

Advancing Irritable Bowel Syndrome Management: A Digital Primary Care Perspective Informed by Behavioural Health Science

Dr Simone Peters

Founder Mind + Gut Clinic

Co-Founder & Head of Clinical Content, Nerva, Mindset Health

Co-Founder Tumme

Adjunct Research Fellow, Monash University



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Disclosures

- Speaker Honorarium Janssen
- Founder & Managing Director, Mind + Gut Clinic
- Consultant to Mindset Health
- Shareholder in Mindset Health
- Sales from Nerva, Mindset Health
- Study supported by Mindset Health



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Understanding Irritable Bowel Syndrome (IBS)

- **Definition:** Recurrent abdominal pain associated with defecation or a change in bowel habit
- **Diagnosis:** Medical history, exclusion of other conditions (blood tests, stool tests, endoscopy etc) and symptom-based criteria (Rome IV criteria)
- **Prevalence:** Common, worldwide prevalence of 11%
- **Pathogenesis:** Multifactorial - Gut-brain axis dysregulation, altered gastrointestinal motility, visceral hypersensitivity, gut microbiota alterations, psychological factors, etc
- **Impact:** Up to 60% of IBS patients report significant limitations on their daily activities due to symptoms. This results in a profound impact on quality of life
 - 40-60% of people with IBS suffer from anxiety disorders
 - 30-40% of people with IBS are diagnosed with depression

Drossman et al Gut 1995; 45

Chey et al Gastroenterology 2021; 160: 47-62

Fond et al Psychiatry & Clinical Neuroscience 2014; 264: 651-660

Lovell et al Clinical Gastroenterology & Hepatology 2012; 10: 712-721

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Evolution of IBS Management

Recognition as a distinct disorder (1960s-1970s)

- IBS identified as a functional gastrointestinal disorder
- Introduction of ROME criteria for standardised diagnosis

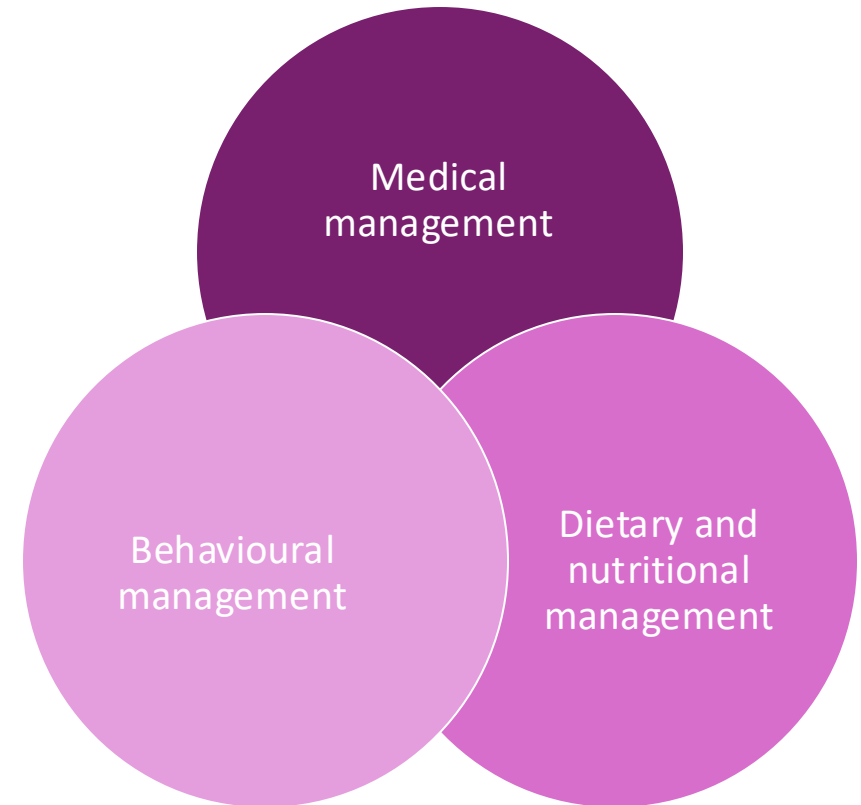
Early approaches

- Primarily medical management including treatment with laxatives, antidiarrhoeals and antispasmodics

Multi-disciplinary management

- Rule not the exception

Integrated care = Optimal patient outcomes



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Evolution of IBS Management

We've evolutionised but how happy are our patients with their medical management?

