

Gut-Brain Interactions in patients with Inflammatory Bowel Disease (IBD) and the role of Hypnotherapy in Managing Symptoms

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We read with interest the editorial by Mekori-Domachevsky and Ben-Horin¹ and applaud the authors for advocating the use of hypnotherapy in IBD with overlapping 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 irritable bowel syndrome (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 GI disease by suggesting the *“mental component of IBS is more prominent than in IBD”* 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) supports. 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 behavioral 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 behaviors 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 GI 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-centered manner.

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