IBS CME Isfahan

22.10.1402

Session 4 Psychology

Who is Who ?

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  - Internal Medicine Dept. NajafAbad Islamic Azad University
- Mohammad Reza Sharbafchi
  - Psychiatry Dept. Isfahan University of Medical Sciences
- Amrollah Ebrahimi
  - Health Psychology Dept. Isfahan University of Medical Sciences

Scenario 11

- Mrs. M, 32, has been suffering from abdominal pain, severe diarrhea, and bloating for about two years after eating at a roadside restaurant. The symptoms gradually decreased after a one-week acute period.

- However, intermittent bloating and diarrhea with less severity continue, to the extent that she has serious problems in performing her job responsibilities because she is worried about her colleagues hearing the sounds of her bowel movements in the small room at work and is embarrassed to go to the bathroom frequently.

- In this time, she has repeatedly consulted with several gastroenterology specialists in the hope of receiving the correct diagnosis and treatment, but she is not satisfied with the result of the treatment.

- Despite the onset of insomnia and low mood, she became more agitated and hopeless about treatment after being referred to a psychiatrist, and she is not willing to receive counseling.

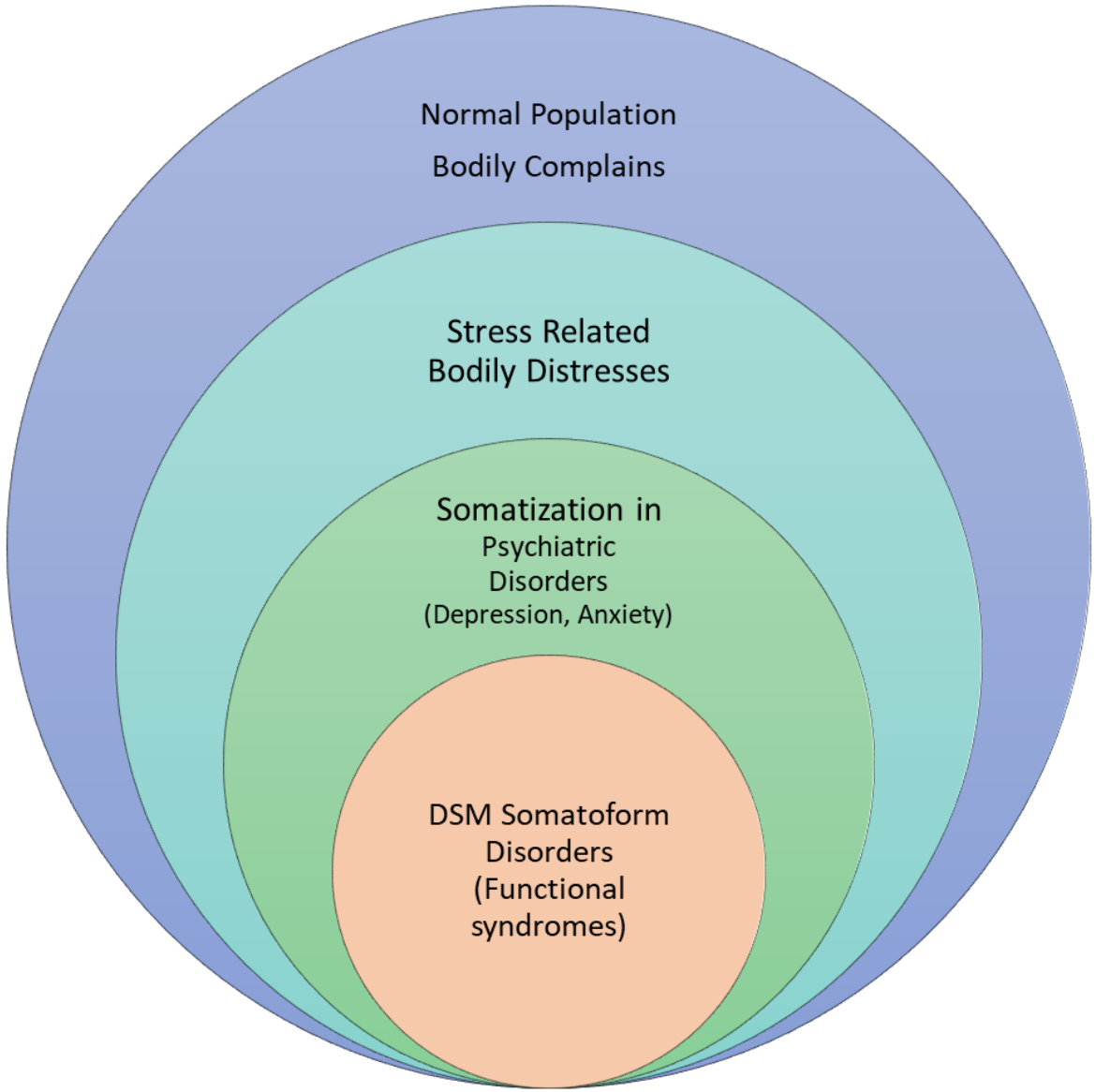
Hamid Mohajer

Question 11: Towards a collaboration

- 11-1 Functional Syndrome vs. Psychiatric Disorder
- 11-2 Communicating on Psychological Determinants with IBS patient
- 11-3 Early Referral to Psychology care
- 11-4 Psychologist vs. Psychiatrist

