

GI ReConnect

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Psychogastroenterology and the Role of Behavioral Intervention in IBS

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Disclaimer

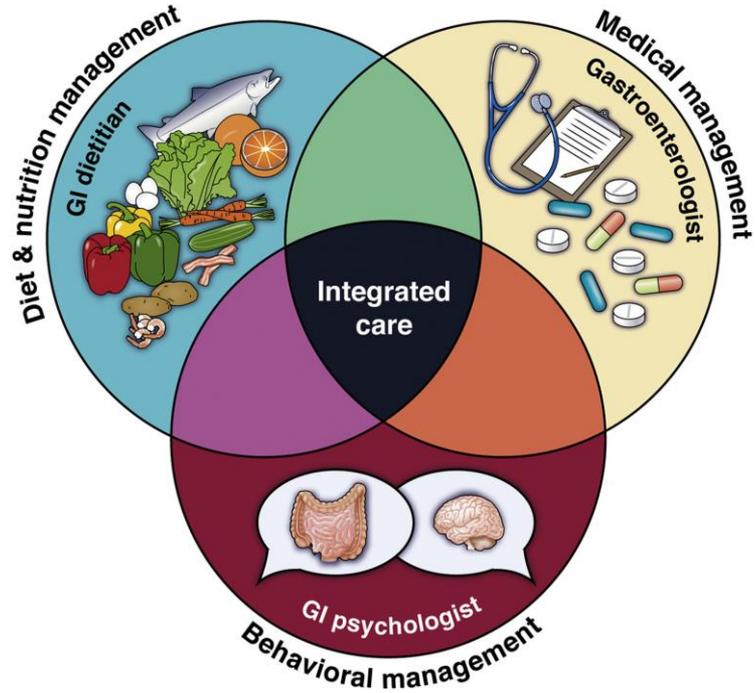
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Faculty Disclosures

- Co-Founder and equity shareholder: Trellus Health
- Consultant, Research Grant: Abbvie
- Consultant: Pfizer
- Board of Directors: Rome Foundation

Integrated care is critical to the management IBS



ACG Clinical Guideline: Management of Irritable Bowel Syndrome

Brian E. Lacy, PhD, MD, FACG¹, Mark Pimentel, MD, FACG², Darren M. Brenner, MD, FACG³, William D. Chey, MD, FACG⁴, Laurie A. Keefer, PhD⁵, Millie D. Long, MDMPH, FACG (GRADE Methodologist)⁶ and Baha Moshiree, MD, MSc, FACG⁷

- GDPs in conjunction with other IBS therapies for patients who are emotionally stable but who exhibit cognitive-affective drivers of IBS symptoms because
 - Low risk when used by qualified health professionals—no studies to date have reported serious AEs or negative outcomes;
 - Long-term benefits of these therapies even after they are discontinued
 - IBS subtype agnostic and can address the large group of patients with IBS-M or IBS-U for whom fewer pharmacological treatments are available.

