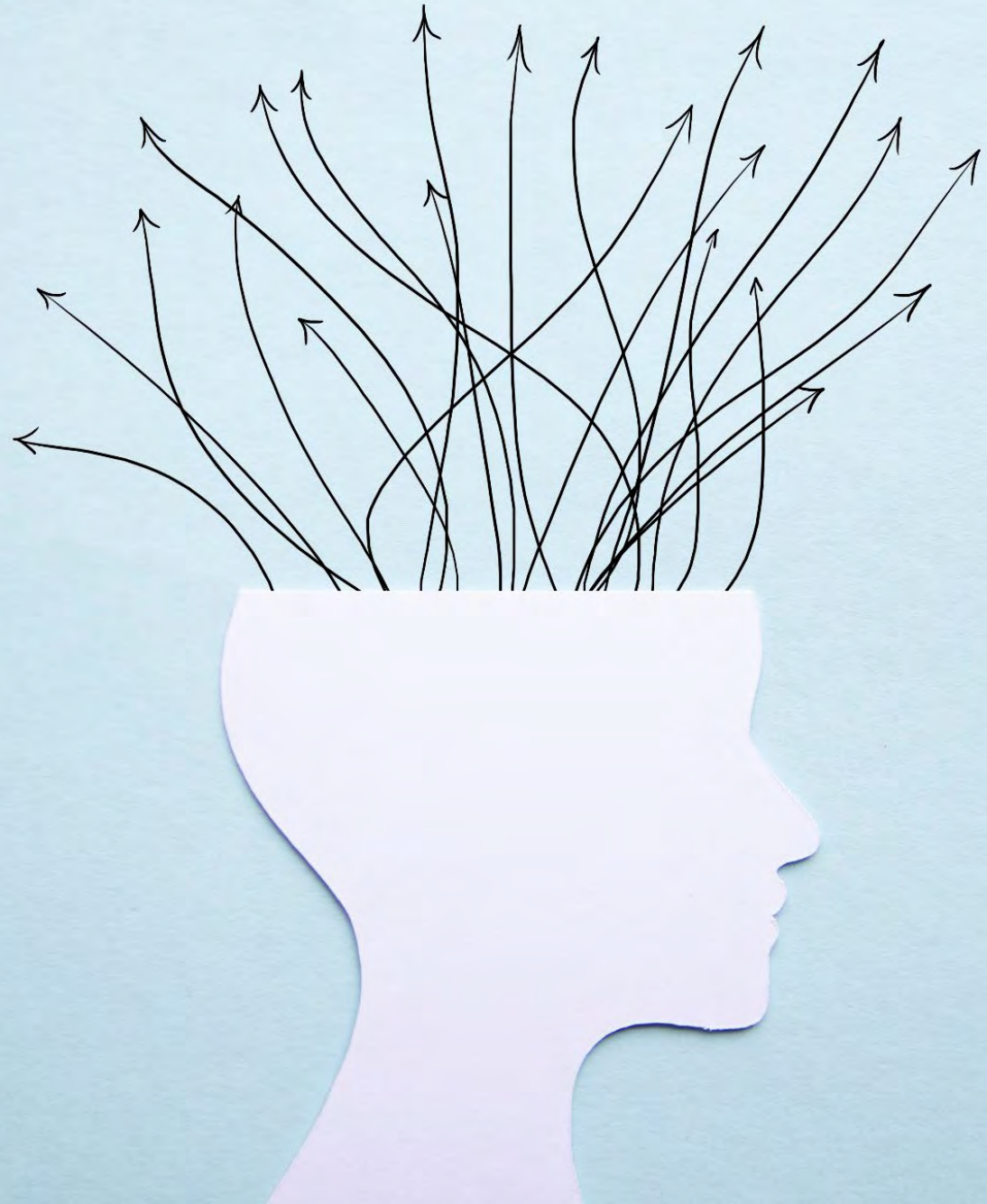


Cognitive Behavioral Approaches to Empower Patients with IBD

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I have no disclosures.



