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Title **Cognitive Behavioral Therapy in Addition to Antispasmodic Therapy for Irritable Bowel Syndrome in Primary Care: A Randomized Controlled Trial**

Agency **NCCHTA, National Coordinating Centre for Health Technology Assessment**
Mailpoint 728, Boldrewood, University of Southampton, Southampton SO16 7PX, United Kingdom;
Tel: +44 2380 595586, Fax: +44 2380 595639

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Aim

To determine if cognitive behavioral therapy (CBT) developed to treat irritable bowel syndrome (IBS) can be delivered by specially trained generalist nurses working in primary care; if such therapy offers additional benefit over usual general practitioner (GP) care and antispasmodic medication; and if CBT for IBS is cost effective and could identify variables that predict a better outcome in IBS.

Conclusions and results

Both groups improved over time but a considerable difference was noticed on followup in the CBT group. Improvements were significant at the 5% level of probability. Adherence to medication was unaffected and so is unlikely to account for the differences between therapy groups.

For patients allocated to treatment, linear regression showed that male gender, beliefs that IBS had serious consequences, and an external etiology predicted above-average disability at followup. CBT did not reduce costs even when reserved for Rome I positive patients only.

In total, 70% of patients had been diagnosed by a GP without referral to gastroenterology. Most patients referred to the study met the Rome I criteria for IBS. This prevalence was similar whether the patients had been seen only in primary care (85.1%), or also by a gastroenterologist (87.5%). One patient of the 141 tested for celiac serology tested positive. A similar proportion of patients received serology testing for celiac disease prior to referral to the trial, whether or not the patient had been seen only in primary care (11.4%), or also by a gastroenterologist (10.9%).

Recommendations

Patients with IBS who receive CBT improve in several health dimensions. CBT offers additional benefits over mebeverine hydrochloride and GP care alone. These benefits last up to 1 year post cessation of therapy. Therapy does not reduce costs even when reserved for patients with Rome I positive IBS.

Generalist nurses can develop skills in IBS that can be used effectively in the primary care team. Clinical severity is a poor predictor of outcome in IBS, but male gender and a perception that the condition is dangerous or uncontrollable predict a worse outcome.

Methods

Generalist nurses working in UK general practices were recruited and trained to deliver IBS-specific CBT developed by the research team and delivered in a randomized trial of adding CBT to mebeverine in patients referred to the study by GPs. Patients referred to the study had an initial 2 weeks of GP care and were then re-assessed. Patients with moderate or severe IBS then received 4 weeks of mebeverine (270 mgs three times a day) and were reassessed. Patients still reporting moderate or severe IBS were randomized to 6 sessions of CBT plus mebeverine (72 patients) or to mebeverine alone (77 patients). Followup was at the end of therapy and at 3, 6, and 12 months post therapy. The analysis investigated the clinical and economic impact of therapy and identified variables that predict outcome. (Link to Executive Summary above for further details.)

Further research/reviews required

Future research might include:

- the long-term benefit of CBT for IBS and whether it would reduce costs over time, perhaps by reducing referral and surgical intervention
- whether it is more cost effective to use CBT for patients with IBS, or to reserve it for other conditions
- whether availability of CBT can be increased by training nonspecialist health professionals to deliver therapy (either brief, condition-specific training, or more complete and lengthy training).

Written by Dr Tom Kennedy, Guy's Kings and St Thomas' Medical School, United Kingdom

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