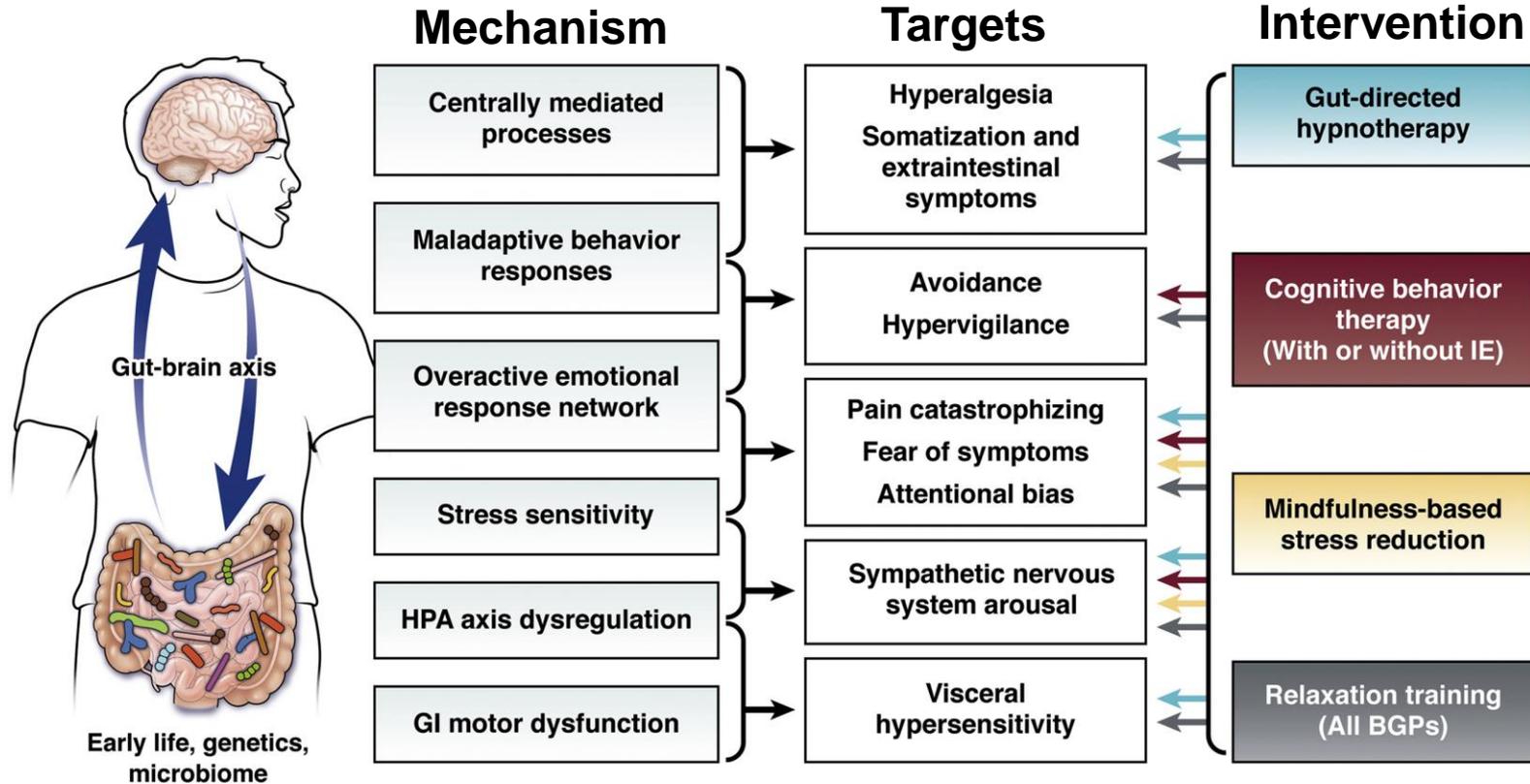
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We suggest that gut-directed psychotherapies be used to treat global IBS symptoms. Conditional recommendations; very low quality of evidence.

What Are Brain-Gut/Gut-directed Psychotherapies?

- Clinician-administered
 - Can be highly personalized
- Self-regulation based
- Brief (3-6 months)
- Focus on GI Symptoms and Quality of Life
- Usually offered in conjunction with other interventions (diet, medication)

Brain-Gut Psychotherapies



Explaining to your patient how BGPs work: Smart Phone Analogy

- IBS is a software problem
 - When dysregulated, the brain is overworking, paying unnecessary attention to the gut
 - Any alerts from the gut to the brain are supposed to be informative
- Behavior therapies can turn reduce the # of apps tracking your location
- Behavior therapies can reduce spam



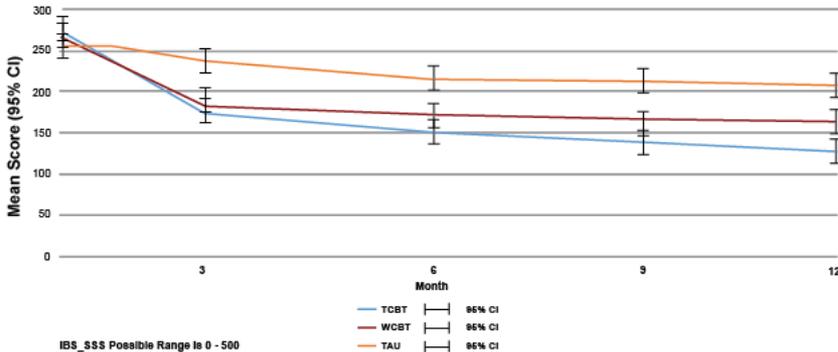
What is Cognitive-Behavior Therapy?