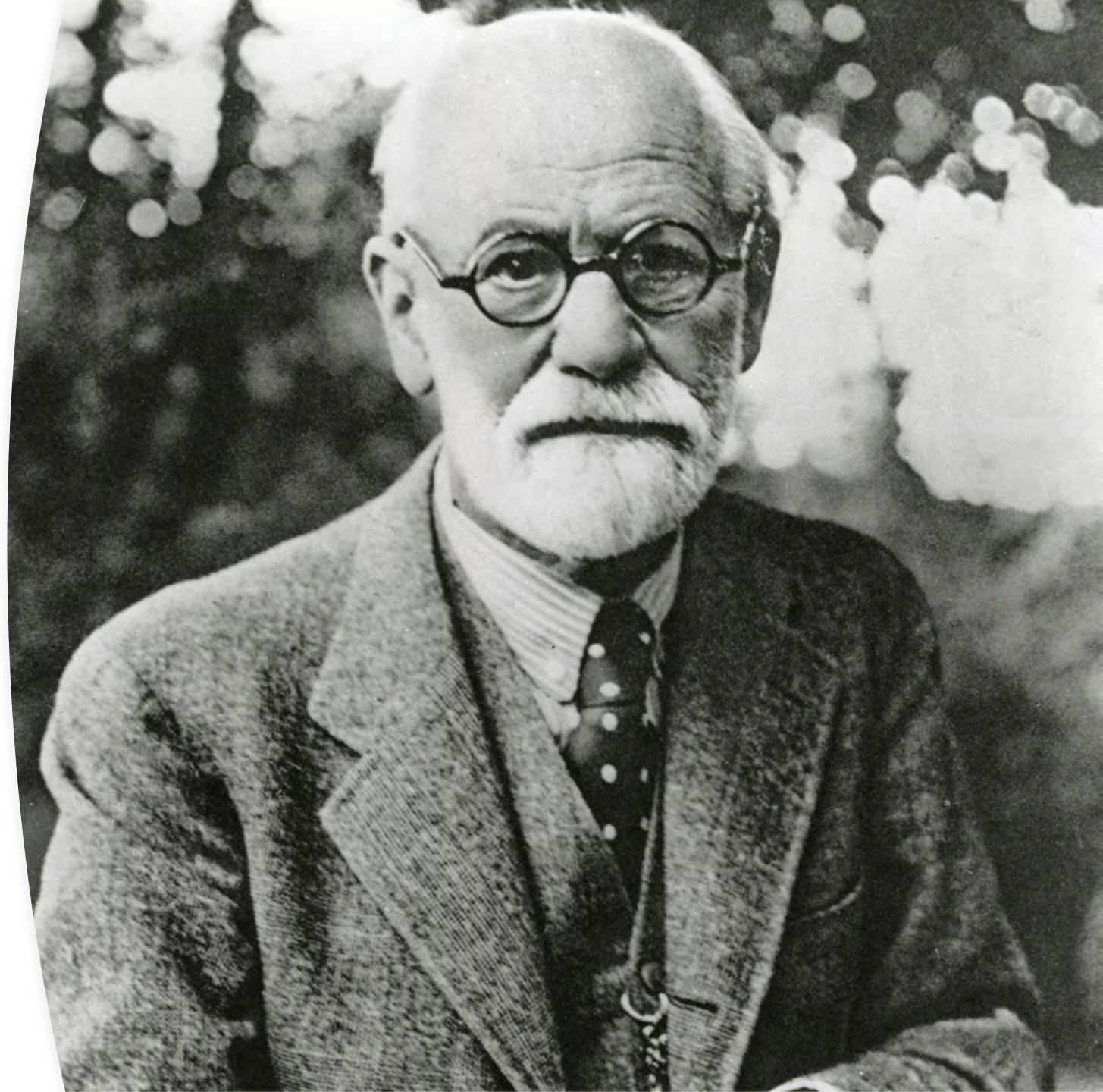


Outline

- Our thoughts, feelings, and actions are tightly linked in a cycle
- This cycle often gets distorted in patients with IBD, which can lead to more symptoms and worse quality of life
- Cognitive behavior therapy (CBT) aims to bring these cycles back in line with reality and improve quality of life

Before we begin...

