PARALLEL SESSION 4 – FRIDAY 21ST 2019, 15h30 – 17h00
Update on irritable bowel syndrome

- N. Mazurak: Pathophysiology
- Stengel: Treatment
- S. Zipfel: Overlap with other bodily distress disorders
- N. Husain: Lived experiences of Irritable Bowel Syndrome and role of culturally adapted Cognitive Behavior Therapy (CBT): A mixed methods study
- M. Tkalcic: Relationship between IBS-specific behavioral responses and various aspects of anxiety and symptom intensity – preliminary results

**Theme**
Somatoform gastrointestinal disorders are frequent and associated with a great reduction in quality of life. Recent years witnessed a leap forward in the understanding of the pathophysiology of these diseases which are — also based on the new Rome criteria — considered as disorders of the gut-brain interaction. The present psychogastroenterology symposium will give an update on the pathophysiology and treatment of the irritable bowel syndrome. Lastly, overlaps with other bodily distress disorders will be highlighted, relevant in light of the upcoming ICD-11.

**Takeaways**
The symposium will highlight the current state of knowledge but also critically discuss gaps in knowledge and is intended for physicians, psychologists and scientists interested in somatoform disorders of the gastrointestinal tract.

**Chair:** Andreas Stengel, Senior physician Psychosomatic Medicine, University Tuebingen, DE

**Co-chair:** Stephan Zipfel, Director, Chief of staff Psychosomatic Medicine, University Tuebingen, DE
Pathophysiology

Aim
Numerous pathophysiological mechanisms have been hypothesized for IBS, its pathogenesis is best summarized using the biopsychosocial model.

Methods
The past years witnessed a great increase in the knowledge on alterations of the microbiota in IBS, changes that could give rise to therapeutic impact in the future.

Results
The present talk will give an overview on pathophysiological mechanisms underlying IBS with a special emphasis on the gut microbiome.

Conclusion
The knowledge of these changes may lead to new therapeutic approaches in the future.

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Treatment

Aim
Treatment of IBS is often challenging and causing frustration in patients as well as doctors. However, meta analyses provide good data on several treatment options. These will be discussed in the present talk, especially psychotherapy approaches including hypnotherapy will be introduced.

Methods
However, meta analyses provide good data on several treatment options.

Results
These will be discussed in the present talk, especially psychotherapy approaches including hypnotherapy will be introduced.

Conclusion
Treatment strategies are available for IBS patients; these should be selected based on the severity of the disease and depending on comorbidities.

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Overlap with other bodily distress disorders

Aim
IBS often does not stand alone but greatly overlaps with psychiatric and also other bodily distress disorders especially in the tertiary care setting.

Methods
The present talk will highlight these comorbidities and discuss possible factors contributing to this overlap.

Results
Also the overlap with somatic diseases will be mentioned.

Conclusion
Lastly, the usefulness of single diagnoses will be critically discussed, especially relevant in light of the upcoming ICD-11.

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Lived experiences of Irritable Bowel Syndrome and role of culturally adapted Cognitive Behavior Therapy (CBT): A mixed methods study

**Aim**
Irritable bowel syndrome (IBS) is a highly prevalent functional bowel disorder and has ability to reduce patients' quality of life and imposes a significant economic burden. The study aimed to explore the lived experiences of IBS and to determine the acceptability and feasibility of a culturally adapted CBT intervention (Ca-STreSS) in reducing symptoms of IBS.

**Methods**
The study had two phases: Phase 1 investigated the explanatory models and the experiences of individuals who suffer from IBS through the use of qualitative interviews. Phase 2: a feasibility study was conducted with 45 participants of the culturally adapted StResS (Specialized Treatment for Severe bodily Distress Syndromes) intervention which is based on CBT approach.

**Results**
Framework analysis indicated that participants acknowledged role of stress (interpersonal conflicts, family not willing to accept the problem as an illness) as triggering factor for IBS symptoms and significant impact of these symptoms on their mental health (shame, anxiety, depression) and social life (avoidance). There was significant improvement in depression, anxiety, severity of IBS, pain vigilance and health related quality of life of participants who completed 3-month intervention (n = 25) as compared to those in treatment as usual group (n = 20).

**Conclusion**
It is important to understand patients' explanatory models to develop culturally appropriate interventions. Ca-STreSS show positive effects on IBS symptoms severity and may lead to sustained improvement in health related quality of life and psychological wellbeing in a low resource setting and should be tested in a fully powered clinical and cost effectiveness trial.

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Relationship between IBS-specific behavioral responses and various aspects of anxiety and symptom intensity – preliminary results

Aim
Irritable bowel syndrome is one of the most common functional gastrointestinal disorders. Consistent with the cognitive-behavioural model of IBS it is considered that unhelpful behavioural coping strategies accompanied by increased attention to bodily sensation and heightened anxiety, could exacerbate and perpetuate IBS symptoms. Due to the lack of previous research on IBS-specific behaviour, the aims of this pilot study were to examine the relationship of behavioral responses, various aspects of anxiety and symptom intensity, and to determine the specific contribution of each of these psychological factors to behavioural responses in IBS patients.

Methods
A total of 50 patients (age M=49.34; SD=15.77; F=38) participated in the study and completed a set of questionnaires examining IBS-specific behavioural responses (IBSBRQ1), various aspects of anxiety (trait anxiety-STAI, anxiety sensitivity-ASI, visceral anxiety-VSI and anxious thoughts-ATI) as well as catastrophizing and symptom intensity.

Results
Correlational analyses revealed moderate to strong positive correlations between behavioural responses, various aspects of anxiety, catastrophizing and symptom intensity (from .50 to .69, p< .0001). Hierarchical regression analysis showed that the model, which included trait anxiety, anxiety sensitivity, anxious thoughts and catastrophizing explained a total of 53.4% of variance of behavioural responses in IBS patients.

Conclusion
Results indicate that anxiety in general, and catastrophic worry in particular, seem to play a significant role in behavioural responses in IBS patients. This might be of importance for psychological interventions with IBS patients.

Reference

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