



Review Article

Relaxation Therapy for Irritable Bowel Syndrome: A Systematic Review

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SUMMARY

Purpose: This study investigated evidence for the use of relaxation therapies as interventions to decrease irritable bowel syndrome (IBS) symptoms and severity as well as reduce anxiety and improve quality of life in IBS patients.

Methods: A search of electronic bibliographic databases (e.g., Medline Ovid, Embase, KoreaMed, and National Discovery for Science Leaders) was conducted to identify randomized controlled trials that included relaxation exercise programs for adults (>18 years old) with IBS. Of the 486 publications identified, 8 studies met inclusion and exclusion criteria, and all studies were used in the meta-analysis. We used Cochrane's risk of bias to assess study quality.

Results: The results showed that IBS symptoms decreased significantly, 6.19 (95% confidence interval [2.74, 14.02]) and there was no heterogeneity. Symptom severity and anxiety decreased by 0.38 (95% confidence interval [−1.41, 0.65]) and −0.08 (95% confidence interval [−0.38, 0.23]) due to relaxation therapies, but these scores were not statistically significant.

Conclusion: This review revealed positive effects of relaxation therapy on IBS symptoms in adult patients with IBS. However, these results should be interpreted with caution due to the small number of studies examined and the associated methodological problems. Further studies are needed to ascertain the long-term effects of relaxation therapy and the underlying psychosocial mechanisms leading to anxiety reduction and improved quality of life.

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Introduction

Irritable bowel syndrome (IBS) is a chronic functional gastrointestinal disease characterized by abdominal pain, diarrhea, constipation, and changes in bowel habits. It is caused by mental factors (e.g., anxiety), stress, and intestinal irritability (Choi, Lee, & Kim, 2005; Keefer & Blanchard, 2001; Lee, 2006; Park et al., 2010). IBS is one of the most common digestive disorders, accounting for approximately 19% of bowel disorders (Choi et al., 2005). The prevalence of IBS among women in the United States and the United Kingdom is approximately 7–24%, compared to 5–19% among men (Chey et al., 2002; Drossman, Whitehead, & Camilleri, 1997). No significant sex differences in IBS prevalence (6.0% for women and 7.1% for men) were observed in South Korea (Han et al., 2006). IBS can occur at any age, but the most common symptoms usually begin before the age of 35; 40% of IBS patients are between the ages of 35–50 (Thomson et al., 1999).

IBS symptoms range from mild to severe. Patients who have mild symptoms may ignore them, while those with severe symptoms may have nongastrointestinal symptoms such as migraines and fibromyalgia, which require medical attention and may affect work performance and everyday life. IBS is often accompanied by psychiatric disorders as well (Azpiroz et al., 2000; Whitehead, Palsson, & Jones, 2002). As many as 42–61% of IBS patients who were referred to a tertiary medical center had associated mental disorders (Corney, Stanton, Newell, Clare, & Fairclough, 1991; Drossman et al., 1999; Ford, Mikker, Eastwood, & Eastwood, 1987; Tonner, Garfinkel, & Jeejeebhoy, 1990), and most suffered from depression, anxiety, and/or somatoform disorders (Sykes, Blanchard, Lackner, Keefer, & Krasner, 2003; Walker, Roy-Byrne, & Katon, 1990). It is not certain whether the high rates of associated psychiatric symptoms are caused by chronic diseases that severely damage the quality of life, whether they frequently co-occur with IBS, or whether IBS occurs as a result of the mental disorders. Therefore, the pathogenesis of IBS is unclear (Choi et al., 2005). The high prevalence of IBS in the economically active population leads to economic burden. IBS is the second leading cause, after the common cold, of workplace absenteeism in the United

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States (Drossman et al., 1993). Surveys in the US have found that those with IBS reported missing an average of 13 days of work during the year, significantly higher than the 5 days reported by control groups. The annual direct cost of IBS treatment in the US is estimated to be \$8 billion and \$22.8 billion won for indirect costs such as lost productivity and absenteeism from work (Sandler et al., 2002; Talley, Gabriel, Harmsen, Zinsmeister, & Evans, 1995). Thus, IBS is a chronic disease that requires urgent management.

Due to the clinical features of IBS, a variety of treatments have been developed. According to the clinical practice guidelines of the Korean Society of Neurogastroenterology and Motility, many IBS patients are treated mainly with diet and medication (Kwon et al., 2011). However, psychiatric treatment is recommended if IBS symptoms are severe, if medications fail, or if psychosocial factors or stress are exacerbating IBS symptoms. Such treatments include cognitive behavioral therapy, dynamic psychotherapy, hypnotherapy, and relaxation techniques. Psychiatric treatments are reported to have therapeutic effects similar to that of medication for some IBS patients, suggesting a need for additional clinical interventions and evaluations of their efficacy in this population.

