Gut-Brain Interactions in Patients with Inflammatory Bowel Disease and the Role of Hypnotherapy in Managing Symptoms

Citation for published version (APA):

Document status and date:
Published: 01/10/2021

DOI:
10.1093/ecco-jcc/jjab053

Document Version:
Publisher's PDF, also known as Version of record

Document license:
Taverne

Please check the document version of this publication:

- A submitted manuscript is the version of the article upon submission and before peer-review. There can be important differences between the submitted version and the official published version of record. People interested in the research are advised to contact the author for the final version of the publication, or visit the DOI to the publisher's website.
- The final author version and the galley proof are versions of the publication after peer review.
- The final published version features the final layout of the paper including the volume, issue and page numbers.

Link to publication

General rights
Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the public portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying the publication in the public portal.

If the publication is distributed under the terms of Article 25fa of the Dutch Copyright Act, indicated by the "Taverne" license above, please follow below link for the End User Agreement:
www.umlib.nl/taverne-license

Take down policy
If you believe that this document breaches copyright please contact us at:
repository@maastrichtuniversity.nl
providing details and we will investigate your claim.

Download date: 17 Sep. 2023
Letter to the Editor

Gut–Brain Interactions in Patients with Inflammatory Bowel Disease and the Role of Hypnotherapy in Managing Symptoms

Johannah Ruddy, a, Tiffany Taft, b Daniel Keszthelyi c

a Rome Foundation, Raleigh, NC, USA b Division of Gastroenterology and Hepatology, Northwestern University Feinberg School of Medicine, Chicago, IL, USA c Department of Internal Medicine, Division of Gastroenterology-Hepatology, Maastricht University Medical Center, Maastricht, the Netherlands

Corresponding author: Johannah Ruddy, MEd., Executive Director, Rome Foundation, Executive Administrator, Rome Foundation Research Institute. 14460 Falls of Neuse Rd. Ste. 149-116, Raleigh, NC 27614, USA. Tel: 505-263-4748; Email: jruddy@theromefoundation.org

We read with interest the editorial by Mekori-Domachevsky and Ben-Horin 1 and applaud the authors for advocating the use of hypnotherapy in inflammatory bowel disease (IBD) with overlapping irritable bowel syndrome (IBS) symptoms, building on results from a recent trial providing much-needed substantiation of its potential benefit for patients with gut–brain disorders.

However, contrary to what the authors suggest, psychological symptoms are not unique only to patients with IBS. Quite the opposite is true, as anxiety and depression are frequent in IBD, occurring in over 40% of patients. 2 In addition, psychological comorbidities have not only been associated with worse clinical outcomes, 2 but can also precede an acute exacerbation of the disease. 3

In fact, amplifying the traditional functional–organic dichotomy of gastrointestinal disease by suggesting the ‘mental component of IBS is more prominent than in IBD’, this may appear to be not only dismissive of patients with IBS but can also be detrimental to those with IBD. It is well established that IBS-type symptoms are common in IBD, and patients with persistent symptomatology are more likely to have mood disorders, more anxiety and lower quality of life, even in the absence of occult inflammation. 4 Disregarding the ‘mental component’ of IBD means patients may be withheld needed psychological (or psychiatric) support. We believe that clinical management of patients with IBD should not only focus on achieving mucosal healing but also actively address issues related to mental well-being. Validated, evidence-based behavioural therapies, including hypnotherapy, exist to address mental health concerns across digestive diseases. These treatments are generally devoid of side effects and have the potential to empower patients with coping skills instead of avoidance behaviours and distorted thinking patterns.

Recent conceptual advances within the field of neurogastroenterology under the Rome IV criteria have reclassified IBS and related conditions as ‘disorders of the gut–brain interaction’. These advances more accurately describe the mechanisms of these conditions, and attempt to mitigate the effects of negative connotations associated with the term ‘functional disorder’ often still used as a synonym for a mental health condition. 5 This becomes particularly relevant as accumulating evidence suggests potential ‘organic’ dysfunctions in IBS, such as perturbations of the intestinal barrier and inflammatory processes.

We therefore applaud the authors’ efforts for reaffirming the use of hypnotherapy targeting brain–gut axis mechanisms to reduce IBS symptoms in IBD patients. Instead of characterizing IBS as more of the ‘brain’ and IBD as more of the ‘gut’ of this system, we recommend conceptualizing all chronic gastrointestinal disease as gut-brain conditions with equal emphasis on the roles of mental and physical health in order to approach disease management in a more patient-centred manner.

Funding
None.

Conflict of Interest
None relevant.

Acknowledgments
We would like to acknowledge the thoughtful contributions of Miranda van Tilburg, PhD, Zlatan Mujagic, MD, PhD and Price Edwards, MD, PhD.

Author Contributions
J.R.: manuscript writing, editing, submission. T.T. and D.K.: manuscript writing, editing.

References