- **Lack of understanding & poor communication:** Patients report feeling dissatisfied with the level of understanding and communication from their medical team
- **Chronic nature of IBS symptoms:** IBS is a chronic condition without a definitive cure, managing patient expectations can be challenging
- **Access to specialised care & emerging therapies:** Patients with access to specialists i.e., gastroenterologists, dietitians and psychologists familiar with IBS, or emerging therapies such as gut-directed hypnotherapy, tend to report higher satisfaction levels

IBS patients typically find the management of their condition challenging and sometimes unsatisfactory, BUT those who receive **comprehensive, empathetic, and well-informed care**, including **access to specialists and emerging therapies**, tend to be **more satisfied with their management outcomes**.

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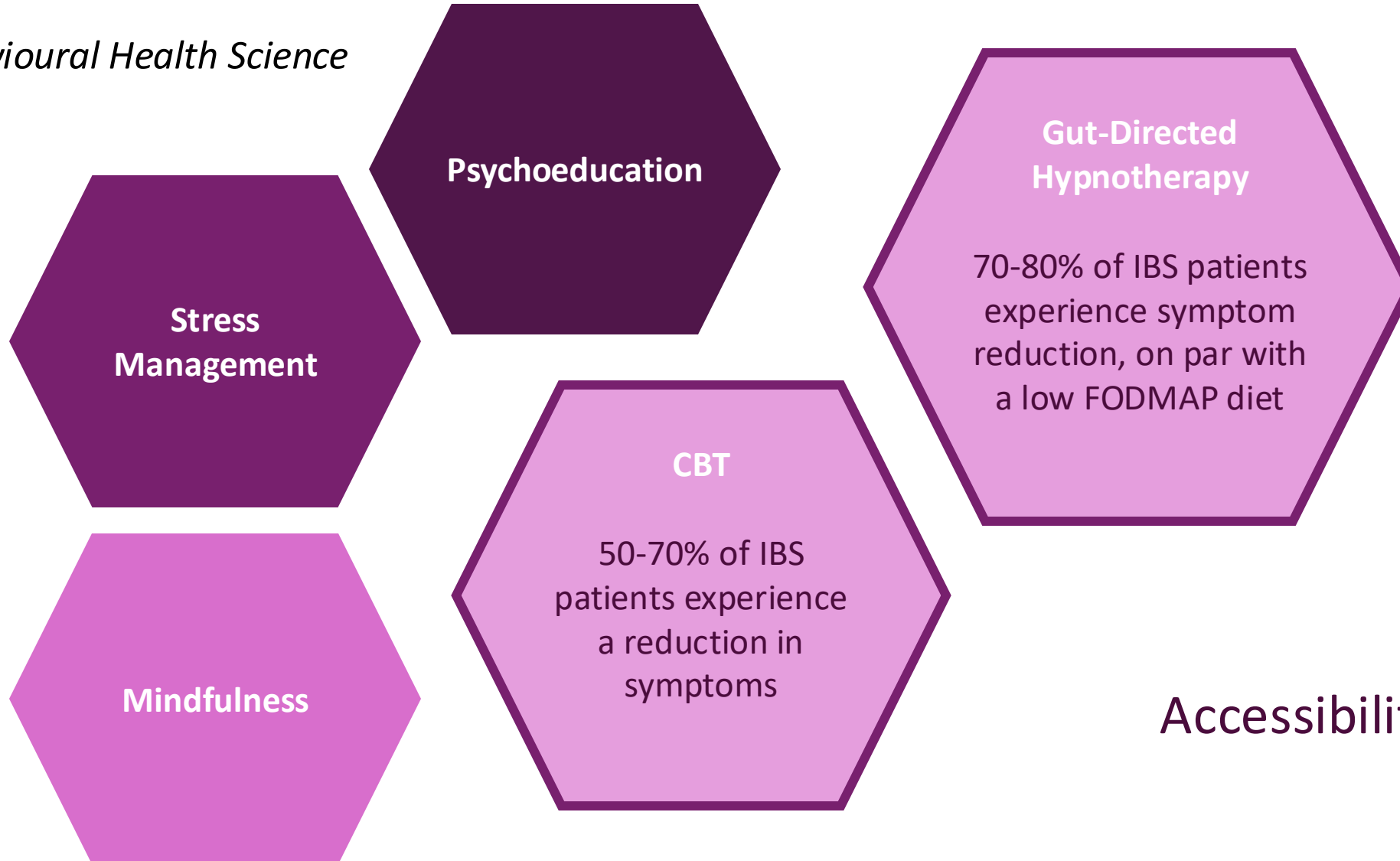
Role of Primary Care Providers