- We will not be talking about your earliest memories or your relationship with your mother
- Your IBD symptoms are not “all in your head”
- You do not need to have a psychiatric condition to benefit from CBT





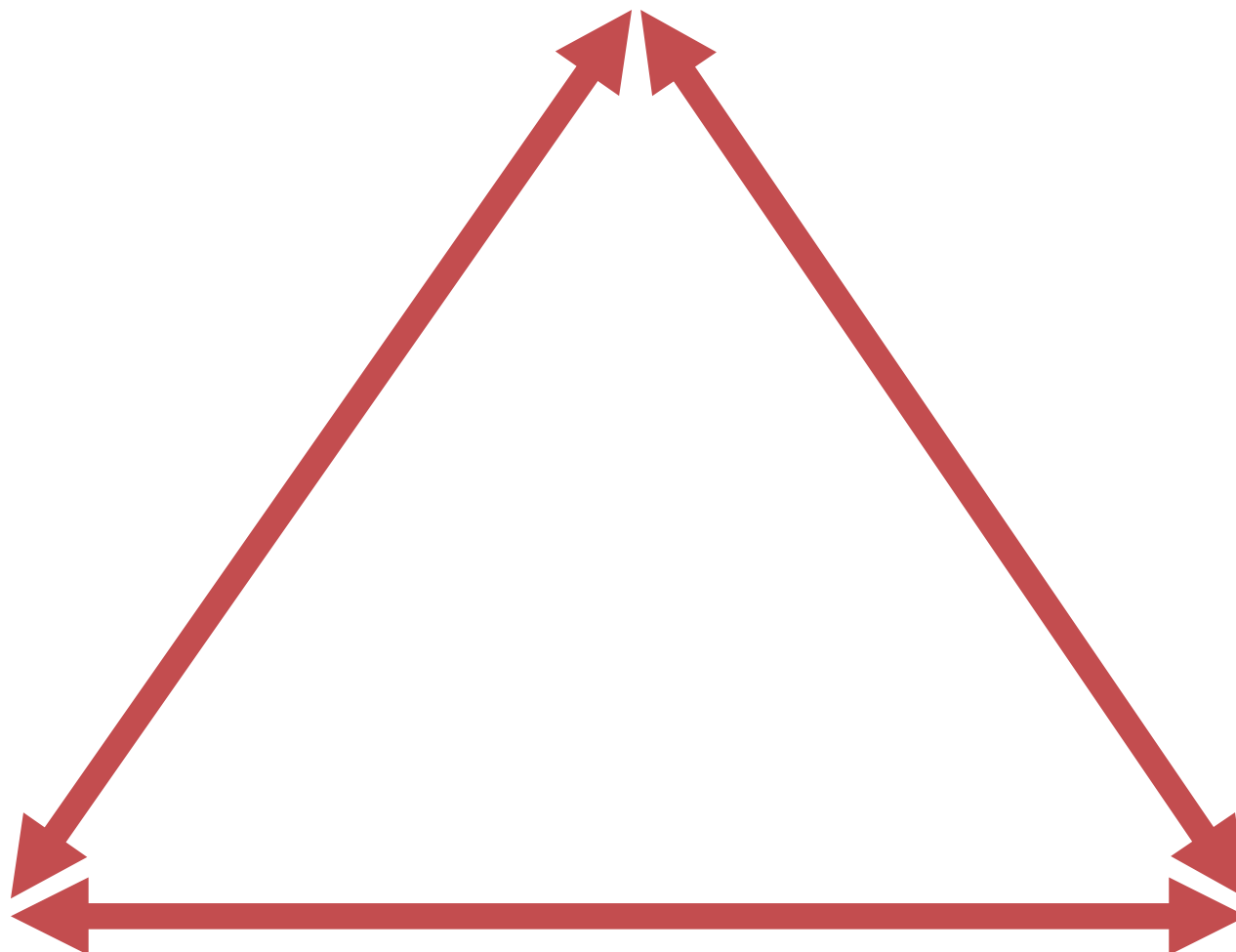
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THOUGHTS