On the other hand, some researchers suggest that patients with chronic medical conditions such as IBS are often not considered sufficiently ill to require inpatient care; therefore, they must maintain a normal social life regardless of their physical limitations, reconstruct the meaning of their lives, and manage their illness (Health Policy Forum/Academy of Critical Health Policy, 2010). Relaxation therapy is a nursing intervention, which raises the issue of therapeutic trust between the patient and the nurse, as simple training without any special medication or devices. Based on the characteristics of IBS, the high prevalence of IBS in the economically active members of the population, and the chronic nature of IBS symptoms, psychotherapy is needed in addition to drug therapy to provide self-management skills for individuals with IBS to use in everyday life. Currently, relaxation techniques used in psychotherapy with IBS patients include progressive muscle relaxation, self-discipline, meditation, and imagery, all of which are increasingly used to manage a variety of chronic diseases and as part of positive nursing interventions (Han, 1997; Jeong, 2004; Lee et al., 2002).

From a nursing perspective, it is meaningful to examine the effects of relaxation techniques for efficient IBS management because IBS imposes a substantial economic burden on patients and society. The Cochrane Collaboration has sought scientific evidence for the treatment of patients with IBS; there were also separate studies that sought to verify the effects of hypnotherapy (Webb, Kukuruzovic, Catto-Smith, & Sawyer, 2008). Acupuncture and relaxation techniques were only partially examined since they were often associated with cognitive behavioral therapy and interpersonal psychotherapy (Manheimer et al., 2012; Zijdenbos, de Wit, van der Heijden, Rubin, & Quartero, 2009). This study was a systematic literature review of the randomized controlled trials (RCTs) on patients with IBS to evaluate evidence of the efficacy of relaxation techniques to improve patients' quality of life and reduce symptoms of IBS, depression, anxiety, and stress.

The purpose of this systematic review is to present the best available evidence on the effect of relaxation therapy on symptom relief, severity of symptoms, anxiety, and quality of life for adult patients with IBS.

Methods

Study design

This study was a systematic review of RCTs to verify the effects of relaxation therapy on symptom relief, severity of symptoms, anxiety, and quality of life of patients with IBS.

Search strategy

This study was conducted according to the Cochrane Handbook for Systematic Reviews of Interventions (Higgins & Thompson, 2002) and the statement by the Preferred Reporting Items for Systematic Reviews and Meta-analyses group (Moher, Liberati, Tetzlaff, & Altman, 2009).

Key questions

Participants were patients aged 18 years and over diagnosed with either validated diagnostic criteria (Rome or Manning) or a clinical diagnosis of IBS.

The interventions chosen were relaxation therapy defined as breathing, meditation, muscle relaxation, biofeedback, and visualization techniques taught and supervised by nurses or other professional therapists.

Routine conservative treatment such as drug therapy or no intervention was selected for comparison. In cases of RCTs with more than three arms, we were only concerned with the results of relaxation therapy and the control group.

The main outcomes measured were symptom relief, IBS symptom severity score, and anxiety and quality of life according to patient self-reported questionnaire.

Only RCTs were included.

Data sources and study selection

The following sources were used as the main search databases: KoreaMed, National Discovery for Science Leaders, Ovid-Medline, Embase, Cochrane Central Register of Controlled Trials, Cumulative Index to Nursing and Allied Health Literature, and PsycARTICLES. In addition, the websites of the Korean Society of Nursing Science, Korean Society of Adult Nursing, Korean Academy of Psychiatric and Mental Health Nursing, Korean NeuroPsychiatric Association, the Korean Society of Stress Medicine, *Korean Journal of Psychosomatic Medicine*, *the Korean Journal of Gastroenterology*, and the Korean Society of Neurogastroenterology and Motility were searched to include all Korean academic journals that deal with the associated field. Data were retrieved in February 2013.

Keywords came from participants and interventions, and included components of the key questions outlined above. The keywords searched in Korean databases were chosen based on the search function of each database. Mainly, "irritable bowel syndrome" and "relaxation therapy" were used. Studies searched in KoreaMed were limited to RCTs. Medical Subject Headings terms and related terms were checked for efficient search in International databases (DBs), and exploded searches were performed. We also employed an additional search to enable free-text search on the paper title, abstract, or subheadings. We conducted exploded searches using Medical Subject Headings terms such as "irritable bowel syndrome" and "colonic disease" for IBS, in addition to using "irritable bowel syndrome.mp" and "irritable bowel.mp". Search terms for relaxation therapy were gathered based on terms from Cochrane's or other systematic reviews. Keywords used to search for relaxation therapy included "meditation", "progressive muscle relaxation", "autogenic training", "deep breathing", and "breathing exercises". We conducted systematic searches using keywords and truncation, wild cards, and proximity operators from the "participants and intervention" method to enhance search efficiency. The filter for RCTs was the pre-tested search strategy proposed by the Scottish Intercollegiate Guidelines Network that identifies higher quality evidence from the vast amount of literature indexed in major medical databases.

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