

Psychological Considerations and Interventions in Inflammatory Bowel Disease Patient Care

Tiffany H. Taft, PsyD^{a,*}, Sarah Ballou, PhD^b, Alyse Bedell, MS^a, Devin Lincenberg, PsyD^c

KEYWORDS

- Inflammatory bowel disease • Psychology • Mental health • Psychotherapy
- Behavioral interventions

KEY POINTS

- Psychological health is an important yet neglected aspect of inflammatory bowel disease (IBD) patient care, with challenges in identifying proper treatments and mental health resources.
- Psychological distress typically occurs due to disease impact, treatment concerns, intimacy concerns, and stigma. Left untreated, psychological distress has direct negative impacts on patient outcomes.
- Several evidence-based treatments are available for most causes of psychological distress in patients with IBD, the most widely accepted being rooted in cognitive behavioral theory.
- Patients want their gastroenterologist to discuss psychological issues during routine visits, and many are open to or desire referral to qualified mental health providers for concurrent treatment.

INTRODUCTION

Psychosocial challenges for patients with inflammatory bowel disease (IBD) are critical considerations when managing care. These constructs have garnered much needed attention in recent years. However, psychological research represents only

Disclosures: T.H. Taft has an ongoing speaker relationship with Janssen pharmaceuticals for patient education programs. All other authors have nothing to disclose.

Funding: Funded by NIH (1T32DK101363).

^a Division of Gastroenterology, Northwestern University Feinberg School of Medicine, 676 North Saint Clair Street #1400, Chicago, IL 60611, USA; ^b Department of Medicine, Beth Israel Deaconess Medical Center, 330 Brookline Avenue, Boston, MA 02215, USA; ^c Oak Park Behavioral Medicine LLC, 101 N. Marion Street #313, Oak Park, IL 60301, USA

* Corresponding author. 676 North Saint Clair Street #1400, Chicago, IL 60611.

E-mail address: ttaft@northwestern.edu

Gastroenterol Clin N Am ■ (2017) ■-■
<http://dx.doi.org/10.1016/j.gtc.2017.08.007>

gastro.theclinics.com

0889-8553/17/© 2017 Elsevier Inc. All rights reserved.

approximately 2% of all published IBD-related inquiry (74 of 4470 articles indexed on PubMed in 2016) and translation of research findings to clinical practice is challenging. Considerable evidence shows IBD impacts health-related quality of life,¹ causes psychological distress,² and psychological and behavioral interventions can mitigate some negative impacts to patient outcomes.^{3,4}

Anxiety and depression are the most commonly researched psychological comorbidities in IBD. A 2016 systematic review reports the prevalence of clinical anxiety *disorders* is 21% in patients with IBD, whereas the prevalence of anxiety *symptoms* (eg, subclinical scores on standardized anxiety measures) is 35%; rates of depression are somewhat lower, with 15% having a depressive disorder and 22% reporting depressive symptoms.² Detailed reviews of anxiety and depression in IBD are conducted elsewhere. Rather, we aim to review potential psychosocial challenges for patients with IBD within these 2 overarching, often-used terms and provide recommendations for appropriate interventions to mitigate negative impacts on patient care and outcomes.

PSYCHOLOGICAL CONSIDERATIONS IN INFLAMMATORY BOWEL DISEASE

We know approximately one-third of patients with IBD experience anxiety and depression, but what is driving these symptoms? The 1991 study by Drossman and colleagues⁵ outlines 4 main areas of patient concerns: disease impact, treatment, intimacy, and stigma. Subsequent research on IBD psychosocial issues generally tracks these domains, with additional nuance emerging as investigation in this area evolves.⁶ Evidence-based psychological treatments exist for most IBD mental health concerns. Of available psychotherapies, cognitive behavioral therapy (CBT), originally developed to treat depression,⁷ shows consistent efficacy when applied to a wide range of psychiatric and medical conditions, including IBD, and may be effective in mitigating several of the psychological issues outlined in this review.

What Is Cognitive Behavioral Therapy?

In CBT, patients are taught to understand the relationship among situations, thoughts, behaviors, physical reactions, and emotions. Patients learn to change thoughts (through cognitive reframing), behaviors (through scheduled or prescribed changes in activity or responses), and levels of physiologic arousal (through relaxation exercises) to reduce emotional distress. In behavioral medicine settings, the CBT model is used to help patients cope with distress related specifically to a medical condition. In IBD, CBT has not been shown to consistently alter disease outcomes, but is effective in improving quality of life, coping skills, medical adherence, and underlying symptoms of anxiety or depression.⁸ As such, as we outline psychological distress in patients with IBD, potential CBT-based interventions are proposed in **Box 1**.

INFLAMMATORY BOWEL DISEASE IMPACT

Disordered Eating

Food is a fundamentally important aspect of life that can pose particular challenges for patients with IBD. Most patients hold strong beliefs about how food impacts their illness, but many do not receive adequate help.^{9,10} Many patients with IBD determine what foods are “safe” versus “unsafe” based on subjective experience.^{11,12} Some turn to one of many popular exclusion diets. Following long-term dietary regimens can produce maladaptive attitudes, including anxiety, toward food.¹³ Although clinical eating disorder pathology (ie, anorexia nervosa) is possible, the more common risk in IBD is development of *disordered eating (DE)*, or dysfunctional eating behaviors,

Download English Version:

<https://daneshyari.com/en/article/8727689>

Download Persian Version:

<https://daneshyari.com/article/8727689>

[Daneshyari.com](https://daneshyari.com)