ACTIONS

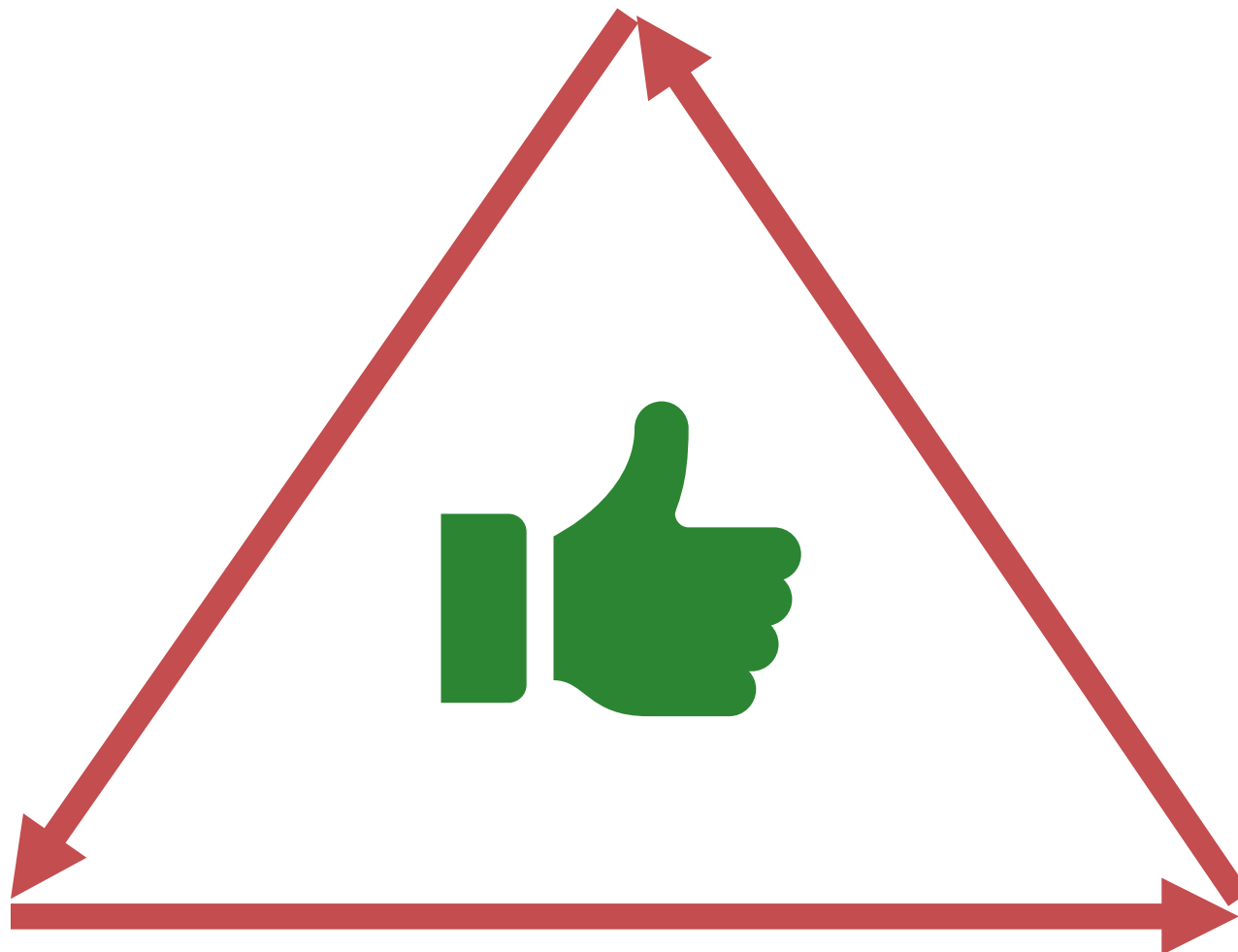
FEELINGS



THOUGHTS

FEELINGS

BEHAVIORS



The Cycle of Thoughts, Feelings, and Actions

- Happening in everyone all the time – it's part of how the mind works
- Often automatic and outside of conscious awareness
- Shaped by past experiences, personality, and reinforcement
- Directly impacts how we perceive and respond to challenges



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“What if I have diarrhea?”

“What if I can’t get to the restroom in time”

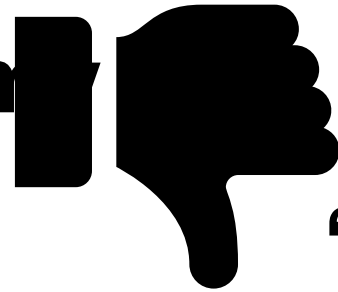
“I would be humiliated”

“I could never show my face again”

“Even if I go out, I’ll be so worried I won’t have fun”

“If I have to leave, people will think I’m flaky”

“People will notice if I’m not eating”



Cancel your plans

You feel stressed and guilty

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THOUGHTS



ACTIONS

FEELINGS

Working with Thoughts

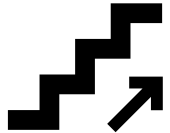
- **Thought records** help identify and challenge cognitive distortions

