Hypnotherapy for Irritable Bowel Syndrome

Rationale for Use
Irritable bowel syndrome (IBS) is estimated to afflict about 10%-20% of the U.S. population. In its most severe form, IBS has an impact on quality of life that rivals that of congestive heart failure or recent stroke. Treatment advice, reassurance, and symptomatic management with antidiarrheals, antispasmodics, and laxatives—and is notoriously ineffective.

Although the precise cause of IBS remains uncertain, research has shown that a fundamental physiologic component is dysregulation of the bidirectional communication between the enteric nervous system and the brain. This brain-gut axis involves the activity of numerous neurotransmitters and related receptors, including serotonin and the 5-HT3 and 5-HT4 receptors (Med. Sci. Monit. 2004;10:RA125-31).

Moreover, many patients with the disorder also experience anxiety and other psychological symptoms along with their diarrhea, constipation, and pain, and their digestive symptoms sometimes correlate with mental and emotional states. Because of this link with psychological symptoms, researchers for the past 20 years have been investigating ways of harnessing the brain’s ability to alleviate pain. One of the most successful approaches has been hypnosis.

The U.K. Experience
For more than 20 years, patients with IBS referred to University Hospitals of South Manchester, England, have been treated with hypnotherapy in a program devised by gastroenterologist Peter J. Whorwell, M.D. His protocol, known as gut-directed hypnotherapy, involves hypnotic deep progressive relaxation and suggestion directed toward control of gut function. Patients are encouraged to use imagery to gain control over their gut activity. For example, a patient with diarrhea might visualize the digestive tract as a rushing river that can be slowed to a calm stream. Pain can be alleviated by applying warmth generated when the patient places a hand on his or her belly.

The Manchester protocol includes 12 sessions over a 3-month period. Patients also are given audiotapes to use at home on a daily basis.

The first small study evaluating the technique randomized 10 patients with severe, refractory IBS to hypnotherapy or psychotherapy. A group of two therapists at the University of North Carolina has developed a standardized hypnotherapy protocol that physicians can obtain at no cost. Gut-directed hypnotherapy results in significant, long-term improvements in symptoms of irritable bowel syndrome. A group of clinicians in North Carolina has developed a standardized hypnotherapy protocol that physicians can obtain at no cost.

The U.S. Experience
A group of two therapists at the University of North Carolina at Chapel Hill has instituted a similar program with equivalent success. They also have investigated the mechanisms by which hypnosis might affect IBS symptoms. In a series of tests, they found that hypnotherapy did not alter rectal pain thresholds or smooth muscle tone, autonomic nervous system activity, or frontal muscle EMG activity (Dig. Dis. Sci. 2002;47:2605-14). Rather, they suggested that the effects of hypnosis are mediated through reduction in somatization, primarily by altering the patient’s focus of attention and/or by changing his or her beliefs about the meaning of sensations arising from the gastrointestinal tract.

The North Carolina clinicians also have spearheaded efforts to make hypnotherapy more widely available to patients in the United States, noting that psychological treatments are currently offered to fewer than 10% of patients with functional GI disorders seen in primary care or gastroenterology clinics. They have established a Web site with links listing hypnototherapists and other resources for patients. Clinicians can request e-mail their protocol package, free of charge, containing verbatim scripts and other materials, at www.ibshypnosis.com. 

Unanswered Questions
Aside from uncertainty about the mechanisms of effect of gut-directed hypnotherapy, questions also remain concerning whether hypnotherapy is superior to other forms of psychological therapy. Benefits have been reported with cognitive-behavioral, interpersonal, and psychodynamic therapies, but no side-by-side comparisons have been done, according to Olafur S. Palsson, Psy.D., of the North Carolina group (Gastroenterology 2002;123:2312-5). Furthermore, data are lacking on using hypnosis as adjunctive therapy with medical interventions such as antidepressants and the 5-HT3 modulators.

—Nancy Walsh

L.A. VEGAS — Adding a weight-loss medication to cognitive-behavioral therapy for binge-eating disorder produced a greater reduction in binge-eating frequency and greater weight loss than cognitive-behavioral therapy alone in a randomized, double-blind, placebo-controlled trial.

More than a third (36%) of 25 obese binge eaters had a 5% weight loss with the combination of cognitive-behavioral therapy (CBT) and orlistat (Xenical), Carlos M. Grilo, Ph.D., reported at the annual meeting of North American Association for the Study of Obesity. Fewer patients in the control group met the 5% standard for weight loss: only 8%, compared with the 36% of patients on combined therapy. The control group of 25 patients received CBT and a placebo.

Remission was achieved by nearly two-thirds (64%) of the combination therapy group during the 12-week study, and 52% were still in remission 3 months after the end of treatment, according to Dr. Grilo, director of the eating-disorder program in the department of psychiatry at Yale University, New Haven.

In the control group, only 36% achieved remission, which was defined as no binge eating for at least 28 consecutive days.

The dosage of orlistat used in the combined therapy group was 120 mg, three times a day. The average weight loss of 4.4 kg was small, but it was encouraging because helping binge eaters to achieve any degree of weight loss has been a major challenge. “This may appear modest, but with this patient group, it is a promising first step,” Dr. Grilo said at the meeting, which was cosponsored by the American Diabetes Association. The control group lost less weight on average—only 1.9 kg.

The Eating Disorder Examination interview was used to assess outcomes. After patients finished the program, they were encouraged to stay on a three-meal, three-snack-a-day regimen.

The trial enrolled 90 consecutive obese patients, mean age 47, who met strict criteria for binge eating. Predominantly white and female, the population averaged 13.3 binge-eating episodes per month and had an average body mass index of 36 kg/m². Sixty percent had at least one additional psychiatric disorder, the most common of which was major depression.

The approach needs to be extended to other groups, especially diabatic binge eaters who were excluded from the study, he said.

Topiramate May Reduce Frequency of Binge Eating

Patients who received topiramate during the controlled study and participated in the extension study showed an average drop of 4.0 binges per week, compared with their binge frequency before they started taking the drug (P < .001), and lost 14.1 kg in weight (P = .023), compared with their baseline weight. Sixteen patients who received placebo during the controlled study and participated in the extension study showed a drop of 2.5 binges per week (P < .044), compared with their baseline rate, and lost 14.5 kg (P < .002), the researchers reported.

To assess topiramate’s effectiveness and tolerability over a longer period, the investigators extended the study for an additional 42 weeks in subjects who completed the first study and wanted to pursue treatment with the drug. The 42-week extension was open-label, nonrandomized, and uncontrolled (J. Clin. Psychiatry 2004;65:1463-9).

BY JANE SALDOOF MACNEIL
Contributing Writer

Topiramate (Topamax) is a new anticonvulsant that also is used to treat obesity. It has been shown to be effective in reducing weight and binge eating. Topiramate significantly less often and lost weight, according to a study by Susan L. McElroy, M.D., and her colleagues.

A previous, randomized, placebo-controlled trial of 61 patients conducted by Dr. McElroy and her investigators reported that topiramate (Topamax) reduced both binge-eating behavior and body weight in obese patients suffering from binge-eating disorder (BED). That study lasted 14 weeks (Am. J. Psychiatry 2003;160:255-61).

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Topiramate’s mechanism of action in BED is unknown, but the investigators speculated that the drug’s ability to curb appetite and enhances satiety through glutamate receptor antagonism.

Dr. McElroy consults for Ortho-McNeil Pharmaceutical Inc., the maker of topiramate.

—Jay C. Cherniak

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