- Medical history, exclusion of other conditions (blood tests, stool tests, endoscopy etc)
- Referral to specialised care as part of work-up i.e., gastroenterologist, where required
- Make a clear, FIRM, diagnosis of IBS
- Educate patient on IBS, including the chronic nature of the condition and provide symptom management strategies
- Referral to specialized gastrointestinal dietitians, physiotherapists, behavioural specialists such as psychologists and gut-directed hypnotherapists, where required
- Utilise digital therapeutics

Empathy and understanding, clear communication around diagnosis, education, development of a personalised approach, reassurance, patience, and time

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Behavioural Health Science



Accessibility | Cost

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Digital Primary Care

Nerva

GDH: It offers a structured six-week program designed to help manage IBS symptoms

Mahana

CBT: Helps patients manage IBS symptoms by addressing the psychological factors that can contribute to the condition

Zemedy

Combines CBT, mindfulness, and relaxation techniques to help manage IBS symptoms

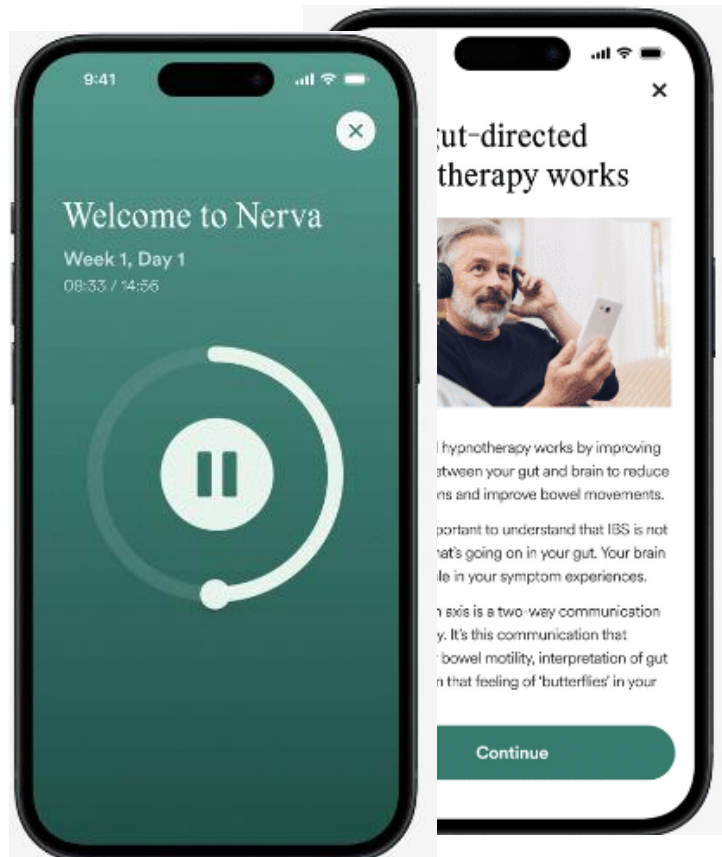
MyGiHealth

Allows users track and manage symptoms of various GI conditions, including IBS



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Nerva



Comparison of Digitally Delivered Gut-Directed Hypnotherapy Program With an Active Control for Irritable Bowel Syndrome

Ellen J. Anderson, BNutSci, MDiet^{1,2}, Simone L. Peters, BSc (Psychophysiology) (Hons), PhD¹, Peter R. Gibson, MBBS(Hons), MD^{1,2} and Emma P. Halmos, BNutDiet, PGradDipBSc, PhD^{1,2}

INTRODUCTION: Gut-directed hypnotherapy (GDH) treats irritable bowel syndrome (IBS), but its accessibility is limited. This problem may be overcome by digital delivery. The aim of this study was to perform a randomized control trial comparing the efficacy of a digitally delivered program with and without GDH in IBS.