Cognitive Distortion	Example
Catastrophizing	“If I have another flare, I won’t be able to work, and my whole life will fall apart”
Overgeneralization	“I had a bad reaction to one medication, so no treatments will ever work for me”
Mind Reading	“People think I’m flaky or making excuses when I cancel plans because of my symptoms”
Should Statements	“I should be able to manage this disease without asking for help”
Emotional Reasoning	“I feel hopeless about my IBD, so my future will always be miserable”

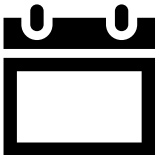
Working with **Actions**



Behavioral experiments test the assumptions holding you back



Gradual exposure helps overcome avoidance and fear



Activity scheduling restores self-efficacy and improves mood

Working with **Feelings**



- Grounding techniques
- Deep breathing
- Progressive muscle relaxation
- Walking meditation
- Interoceptive exposure



Cognitive Behavioral Therapy

During cognitive behavioral therapy (CBT), patients work with a therapist to identify and change negative thought patterns and behaviors that contribute to depression and anxiety. This evidence-based treatment has been shown to improve patients' quality of life.

Gut-Directed Hypnotherapy

This treatment uses deep relaxation exercises, such as meditation and guided imagery, to teach patients how to feel more in control of their symptoms. IBD patients using gut-directed hypnotherapy have shown positive results in research studies, such as a longer remission periods and reduced inflammation throughout the body.

Mindfulness Based Therapy

This evidence-based intervention, which includes meditation, has been shown to help improve depression, anxiety, and overall quality of life.



Self-help Cognitive Behavioral Therapy Improves Health-Related Quality of Life for Inflammatory Bowel Disease Patients: A Randomized Controlled Effectiveness Trial

Melissa G. Hunt¹ · Paddy Loftus¹ · Michael Accardo¹ · Mary Keenan¹ · Lauren Cohen¹ · Mark T. Osterman²

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Abstract

Patients with inflammatory bowel disease (IBD) often have poor health-related quality of life (HRQL) and are at risk for anxiety and depression. Cognitive behavioral therapy (CBT) can help patients with IBD cope with their disease. Unfortunately, barriers to care include expense and availability of qualified therapists. Stand-alone, self-help CBT could improve access to care. This study examined the effectiveness of a self-help CBT workbook for patients with IBD. A randomized controlled trial compared the CBT workbook to an active psychoeducational control workbook. A total of 140 participants enrolled. In both groups, scores improved on a range of measures, including catastrophizing, visceral sensitivity, and HRQL, although pre-post effect sizes were generally larger in the CBT group. Only participants in the CBT group experienced significant improvements in anxiety and depression. Improvements were generally maintained or consolidated at 3-month follow-up. Self-help CBT can be an effective and inexpensive way to improve HRQL for patients with IBD.

