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Behavioral therapy can quickly calm irritable bowels

Amy Norton, Reuters

NEW YORK (Reuters Health) - Some people with irritable bowel syndrome see a rapid improvement with behavioral therapy, with the benefits lasting at least several months, a small study finds.

The findings bolster evidence that "talk therapy" -- also called cognitive behavioral therapy -- is effective for some people with irritable bowel syndrome (IBS). They also suggest that so-called "rapid responders" are particularly likely to fare well in the longer term.

The study found that of 71 adults randomly assigned to receive cognitive behavioral therapy for IBS, 30 percent were rapid responders. That meant that within four weeks of starting therapy, the patients reported "adequate relief" of abdominal pain and bowel symptoms, and showed a significant decline in symptom scores on a standard questionnaire.

Of the rapid responders, researchers found, nearly all -- 20 of 21 -- maintained those improvements for three months after their therapy sessions ended. In comparison, of the 50 study patients who had not shown a rapid improvement, only 28 percent were considered treatment responders at the three-month mark.

The study findings are published in the journal *Clinical Gastroenterology and Hepatology*.

"We've known that (cognitive behavioral therapy) is a very promising treatment for IBS," said lead researcher Dr. Jeffrey M. Lackner, of the State University of New York at Buffalo.

The current findings, he told Reuters Health, help zero in on which patients are most likely to maintain a positive response.

However, the study was small, and it is still unclear how long the benefits of cognitive behavioral therapy may last. Lackner said he and his colleagues are now conducting a larger, longer-term study.

"We want to see, 'Do the benefits carry over to nine months, or a year?'" he said.

People with IBS have bouts of abdominal cramps, bloating and changes in bowel habits -- diarrhea or constipation, or sometimes alternating episodes of both. The exact cause of the disorder is unknown,

but people with IBS may find that they have certain symptom "triggers" -- such as particular foods, larger-than-normal meals and emotional stress.

Cognitive behavioral therapy aims to help people with IBS recognize their symptom triggers and learn practical ways to manage them.

For their study, Lackner and his colleagues randomly assigned patients to either 10 weekly sessions of cognitive behavioral therapy or four therapy sessions spread out over 10 weeks.

Across the two groups, 30 percent of patients showed a treatment response within four weeks. Surprisingly, the researchers found, a rapid response was just as likely in the four-session group -- where patients were only on their second therapy session at week four.

At the first therapy session in both groups, Lackner explained, patients were given the task of "self-monitoring" -- keeping close track of their symptoms, the circumstances under which they occurred, and their thoughts, feelings and physical responses before and after the flare-ups.

That self-monitoring, the researchers say, may have helped some patients quickly gain some control over their symptoms.

Exactly what makes some people more likely than others to be rapid responders is unclear, according to Lackner. He said it would be interesting for future research to try to uncover the patient characteristics -- as well as the components of the therapy, or the characteristics of the therapist -- that may make a quick improvement more likely.

For now, Lackner said, people with IBS should be aware that the condition is treatable, and that "you can see the fruits of therapy rather quickly."

However, people interested in trying cognitive behavioral therapy may not be able to find it where they live. Therapy specifically for IBS is not yet widely available, Lackner said.

Other treatment options for IBS include general diet changes, like cutting down on gas-producing foods; fiber supplements, if constipation is a primary symptom; and anti-diarrheal medications, when that is a primary symptom.

There are also two prescription medications for specific cases of IBS: Lotronex, approved for women with diarrhea-predominate IBS that has not responded to other treatments; and Amitiza, approved for women who have IBS with constipation.

It's estimated to up to 20 percent of U.S. adults have symptoms of IBS, with women being affected at about twice the rate of men.

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