- A theoretical orientation, **not just a set of techniques**
- Thoughts, behaviors and feelings are connected and modifiable
- Patients with GI symptoms often develop patterns of thinking that might make sense, but are unhelpful or no longer useful
- CBT can retrain patients to think or act differently in response to symptoms



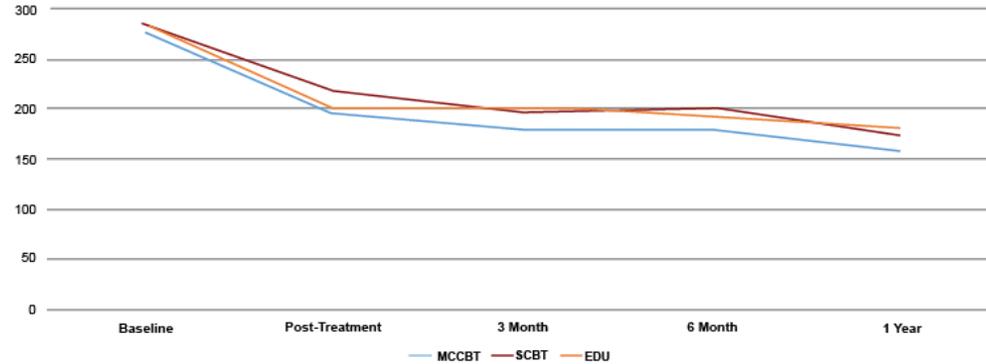
Long-term impact of Minimal Therapist Contact CBT on IBS Symptom Severity

IBS-SSS means by trial arm.



Everitt et al. *Gut*. 2019

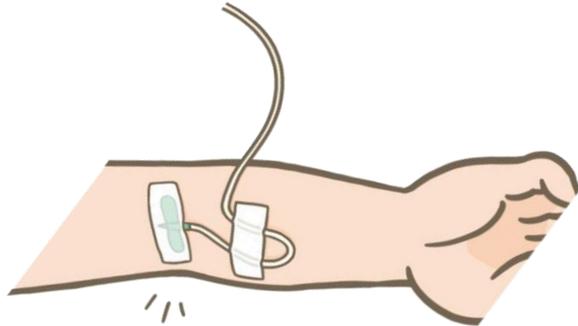
IBS-Symptom Severity Scale



Lackner et al. *AJG* 2019.

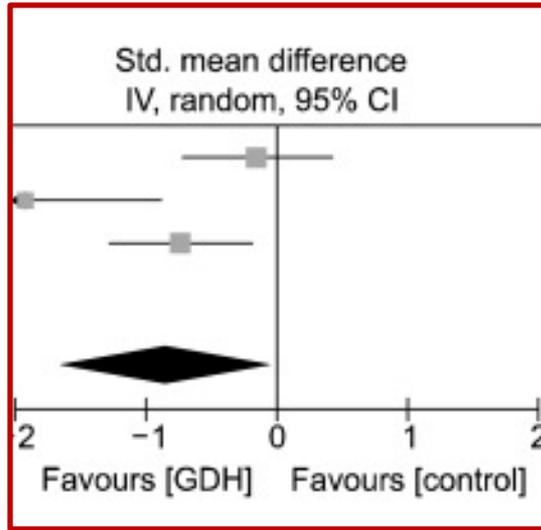
What is Gut-Directed Hypnotherapy?

7-12 sessions, over 3-4 months
30-40 minute sessions
Home practice essential
>50% improvement for >70% of patients

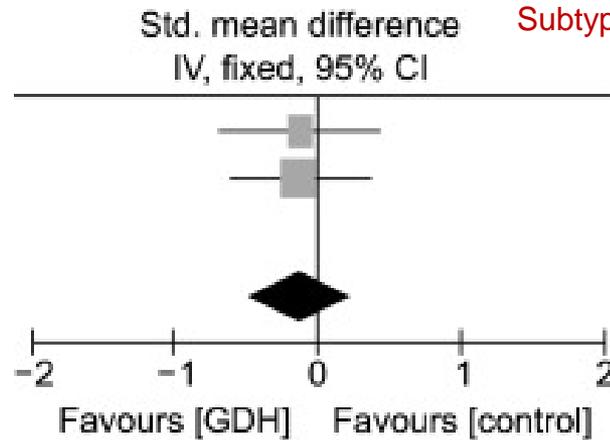


Suggestions	Examples
Regulating smooth muscle activity	“your bowels are beginning to function in all situations with a healthy, quiet, natural rhythm that is comfortable and soothing and hardly noticeable at all...”
Reduce impact of stress on GI system	“you feel inside like nothing can disturb your deep comfort...like nothing can upset you or cause you discomfort or pain...”
Reduce gut pain perception	“...sensations that used to be uncomfortable now increasingly feel just mild and soothing and do not bother you anymore.”
Increase patient’s sense of control over symptoms	“you can feel confident in your ability to keep strengthening your body’s natural resistance to stress and discomfort...”