CBT and the Brain-Gut Axis

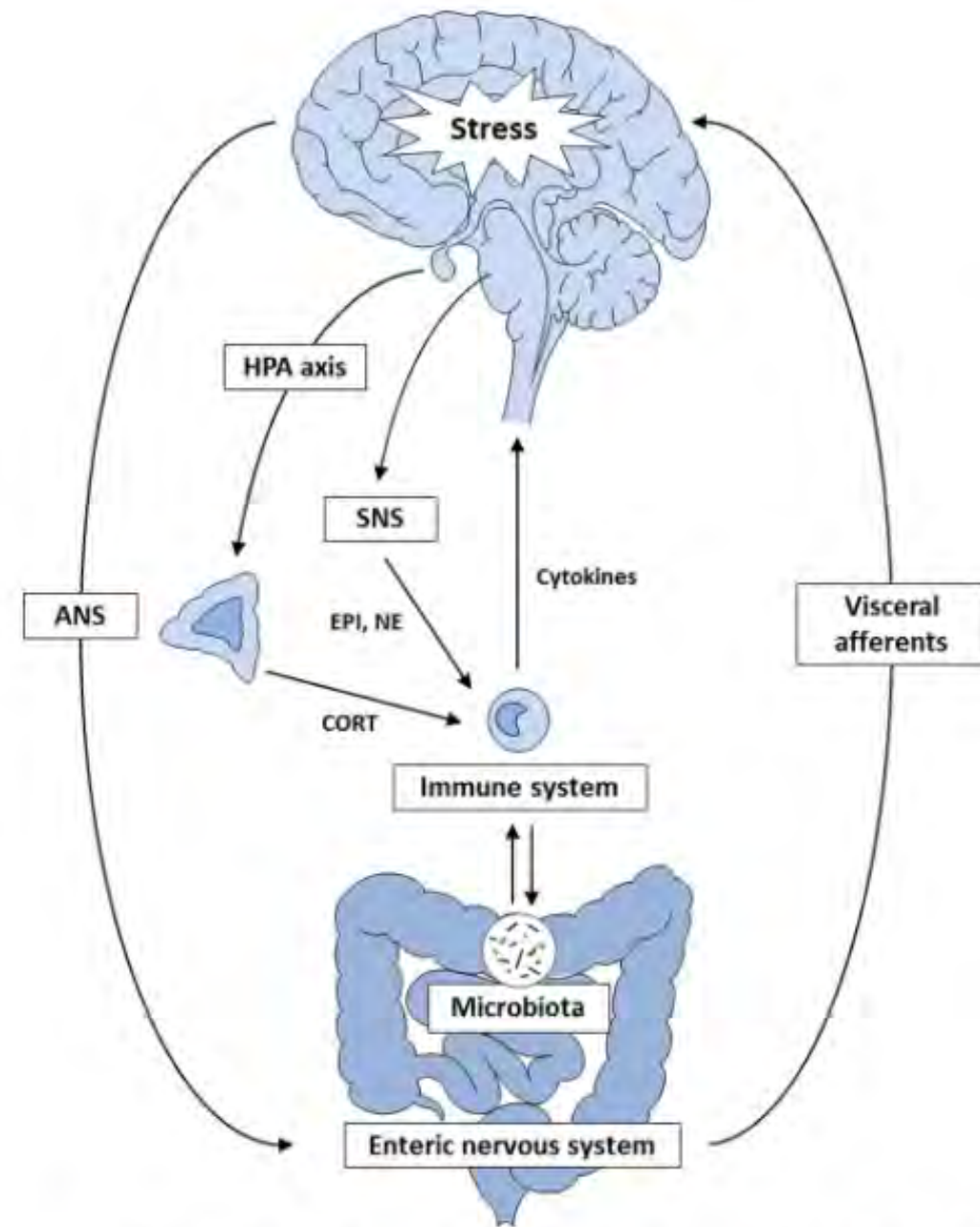
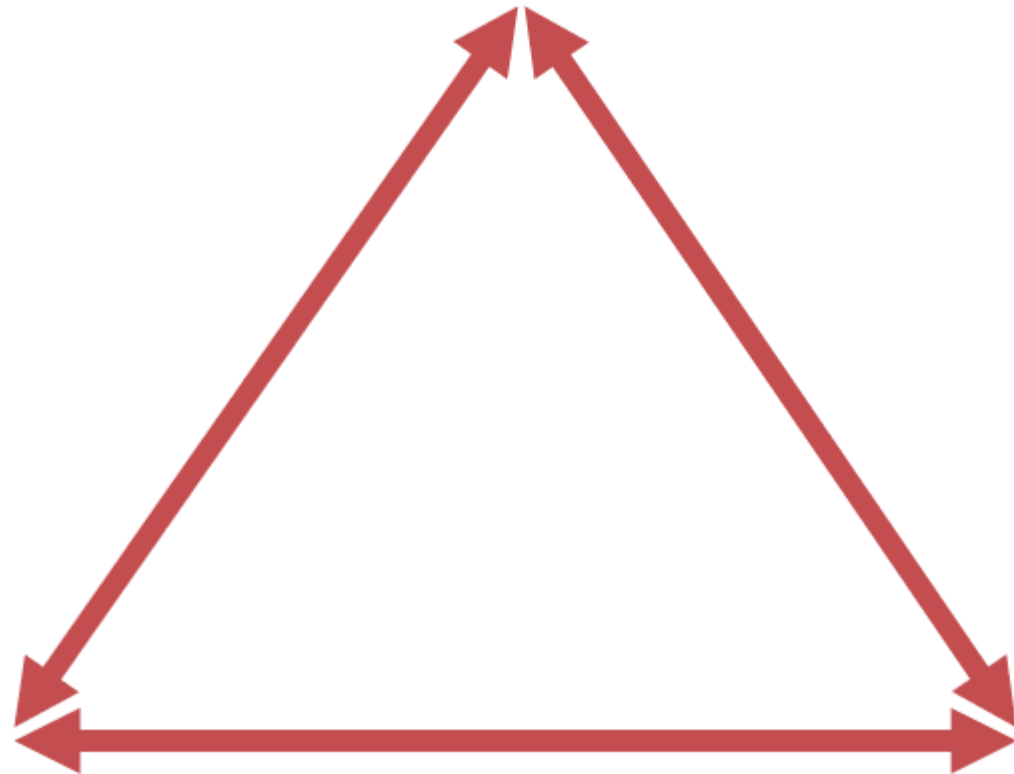


