gt;3)</td>
<td>41%</td>
<td>62%</td>
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<td>CGIS improvement</td>
<td>65%</td>
<td>80%</td>
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PWP feedback

• “the IBS protocol is one of the most effective interventions in our toolbox for tackling health conditions”
• “after training I was a lot more confident explaining the biology of IBS to my patients”
• “simple but effective strategies to make a difference for people with IBS”
• “patients find the IBS manual very normalising and reassuring”
PWP feedback

• “using the analogy of a car engine that needs fine tuning was really helpful”
• “the diagrams really helped the patient to make sense of her symptoms”
• “one man was so badly affected by IBS he was considering leaving his job – by the end of the intervention his confidence had grown and he was much happier not only at work but in other aspects of his life”
PWP feedback – fine tuning

• “at times the booklet is so detailed it can seem a bit overwhelming for patients”

• “I would have like more detail in the training on goal-setting and specific unhelpful beliefs around food”

• “it is sometimes difficult to cover the content of a chapter in a short treatment session – but guided self-help is all about adapting the materials to the patient’s needs”
Continuing PWP work with IBS

• Continued funding for 2013-14 Financial Year

• Trained PWPs across SLaM and Bexley will continue to offer IBS self-management course

• New staff to be trained on IBS manual

• Aim to generate more referrals e.g. from gastroenterology units, internet self-referral