

## ALTERNATIVE MEDICINE

AN EVIDENCE-BASED APPROACH

## 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 consists largely of 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-HT<sub>3</sub> and 5-HT<sub>4</sub> 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-gut axis to alleviate the condition. 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 30 patients with severe, refractory IBS to hypnotherapy or psychotherapy. Both groups showed improvements in abdominal pain and distension and well-being. However, the psychotherapy group had no improvement in bowel habits, while the hypnotherapy group experienced “dramatic improvements” in all outcome measures, and no relapses were seen during 3 months of follow-up (Lancet 1984;2:1232-4). In a subsequent report, clinical improvement was maintained in all of the hypnotherapy patients for 2 years (Gut 1987;28:423-5).

The Manchester center later became the first hypnotherapy unit in the British National Health Service dedicated to IBS treatment. Investigators there have continued to follow

their patients, and now have reported on long-term outcomes. Among the first 204 patients who completed a course of gut-directed hypnotherapy and responded to a subjective assessment questionnaire, 106 (52%) reported that their symptoms were “very much better” in the immediate posttreatment period, while 39 (19%) were “moderately better” and 32 (16%) were “slightly better” (Gut 2003;52:1623-9).

And the benefits persisted. Among responders who replied to the questionnaire, 81.3% reported that the initial symptomatic improvements were maintained—or even increased further—for periods up to 5 years. Extracolonic symptoms such as anxiety and depression also continued to improve.

The hypnotherapy must be gut specific, according to Dr. Whorwell. “Over the years we have found that the therapy has to be focused on the gut rather than just directed in a more general way,” he said in an interview.

## The U.S. Experience

A group of 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 frontalis 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 hypnotherapists and other resources for patients. Clinicians can request by e-mail their protocol package, free of charge, containing verbatim scripts and other materials, at [www.ibshypnosis.com](http://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;123:2132-5). Furthermore, data are lacking on using hypnotherapy as adjunctive therapy with medications such as antidepressants and the 5-HT modulators.

—Nancy Walsh

► 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.

## Combo Tx Proves Best For Obese Binge Eaters

BY JANE SALODOF MACNEIL  
Contributing Writer

LAS VEGAS — Adding a weight-loss medication to cognitive-behavioral therapy for binge-eating disorder produced a higher remission rate 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 de-

finied 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 in the combined therapy group 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 50 consecutive obese patients, mean age 47, who met strict criteria for binge eating. Predominantly white and female, the population averaged 13.5 binge-eating episodes per month and had an average body mass index of 36 kg/m<sup>2</sup>. 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 diabetic binge eaters who were excluded from the study, he said. ■

## Topiramate May Reduce Frequency of Binge Eating

Obese patients with binge-eating disorder treated with topiramate in an open-label study binged 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 coinvestigators 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).

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).

Fifteen 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. Topiramate’s mechanism of action in BED is unknown, but the investigators speculated that the antiseizure medication curbs appetite and enhances satiety through glutamate receptor antagonism.

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

—Jay C. Cheriak