METHODS: Adults with IBS were randomized to a 42-session daily digital program with the GDH Program (Nerva) or without (Active Control). Questionnaires were completed to assess gastrointestinal symptoms through IBS Symptom Severity Scale (IBS-SSS), quality of life, and psychological symptoms (Depression Anxiety and Stress Scale-21) at regular intervals during the program and 6 months following the conclusion on the intervention. The primary end point was the proportion of participants with ≥ 50 -point decrease in IBS-SSS between the interventions at the end of the program.

RESULTS: Of 240/244 randomized participants, 121 received GDH Program—the median age 38 (range 20–65) years, 90% female, IBS-SSS 321 (interquartile range 273–367)—and 119 Active Control—36 (21–65), 91% female, IBS-SSS 303 (255–360). At program completion, 81% met the primary end point with GDH Program vs 63% Active Control ($P = 0.002$). IBS-SSS was median 208 (interquartile range 154–265) with GDH and 244 (190–308) with control ($P = 0.004$), 30% reduction in pain was reported by 71% compared with 35% ($P < 0.001$), and IBS quality of life improved by 14 (6–25) compared with 7 (1–15), respectively ($P < 0.001$). Psychological status improved similarly in both groups.

DISCUSSION: A digitally delivered GDH Program provided to patients with IBS was superior to the active control, with greater improvement in both gastrointestinal symptoms and quality of life and provides an equitable alternative to face-to-face behavioral strategies.

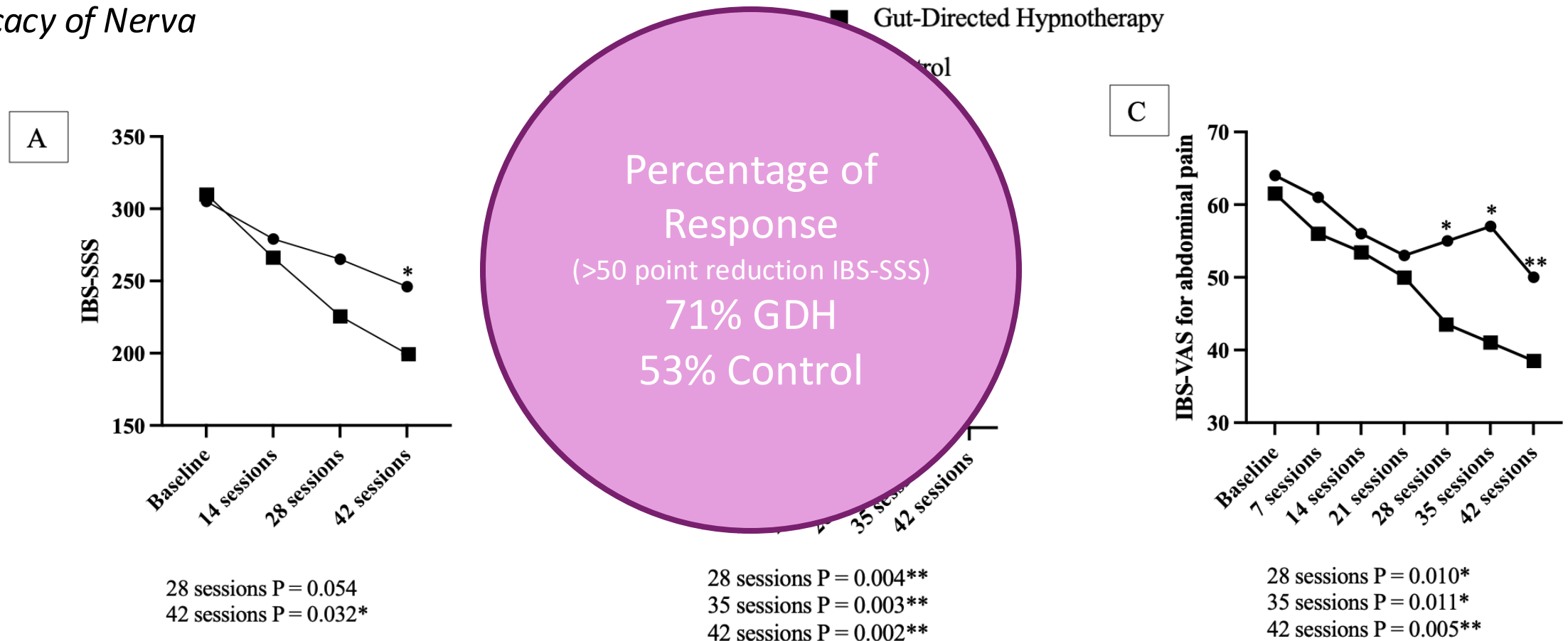
KEYWORDS: psychological therapy; disorders of gut-brain interaction; gastrointestinal symptoms; abdominal pain; digital medicine

