



# GI ReConnect

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# Psychogastroenterology and the Role of Behavioral Intervention in IBS

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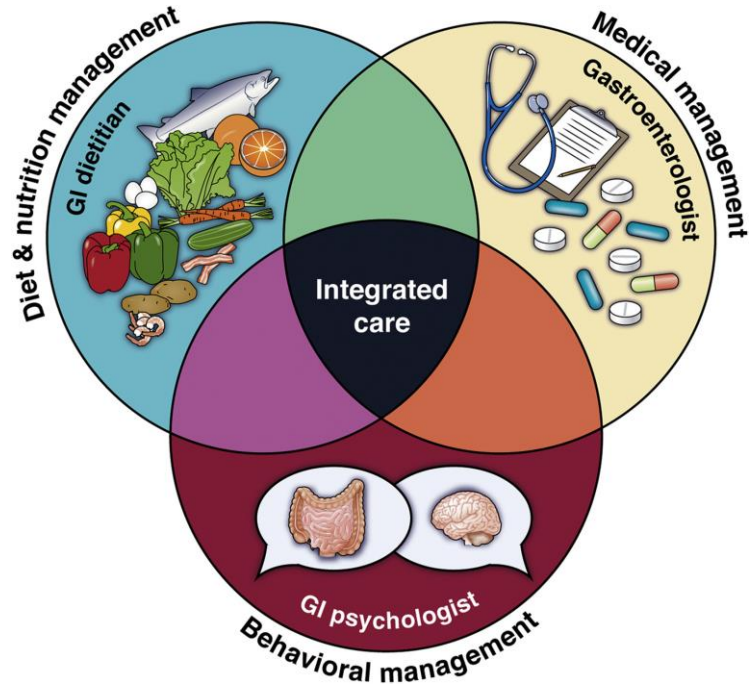
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# Faculty Disclosures

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- 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, FACG<sup>1</sup>, Mark Pimentel, MD, FACG<sup>2</sup>, Darren M. Brenner, MD, FACG<sup>3</sup>, William D. Chey, MD, FACG<sup>4</sup>, Laurie A. Keefer, PhD<sup>5</sup>, Millie D. Long, MDMPH, FACG (GRADE Methodologist)<sup>6</sup> and Baha Moshiree, MD, MSc, FACG<sup>7</sup>

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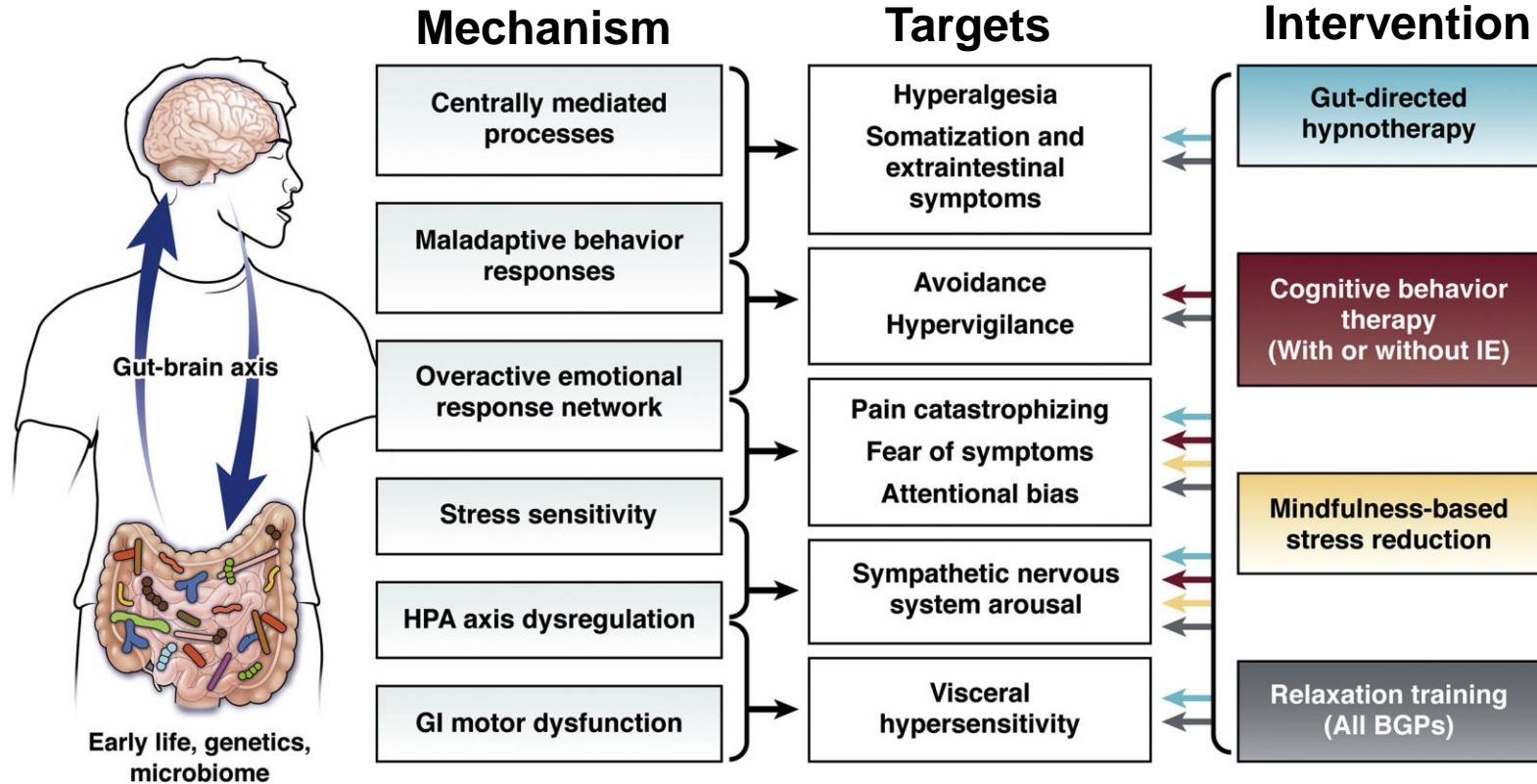
We suggest that gut-directed psychotherapies be used to treat global IBS symptoms. Conditional recommendations; very low quality of evidence.

