

Common psychological issues in gastrointestinal conditions: What are they, and suggestions on how to address them

Consistent with patient experiences, there is convincing evidence of the bi-directional brain-gastrointestinal (GI) relationship. Reflecting this is the evidence that symptoms of anxiety and depression appear in at least 25% and 20% of patients with GI presentations, respectively. Research has also shown that anxiety and/or depression is linked to poorer GI condition management and can predict exacerbation in GI condition activity, see Figure 8.1.

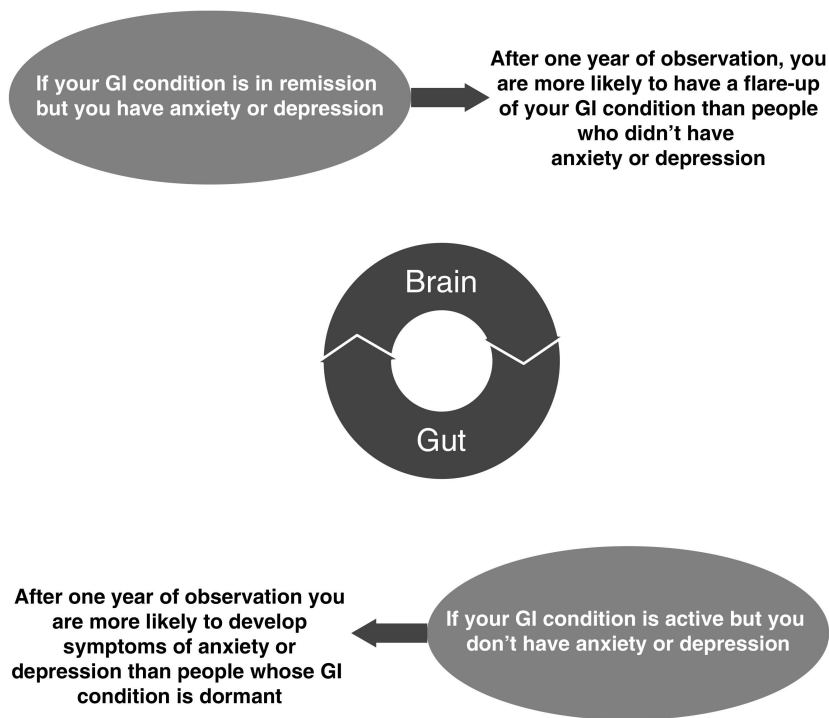


Figure 8.1 Brain-to-gut and gut-to-brain links in GI conditions (read clockwise).

Given these strong links between mental health and GI symptoms and activity, it is important to be aware of how best to manage both mental and physical health. A key to managing both is being aware of your symptoms and engaging in strategies that help to address them. How you cope is important: adaptive coping may be particularly useful (e.g., seeking social support, discussing and planning to address health concerns with your healthcare team, keeping physically fit and active).

What are the common psychological issues in GI conditions?

While there are close to 300 mental health disorders, the most common symptoms reported in individuals living with GI conditions are those associated with anxiety and depression. A summary of the most common disorders and their symptoms are outlined below:

Depression (i.e., Severe depressed mood for most of the day, every day for at least 14 days; other symptoms include: feeling worthless, guilty, diminished weight, diminished pleasure in activities, loss of energy, concentration problems);

Persistent depressive disorder/dysthymia (i.e., Low-to-moderate depressed mood for most of the day, every day for the last 2 years; other symptoms include: feeling hopeless, low self-esteem, loss of energy);

Panic disorder (i.e., Recurrent periods of sudden anxiety [often referred to as panic attacks], which can include symptoms of sweating, increased heart rate, fast breathing, trembling, chest pain, dizziness, fear of dying/losing control);

Panic Disorder with agoraphobia (i.e., Panic disorder with the additional concern of being in places where escape might be difficult);

Generalised anxiety disorder (i.e., Anxiety and worry about multiple aspects of life and occurring most days for at least 6 months, difficulty controlling worry, fatigue, restlessness, difficulty concentrating, muscle tension, and irritability);

Post-traumatic stress disorder (i.e., Experienced or witnessed a significantly traumatic event which causes an individual to re-experience recollections of the event, avoiding situations which remind individual of the traumatic event, difficulty sleeping and concentrating, and having periods of anger, fatigue, restlessness, muscle tension, and irritability);

Social anxiety disorder (i.e., Persistent fear of a social or performance situation leading to avoidance of certain activities, fear is excessive);

Obsessive-Compulsive Disorder (i.e., Recurrent and persistent thoughts/images that are unwanted, causing anxiety that may result in repetitive behaviours, e.g., hand washing, checking, counting).