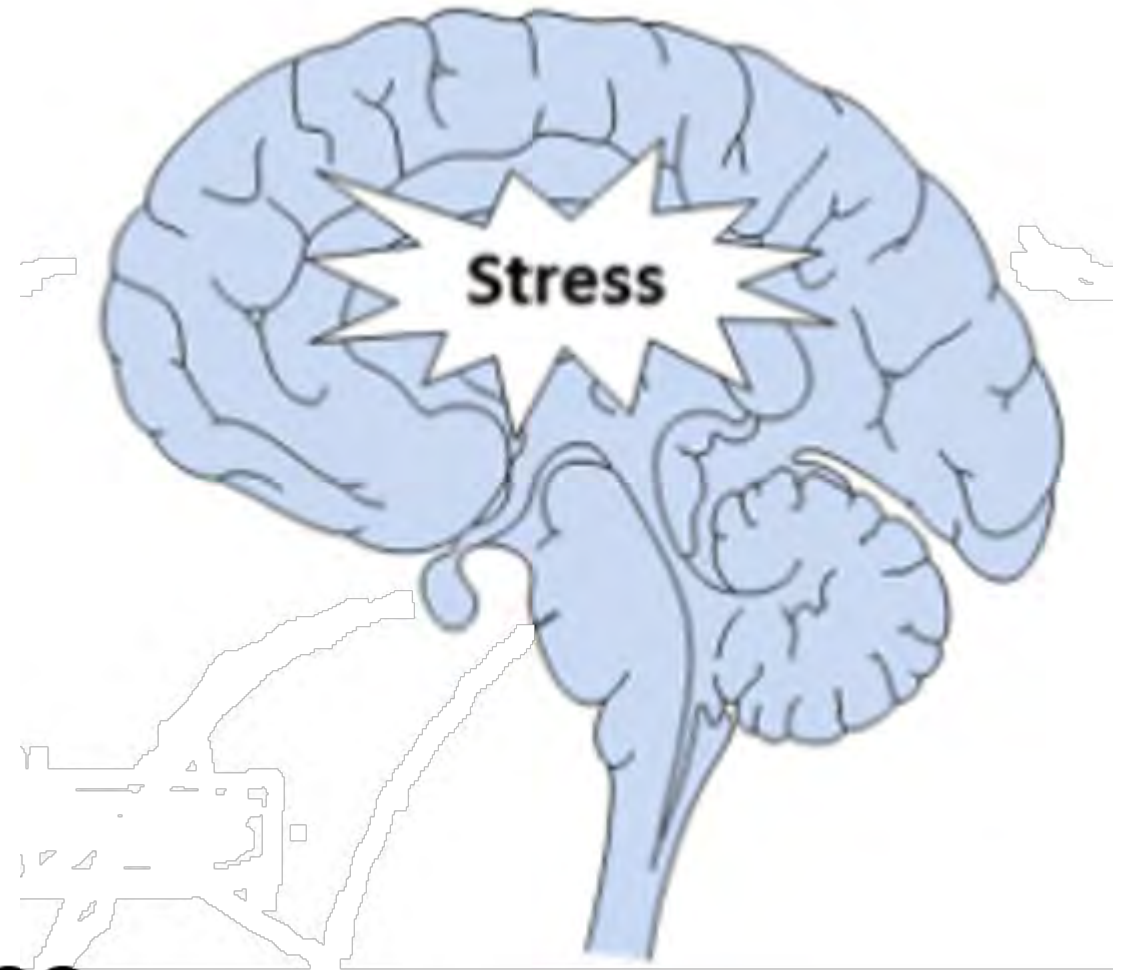
Fig. 1. Pathways of the brain-gut axis. Schematic representation of the bidir-