# What Are Brain-Gut/Gut-directed Psychotherapies?

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- 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?

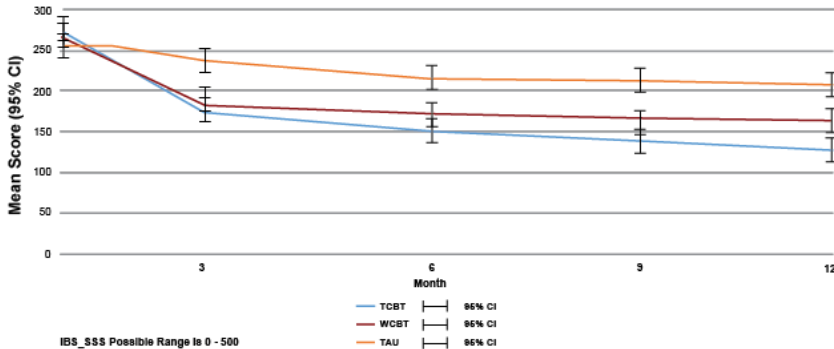
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- A theoretical orientation, **not just a set of techniques**
- Thoughts, behaviors and feelings are connected and modifiable
- Patients with GI symptoms often develop patterns of thinking that might make sense, but are unhelpful or no longer useful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



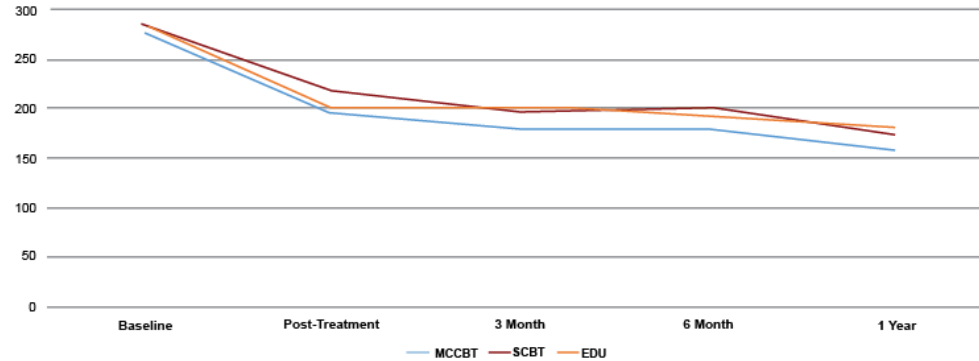
# Long-term impact of Minimal Therapist Contact CBT on IBS Symptom Severity

IBS-SSS means by trial arm.



Everitt et al. *Gut*. 2019

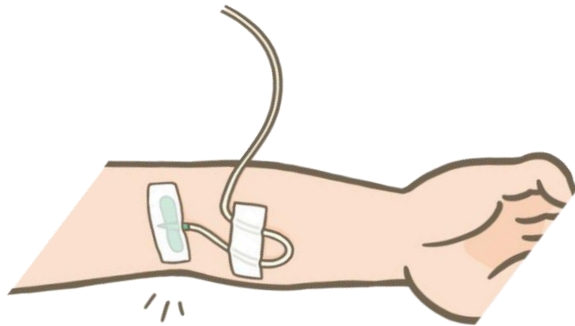
IBS-Symptom Severity Scale



Lackner et al. *AJG* 2019.