Along with anxiety and depression, individuals with GI conditions may also experience eating-related difficulties which, while potentially related, are independent from a diagnosed GI condition, two of the most common forms are:

Anorexia nervosa (i.e., Intense fear of gaining weight despite being underweight, refusal to maintain normal body weight, distorted perception of body weight);

Bulimia nervosa (i.e., Over-concerned with weight, a sense of lack of control over eating, recurrent episodes of binge eating coupled with purging behaviour such as vomiting and taking laxatives).

The above mental health conditions, are not necessarily independent from each other and can vary in terms of their severity and psychosocial impact. Given this, it is important that individuals with concerns seek a psychological assessment and advice by a qualified mental health professional. It is also important to be aware that there are many highly effective forms of psychological interventions that can be tailored to meet your needs, symptoms, and circumstances. If you have questions about any symptoms identified above, talk with your mental health provider and/or medical provider.

General recommendations regarding improving mental and physical health

Psychological well-being: A key to being able to cope with problems associated with GI conditions is reducing psychological stress. This can be accomplished in several ways:

- ✓ Ensure that you engage in activities that allow you to relax. For example, make time to meditate, go for a walk, engage in slow, monitored breathing and/or progressive muscle relaxation.
- ✓ Stop ‘wishing’ the situation will change – act in a proactive way.
- ✓ Stop criticizing what happens as a consequence of GI-related problems and concentrate on ‘how’ to solve the problems.
- ✓ Spend more time with family and friends.
- ✓ Identify a set of simple activities you can do that will reinforce positive feelings. Set time aside for yourself to read a book, magazine, newspaper, and so on.
- ✓ Set realistic goals for yourself. Once a goal is achieved, develop a new one.
- ✓ Talk to someone when you need advice or help.

Physical well-being: Understandably, living with a GI condition has a significant impact on physical well-being; however, identifying how you can enhance your physical health is essential.

- ✓ A healthy diet is essential to keep the gastrointestinal system in proper order. Standard dietary recommendations suggest that adults should consume, on average, five servings of vegetables; two servings of dairy products; one serving of meat products; two servings of fruit; and four servings of cereal or grains per day. However, it is recommended if you have a GI-related condition, that you get advice from your health practitioner and a registered dietician.

- ✓ Due to the problems associated with eating at irregular times, it is suggested that individuals set regular times to eat. By setting a specific time at which to eat, it allows the body to habituate to expect food, even while other meals can be eaten at more irregular times.
- ✓ Try to have at least one meal per day with family.
- ✓ Exercise is important. It is recommended that you exercise regularly, around 20 minutes per day. This exercise does not have to be vigorous; it can just involve light activity, such as a walk around a park or the block. Exercise has several beneficial effects on the GI system, including improved digestion and intake of key nutrients. Exercise also has the benefit of promoting sleep quality and quantity and increases appetite.
- ✓ If you are taking a medication, talk to your medical provider about the best times to take it and the possible side effects.

Sleep: Sleep is an important process; without it individuals can become not only fatigued but less able to fight off infection and more at risk of the exacerbation of their chronic conditions. Several strategies have been found to help individuals improve their quality and quantity of sleep:

- ✓ Have a regular routine (also called sleep hygiene) before bed, irrespective of sleeping during the day or night. For example, having a shower or bath, spending 30 minutes relaxing (e.g., meditation, light exercise, reading a book), clean teeth, and then go to bed at a set time. By keeping a regular routine, the body learns when it is expected to sleep (or when it is wanted).
- ✓ The best sleeping environment is one that has a cool constant temperature, good airflow, and is dark and quiet. If there is outside noise, a constant background noise may help you sleep (e.g., relaxation tapes, radio).
- ✓ Coffee or tea consumption should stop at least 2 to 4 hours before you go to sleep. Coffee and tea can also exacerbate gastrointestinal-related symptoms.
- ✓ Avoid smoking before going to bed, its chemicals can provide a stimulatory effect, therefore decreasing the ability to sleep. Smoking can also exacerbate GI-related symptoms.

Some of the content included in this handout was provided by Dr Simon Knowles. This handout was written by Associate Professor Antonina Mikocka-Walus, Ms Catherine Emerson, Dr Lisa Olive, and Dr Simon Knowles based upon their chapter entitled “Psychogastroenterology with Adults: A Handbook for Mental Health Professionals” (Chapter 8) from Knowles, S.R., Keefer, L., & Mikocka-Walus, A. (2019). Psychogastroenterology with Adults: A Handbook for Mental Health Professionals. Oxon, UK: Routledge Press.