HYPNOSIS FOR IRRITABLE BOWEL SYNDROME

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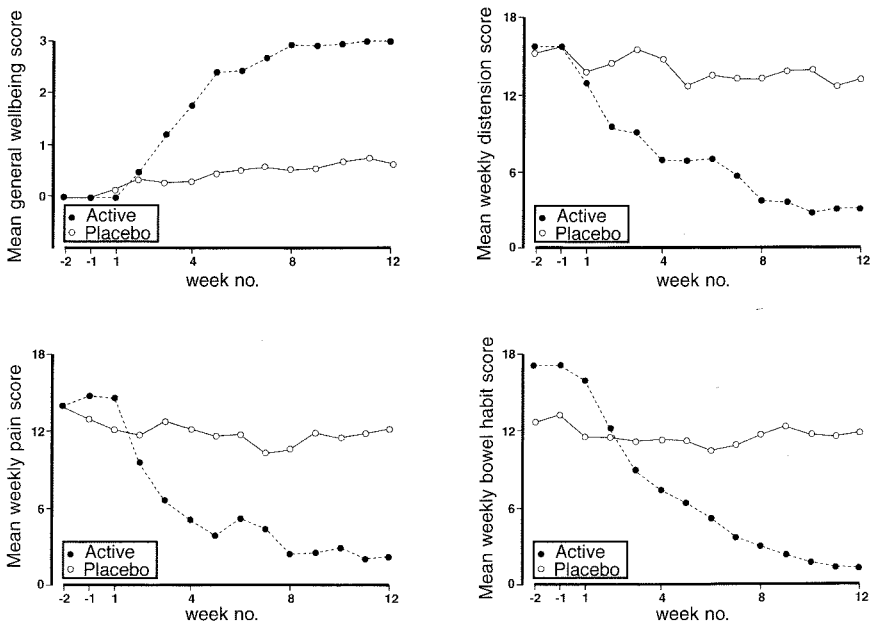
It is well known that the conventional treatment for Irritable Bowel Syndrome (IBS) is far from satisfactory although a number of different drugs are in development which may, hopefully, change this situation.
For many patients, IBS is not particularly severe and once they understand the nature of the condition and realise that it is not life threatening, they can often cope with the problem reasonably well. Unfortunately, in some patients the disorder becomes much more intrusive and they suffer greatly from their symptoms which can affect all aspects of their lives. Their quality of life deteriorates, they lose time off work or even have to give up work completely, they become chronic attenders in primary and secondary care clinics and their life becomes dominated by their condition. Why some patients become so severely affected by their disease is unknown but is probably related to other factors such as coping capacities and psychological status. How much it is just related to severity of symptoms remains to be determined as it is well known that different people seem to cope with illness differently, a good example being the "common cold". Whatever the cause, these patients with severe IBS become a major drain on health service and economic resources and are especially hard to manage.
In the early 1980's, we decided to establish whether hypnotherapy may have a possible beneficial effect in severe intractable IBS. A controlled trial was set up in which 30 patients were randomised to receive either hypnotherapy or a control visit where they were given equal attention but no active hypnosis[1]. They were treated at weekly intervals for 12 weeks and at the end of the trial compared in terms of scores for pain, distension, bowel dysfunction and general well being. All these parameters improved significantly (Figure 1) and in a further study the improvement was shown to be long lasting[2]. It is also well known that patients with IBS suffer from a number of extra-colonic symptoms[3] such as backache, lethargy, bladder and gynaecological symptoms which some individuals can find as intrusive as the bowel symptoms of IBS[4].