The Efficacy of Hypnotherapy in the Treatment of Irritable Bowel Syndrome: A Systematic Review and Meta-analysis

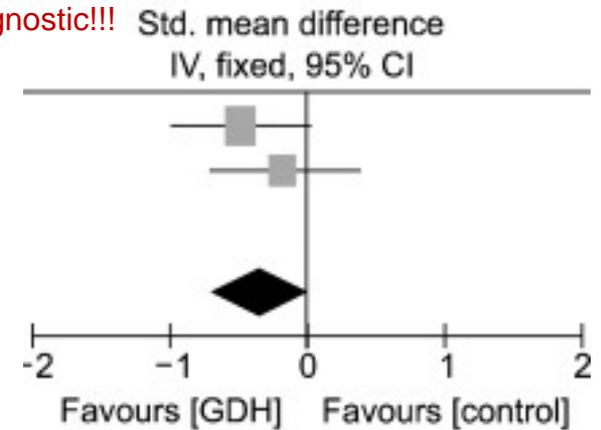


abdominal pain



constipation

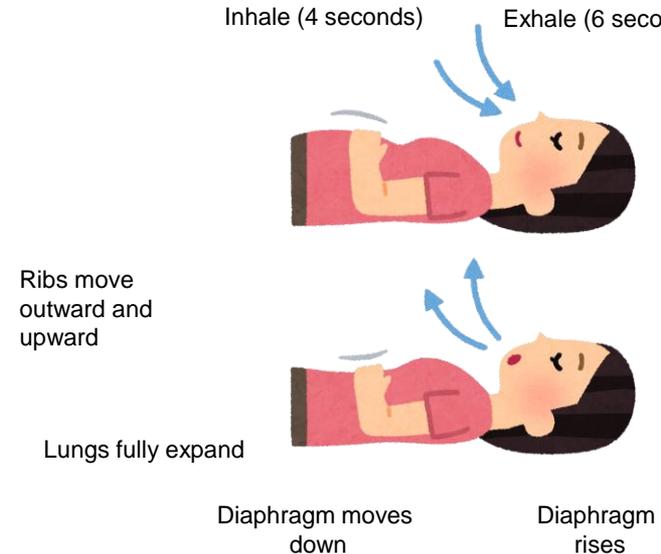
Subtype Agnostic!!!



diarrhea

GI Behavioral Prescription: Diaphragmatic Breathing

- Increases time in “Rest and Digest” mode/GI Efficiency
- Improved gastric accommodation after meals (Dyspepsia, Gastroparesis)
- Improve pressure gradient at lower esophageal sphincter (GERD, Rumination Syndrome)
- Decreases bowel urgency/cramping
- Decreases fear of incontinence/vomiting
- Decreases fear of passing stool when constipated



Digital behavioral therapeutics for IBS based on scientifically studied protocols

Cognitive-Behavior Therapy for IBS	Gut-directed hypnotherapy for IBS
Parallel (Mahana Therapeutics)*	Nerva (Monash University)
Zemedy (Bold Health)	Regulora (metaMe Health)

*FDA approval

Who is appropriate for digital behavioral GI interventions?

- Mild to moderate symptoms, minimal complexity
- High insight and motivation to engage
- Minimal psychological distress
- CBT: symptom-based fear, catastrophizing or stress-mediated symptoms
- Hypnosis: pain-predominant, somatic symptoms, no cognitive distortions or avoidance noted, **no trauma history**

Key Takeaways

- Behavior therapies are part of integrated care for IBS
- There are several evidence based gut-directed psychotherapies for IBS, including Cognitive Behavior Therapy and Gut-Directed hypnotherapy
- Digital solutions are on the horizon for a subset of patients