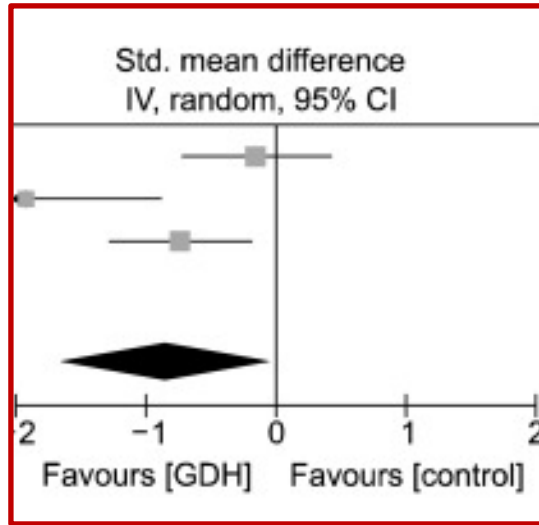
# What is Gut-Directed Hypnotherapy?

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

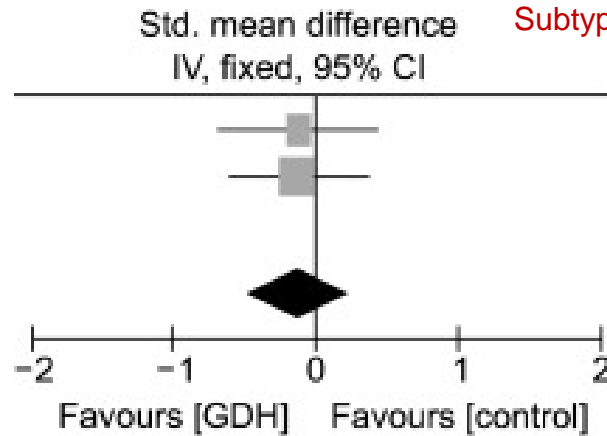


| Suggestions                                       | Examples   |
|---|--|
| Regulating smooth muscle activity                 | “your bowels are beginning to function in all situations with a healthy, quiet, natural rhythm that is comfortable and soothing and hardly noticeable at all...” |
| Reduce 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

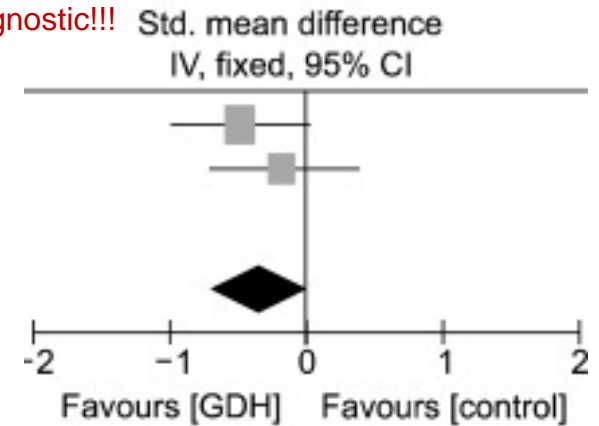


abdominal pain



constipation

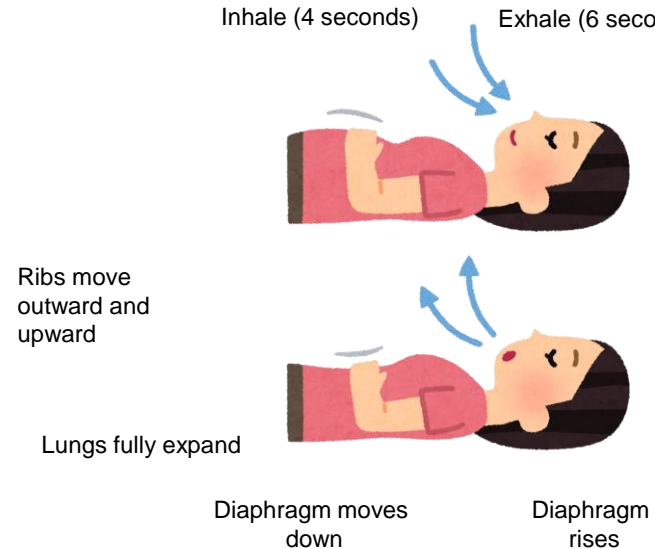
Subtype Agnostic!!!



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

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

\*FDA approval

# Who is appropriate for digital behavioral GI interventions?

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- 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

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- 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