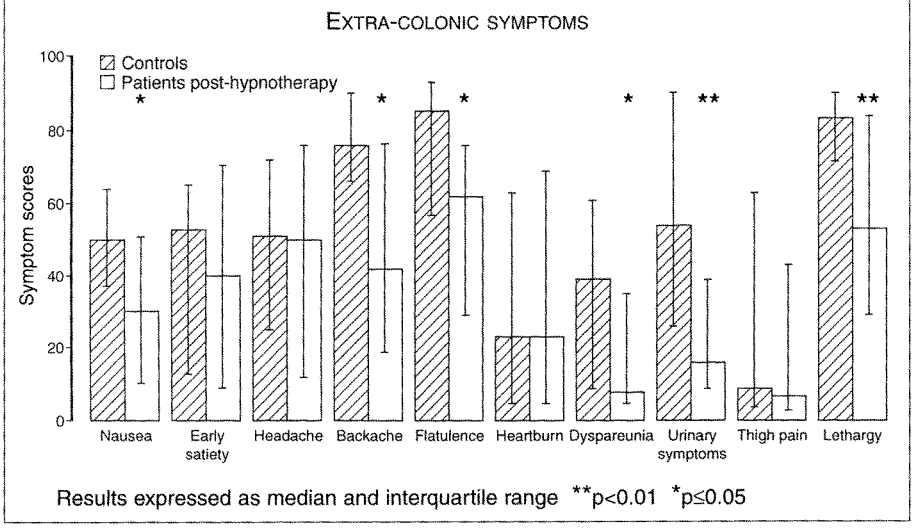
Figure 1



Symptom scores in patients and controls undergoing hypnotherapy for IBS.

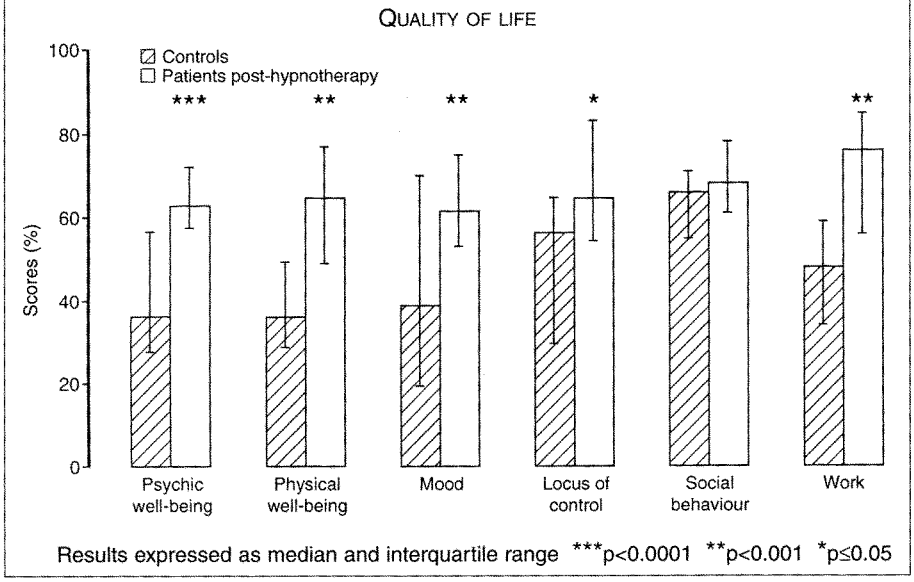
Furthermore, the quality of life of these individuals can be considerably reduced[5]. In a more recent study, we have examined the effect of hypnotherapy on these parameters with further encouraging results[6]. There was a significant reduction of many of the extra-colonic symptoms (Figure 2) and quality of life (Figure 3) also significantly improved. Some of the patients were permanently out of work because of their problem and those receiving hypnosis returned to work more than controls. It was also noted that patients consulted their General Practitioner's less frequently, not only for their IBS but also for other reasons, following their hypnotherapy.

Figure 2



Change in extra-colonic symptoms following hypnotherapy.