THOUGHTS



ACTIONS

FEELINGS



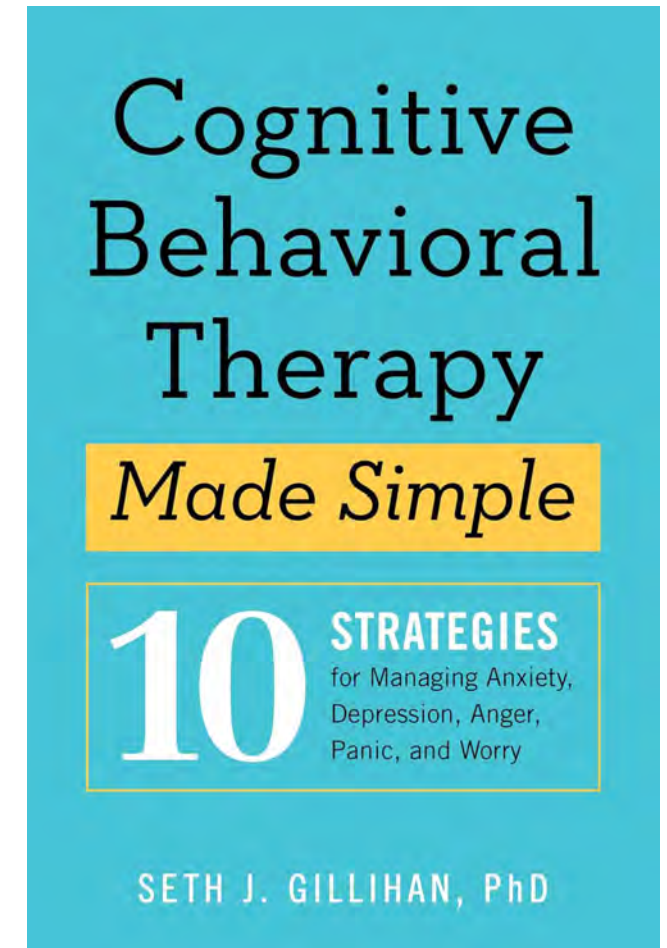
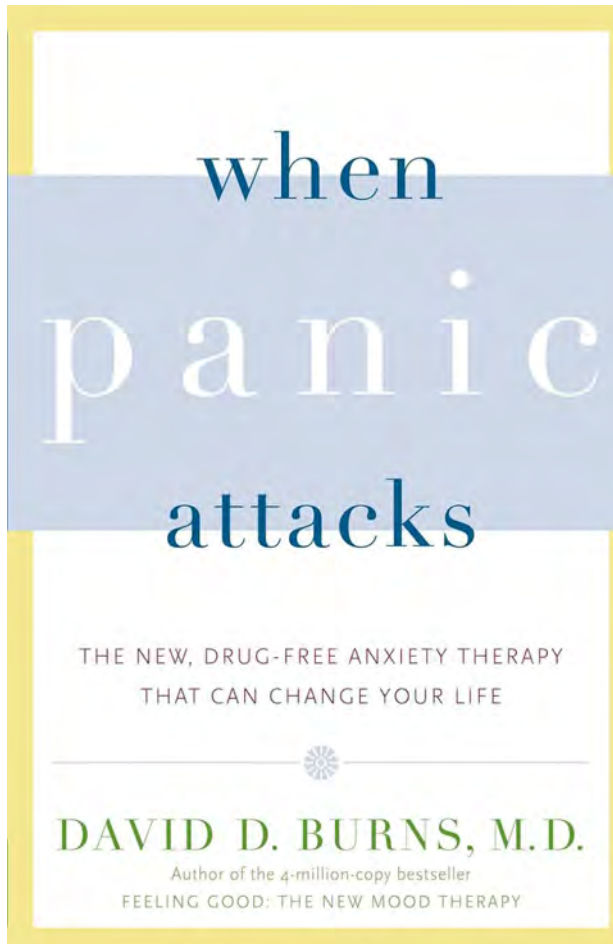
If You're Interested in Learning More...



COPING WITH CROHN'S AND COLITIS

A PATIENT AND CLINICIAN'S GUIDE
TO CBT FOR IBD

MELISSA G. HUNT
FOREWORD BY AARON T. BECK





Thank You!

