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Self-taught behavior therapy helps those with IBS

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By Joene Hendry

NEW YORK (Reuters Health) - A new study hints that a self-taught behavior therapy program may effectively help people who suffer from irritable bowel syndrome (IBS) manage their symptoms, which may include cramping, bloating, diarrhea and constipation.

Even IBS patients who have not responded to medications or dietary changes, and have difficulty attending therapist-driven behavior programs, "should not get discouraged that they have to live like prisoners in their houses," Dr. Jeffrey M. Lackner told Reuters Health.

A growing body of literature indicates that IBS sufferers can learn very structured skills to manage bowel problems, added Lackner, of the University at Buffalo in New York.

The simple, self-care strategies learned through a home-based program - such as jotting down "trigger foods," keeping a diary of symptoms and managing stress - may be as effective as more traditional, therapist-directed behavior therapy, he and colleagues have found.

People living with the altered bowel habits, abdominal pain, and discomfort of IBS are prime candidates for disease-management behavior therapy, especially since few medications are available to effectively treat IBS. However, traditional cognitive behavior therapy (CBT) programs are usually time-consuming and require multiple visits to therapists -- an aspect that makes participation difficult for many IBS patients.

Lackner's team compared the efficacy of a longer and a shorter CBT program, and no intervention, among 75 patients who had IBS for more than 16 years on average.

A third of the participants followed a 10-week therapist-administered program, another third followed a 4-week self-administered but therapist-managed program, and a third was wait-listed for behavior therapy (the control group), the researchers report.

Their analysis, conducted 2 weeks after the end of the longer intervention, showed the self-administered program was equally effective at relieving abdominal pain and bowel symptoms as the longer therapist-driven program. Both programs were superior to no intervention.

The investigators hope to "expand and replicate" these findings in a multi-site trial in a larger and more diverse patient population, Lackner said.

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