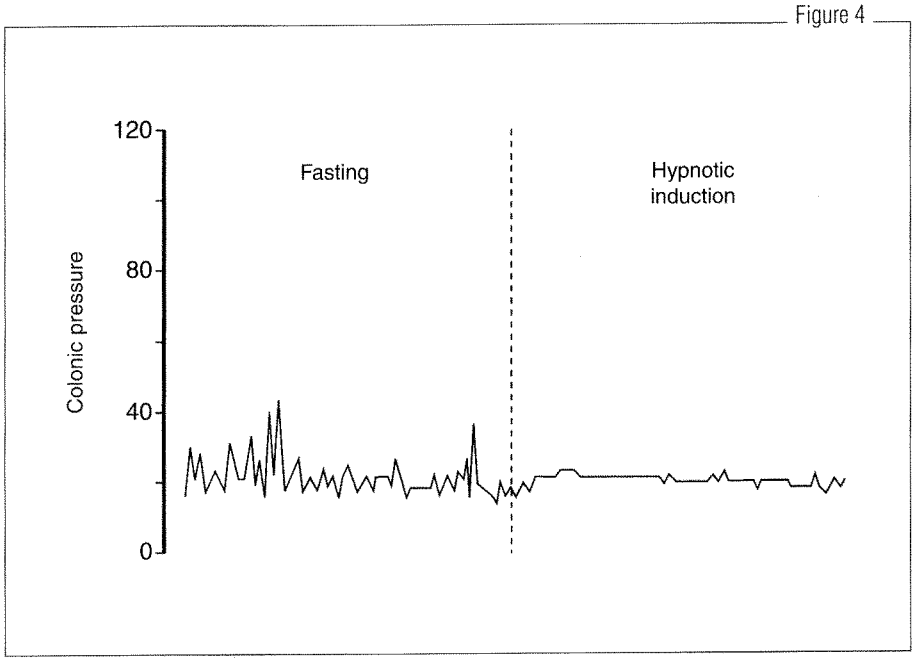
Figure 3



Change in quality of life following hypnotherapy.

The mechanism by which hypnotherapy helps these patients must remain speculative at this time but, undoubtedly, there must be a powerful psychotherapeutic component to a treatment of this type. However, we do have some evidence that hypnosis can influence both motility and visceral sensitivity both of which have been incriminated in the pathogenesis of IBS although the latter is more fashionable at the current time.
Figure 4 shows the effect of hypnotic induction on fasting colonic motility and, as can be seen, this can have quite a striking effect.