SUPPLEMENTARY MATERIAL accompanies this paper at <http://links.lww.com/AJG/D324>

Am J Gastroenterol 2024;00:1–9. <https://doi.org/10.14309/ajg.0000000000002921>

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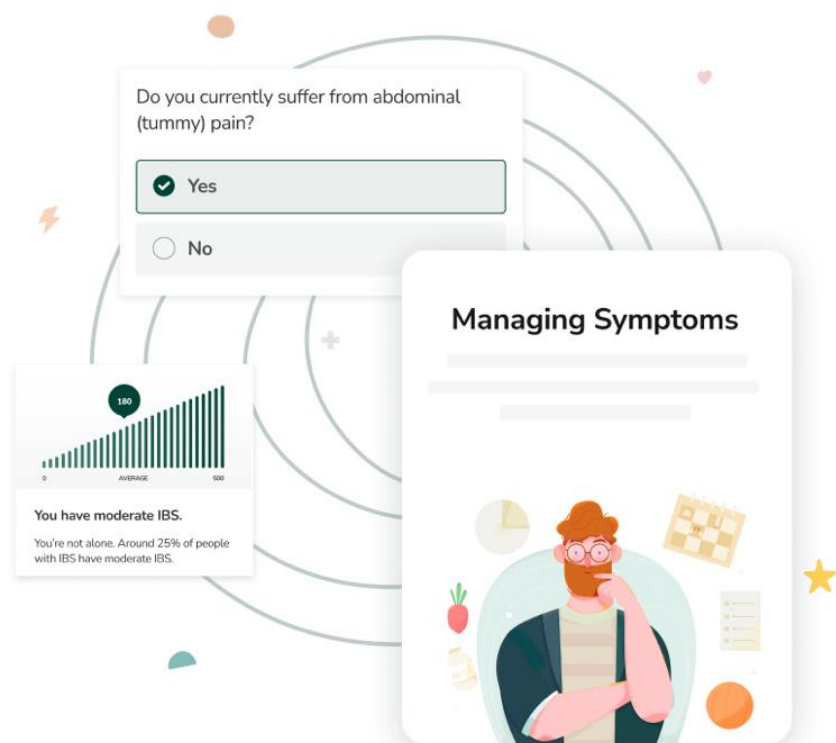
Efficacy of Nerva



Median scores in IBS patients receiving a 42-session program of GDH or Control. Baseline demographics and gastrointestinal symptoms of participants with IBS provided digitally delivered therapy with GDH or without (Control). A: IBS-SSS; B: Overall symptoms using IBS-VAS; C: Abdominal pain using IBS-VAS

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Mahana



ORIGINAL ARTICLE

Assessing telephone-delivered cognitive–behavioural therapy (CBT) and web-delivered CBT versus treatment as usual in irritable bowel syndrome (ACTIB): a multicentre randomised trial

