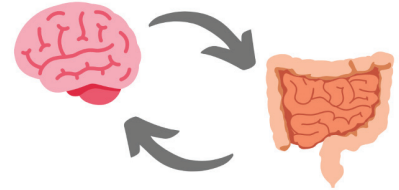


# How to Recommend Brain-Gut Behavior Therapies to Patients with Disorders of Gut-Brain Interaction

**Introduce the option of brain-gut behavior therapy early on to avoid adding stigma.**

**Do not wait until all other approaches have failed!**



- Explain rationale for referral to GI Psych
- Stress can contribute to worsening symptoms and these symptoms can produce emotional distress. The stress of having a chronic GI illness can make the symptoms worse.
- The brain and the gut are interconnected, and some individuals have a sensitive gut that amplifies the symptom response. We are able to calm this response.
- The brain can learn to downregulate pain and behavioral treatments can reduce pain and even improve bowel habits.

## Recommended Treatments:

### Cognitive-Behavioral Therapy (CBT):

CBT is a short-term, collaborative treatment approach. Customized for IBS and other GI conditions. CBT works well for patients preoccupied with their symptoms, have symptom-related anxiety, or would like to improve stress management skills. CBT is typically 4-8 sessions and is associated with 70% of patients achieving adequate symptom relief and improved quality of life.

### Gut-Directed Hypnosis:

Hypnotherapy encourages a state of focused attention and deep relaxation. Images and verbal suggestions have a positive influence on gut symptoms. Hypnotherapy can treat IBS and can have a quieting effect on gut sensations and help normalize motility. Studies have shown that 75% of patients with severe, refractory IBS achieve at least 50% symptom reduction after a course of hypnotherapy. Treatment is typically seven sessions.

### Appropriate Patient Referrals to GI Psych:

- Diagnosed with a Disorder of Gut-Brain Interaction (DGBI)
- The patient has adequate motivation and is open to a behavioral approach
- Diagnosed with IBD- especially newly diagnosed or with IBS or other DGBI overlap

### Inappropriate Patient Referrals to GI Psych:

- Depression, anxiety, OCD are the primary presenting problem **unrelated** to GI conditions
- Untreated eating disorder or BMI <17
- Active substance abuse
- The patient is not receptive or open to the role of stress/emotions in symptom exacerbation
- Poor motivation-patient must be willing to do homework and incorporate behavioral skills



**Additional Provider Resources:** [www.theromefoundation.org/rome-gastropsych](http://www.theromefoundation.org/rome-gastropsych)

**Patient Video Library:** [www.theromefoundation.org/patient-educational-q-a](http://www.theromefoundation.org/patient-educational-q-a)  
[www.theromefoundation.org/what-is-a-disorder-of-gut-brain-interaction-dgbi](http://www.theromefoundation.org/what-is-a-disorder-of-gut-brain-interaction-dgbi)

**Join the Rome GI Psych Section:** [www.romegipsych.org/provider-signup](http://www.romegipsych.org/provider-signup)