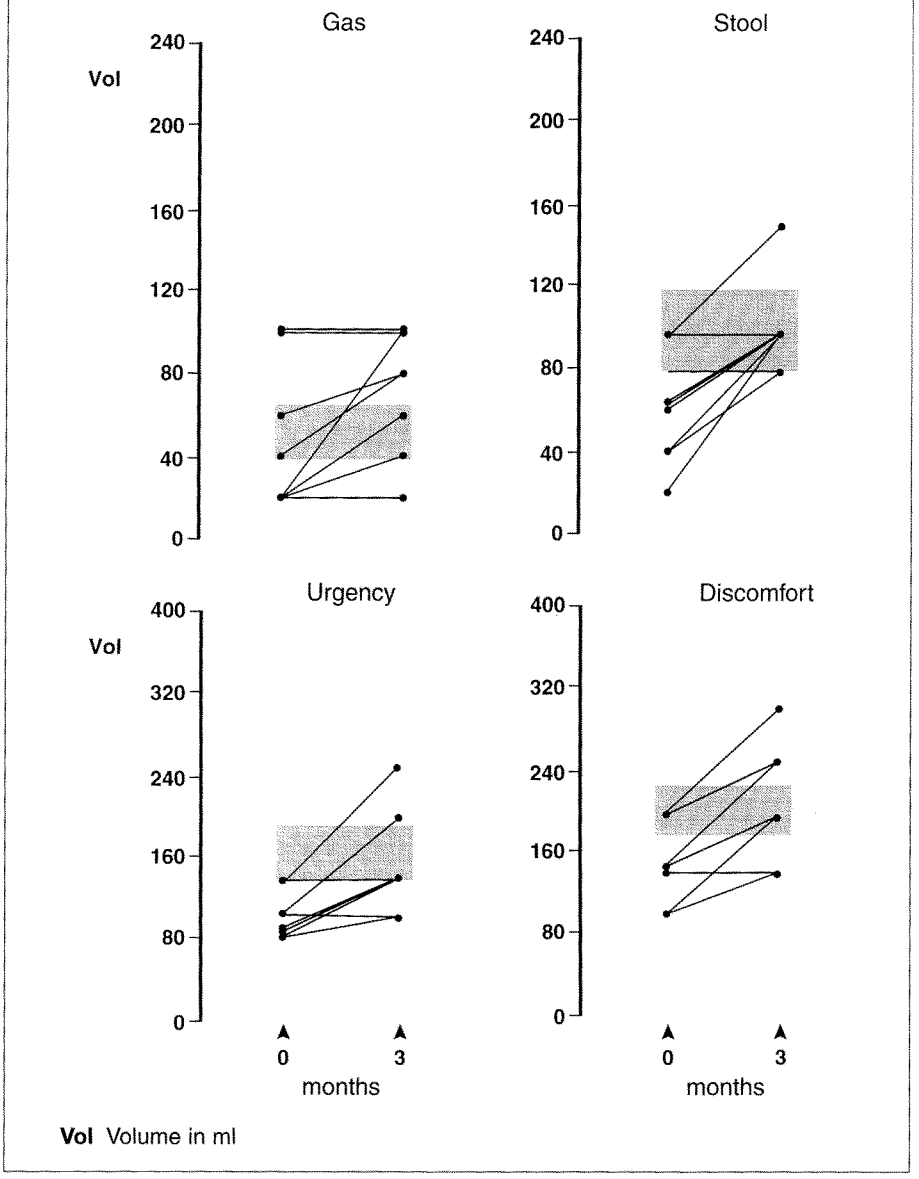
Figure 4



Change in fasting colonic motility during hypnosis

In a study on visceral sensitivity[7], a group of patients had this assessed before and after a three-month course of hypnotherapy and those demonstrating hypersensitivity at the beginning showed a significant reduction in this measurement at the end of treatment. What is possibly more interesting is that this observation was also observed outside the hypnotised state suggesting that a more fundamental "resetting" of visceral sensation had taken place (Figure 5).

Figure 5



Change in visceral sensitivity following a 3-month course of hypnotherapy. Note change towards more normal values during endoluminal distension (shaded areas).

All these data suggest that hypnosis is a very good treatment for severe IBS and it is tempting to speculate that milder patients might do even better. The major problem with hypnosis is that it is very time consuming and labour intensive and, therefore, very costly to provide. Another problem is that although it is a surprisingly easy technique for the practitioner to learn, it is much more difficult to put into practice. Many doctors find it hard to cope with an approach to the patient which employs the repetitive use of a few words, instructions to "get better" and the inability of hide behind the prescription pad - if a drug does not work you can blame the drug, if hypnosis does not work, you blame yourself. The technique of hypnosis is well described and will not be dealt with here[8]. However, it is our firm belief that to obtain satisfactory results in IBS, it must be focused on the gut[9]. It is not good enough just to hypnotise the patient, tell them they are going to feel less anxious and cope better and expect their IBS to settle down. The patient has to be provided with a reasonably good model of their IBS and various strategies on how they can modify their IBS in a positive way. Thus, they should be given a fairly in depth tutorial (depending on educational and intellectual status) on the possible mechanisms involved in the pathogenesis of IBS and how they might be able to modify them. This then allows them to use the various hypnotic skills, mostly visual and tactile, that they are about to learn to approach their IBS in what we call a "gut focused" approach. After the tutorial visit the patient is then seen at weekly intervals for formal hypnotherapy sessions. New concepts and strategies are introduced reasonably slowly and an audiotape, equivalent to a hypnotherapy session, is given to them with instructions to use it once a day, if possible. The patient is given 12 treatments and, near the end, these can be spread out a little over time to avoid the course ending too abruptly. After the treatment is finished, patients are at liberty to telephone for an occasional "top up" session if they feel the need for a little more help.

In recent years, we have built up a hypnotherapy unit which provides treatment for IBS patients within the structure of the National Health Service. It is currently staffed by 6 non-medically qualified, full-time hypnotherapists under the supervision of a manager and ultimately supervised by the author. This has several advantages: non-medically qualified therapists are less expensive to employ, are often more

dedicated and committed to the therapy and, lastly, are just as successful, in terms of outcome, as their medically qualified counterparts[10].
All patients going through the unit are followed-up after 1 year and our most recent figure for the percentage of people still well after this time is 69%. It is also of interest to note that even the IBS treatment failures say that they are glad to have had the hypnotherapy as they feel it often helps them to cope with their problem even though it may not have relieved their symptoms.

Conclusions

Hypnotherapy appears to be an effective treatment for severe intractable IBS. Unfortunately, it is very time consuming and costly to provide but when looking at cost benefit ratios it is important to bear in mind that the relief of symptoms is long lasting. Despite this, it is probably unrealistic to ever expect hypnotherapy to become a practical solution for the vast majority of patients with less severe symptoms.

References

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