Hazel Anne Everitt,¹ Sabine Landau,² Gilly O'Reilly,¹ Alice Sibelli,³ Stephanie Hughes,¹ Sula Windgassen,³ Rachel Holland,² Paul Little,¹ Paul McCrone,⁴ Felicity Bishop,⁵ Kimberley Goldsmith,² Nicholas Coleman,⁶ Robert Logan,⁷ Trudie Chalder,⁸ Rona Moss-Morris,³ on behalf of ACTIB trial group

► Additional material is published online only. To view please visit the journal online (<http://dx.doi.org/10.1136/gutjnl-2018-317805>).

For numbered affiliations see end of article.

Correspondence to
Associate Prof Hazel Anne Everitt, Primary Care and Population Sciences, Southampton University, Southampton SO16 5ST, UK; hae1@soton.ac.uk

TC and RM-M contributed equally.

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ABSTRACT

Objective To evaluate the clinical effectiveness of two modes of cognitive–behavioural therapy (CBT) for IBS compared with treatment as usual (TAU) in refractory IBS.

Design A three-arm randomised controlled trial assessing telephone-delivered CBT (TCBT), web-based CBT (WCBT) with minimal therapist support, and TAU. Blinding participants and therapists was not possible. Chief investigator, assessors and statisticians were blinded. Participants were adults with refractory IBS (clinically significant symptoms for ≥ 12 months despite first-line therapies), recruited by letter and opportunistically from 74 general practices and three gastroenterology centres in London and South of England between May 2014 to March 2016. Co-primary outcomes were IBS Symptom Severity Score (IBS-SSS) and Work and Social Adjustment Scale (WSAS) at 12

Neurogastroenterology

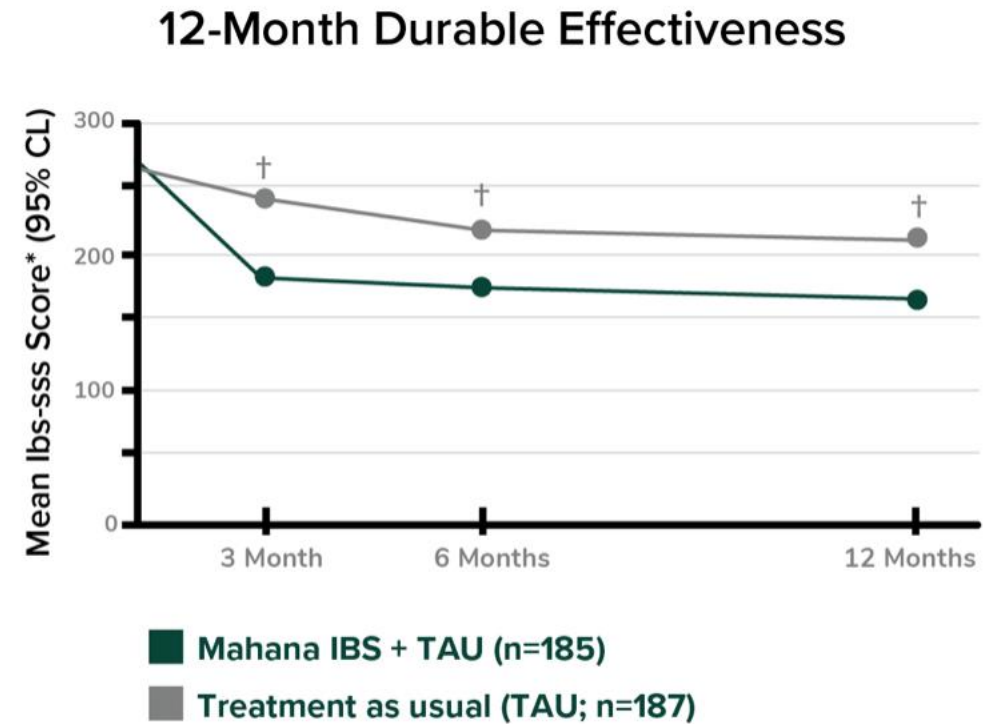
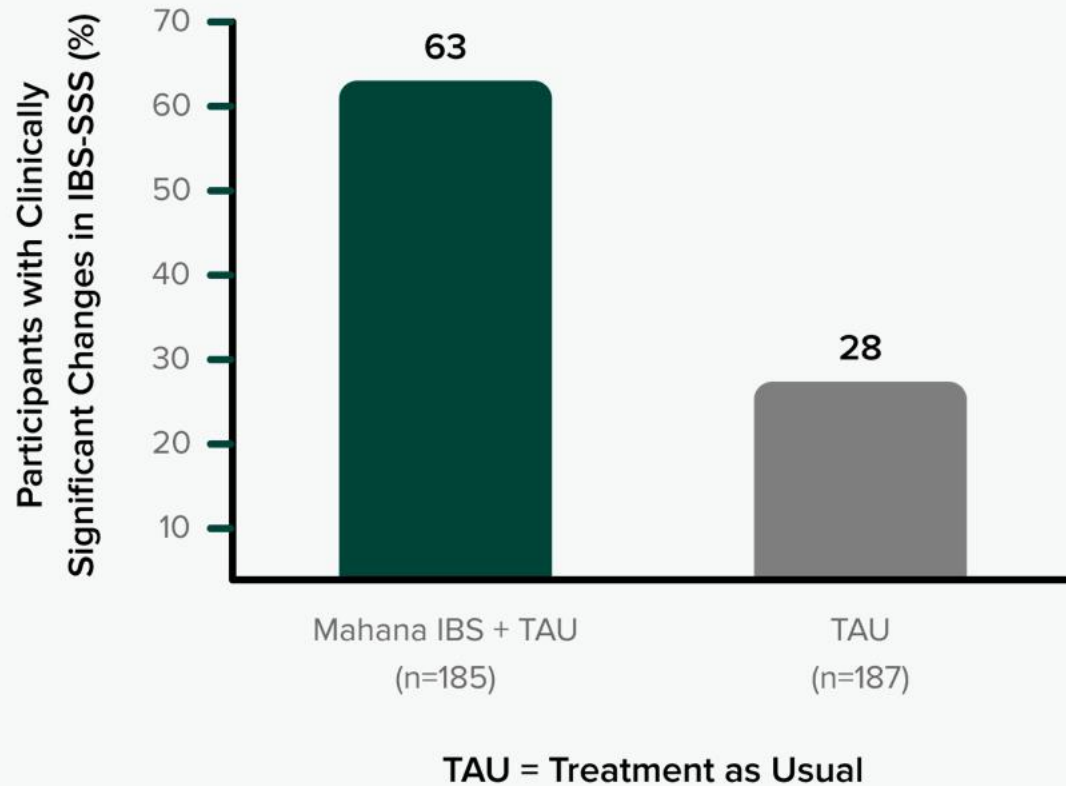
Significance of this study

What is already known on this subject?

- IBS is common and many people with IBS have ongoing symptoms that significantly affect quality of life.
- Face-to-face cognitive–behavioural therapy (CBT) has been shown to be helpful for IBS and is recommended in National Institute for Health and Care Excellence guidelines but there is limited evidence for telephone and web-based CBT and uncertainty regarding participant's adherence to CBT and its longer term effectiveness.
- Currently there is poor availability of CBT for people with IBS.

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Efficacy of Mahana



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Digital Primary Care

Benefits

- Accessibility and convenience
- Personalised and tailored treatment
- Scalability
- Cost-effective

Limitations

- Require motivated patient
- Not appropriate for patients with significant psychological co-morbidities or unresolved trauma
- Adherence and engagement
- Lack of personal interaction
- Digital literacy

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Digital Primary Care

Applying digital therapeutics in clinical practice

1. Patient suitability assessment: Severity of the condition, the patient's digital literacy, and their willingness to engage with app-based or online therapy
2. Treatment options discussion: Benefits, limitations, and the evidence supporting the use of digital therapeutics
3. Recommendation of specific digital therapeutics
4. Providing access and instructions
5. Monitoring and follow-up
6. Integration with broader treatment plans

Thank you



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