11-1
Functional Syndrome vs. Psychiatric Disorder

Mohammad Reza Sharbafchi



Mohammad Reza Sharbafchi

Table 18–3.
Functional Somatic Syndromes across Medical Specialties

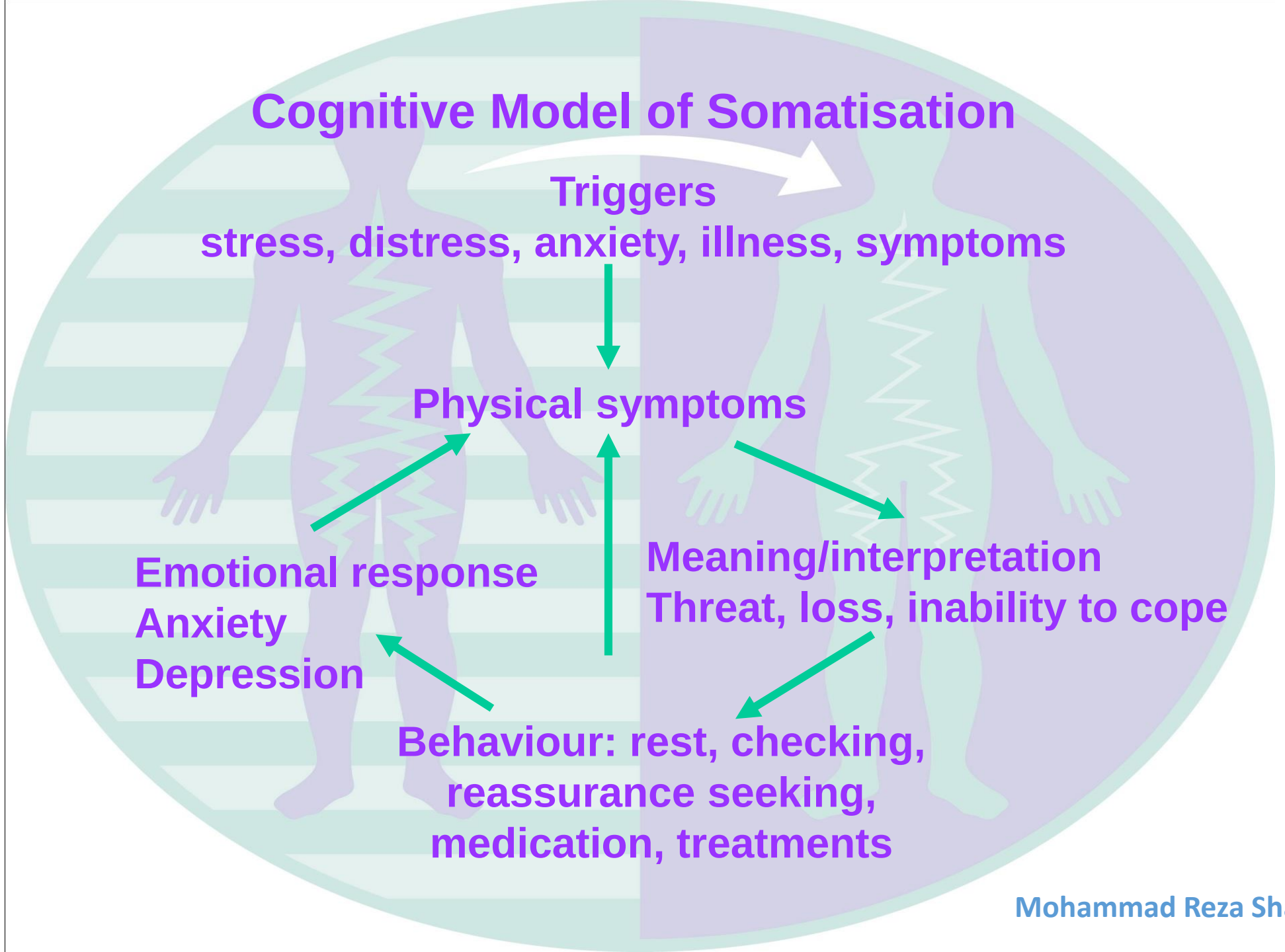
Specialty Area	Functional Syndrome(s)
Allergy	Food allergies
Cardiology	Atypical chest pain, noncardiac pain, mitral valve prolapse
Dentistry	Temporomandibular joint syndrome, atypical facial pain
Ear, nose, and throat	Tinnitus, dizziness, globus syndrome
Gastroenterology	Irritable bowel, nonulcer dyspepsia
Internal medicine	Chronic fatigue syndrome, chronic Lyme disease, hypoglycemia, chronic candidiasis
Military medicine	Gulf war syndrome, chronic multisymptom illness
Neurology	Tension headache, pseudoseizures
Obstetrics/gynecology	Premenstrual syndrome, chronic pelvic pain
Occupational medicine	Multiple chemical sensitivity, sick-building syndrome, repetitive strain injury
Orthopedics	Carpal tunnel syndrome, chronic low back pain, chronic whiplash syndrome
Plastic surgery	Silicone-associated connective tissue disease
Pulmonary medicine	Dyspnea, habit cough, laryngeal dysfunction, hyperventilation
Rehabilitation medicine	Fibrositis, fibromyalgia
Urology	Interstitial cystitis

Modified from Henningsen P, Zipfel S, Herzog W. Management of functional somatic syndromes. *Lancet.* 2007;369:946.

11-2
Communicating on Psychological Determinants with IBS patient

Mohammad Reza Sharbafchi

Cognitive Model of Somatisation



Mohammad Reza Sharbafchi

- Establishing an Alliance
- Taking the History
- Reassurance
- Physical versus Psychological Focus

11-1 Early Referral to Psychology care

11-2 Psychologist vs. Psychiatrist

Mohammad Reza Sharbafchi

Scenario 12

- The client is a 58-year-old woman with a bachelor's degree in management, married and has two children. The economic status of the family is high and they do not have financial problems. The patient has many gastrointestinal complaints such as painful bloating, excessive gas, feeling of stiffness in the stomach and intestines, hard stools that have difficulty in defecation and incomplete defecation. The patient has had abdominal pain and constipation problem since childhood. Since 11 years ago, at the same time with the problems related to the continuation of education inside or outside the country and the marriage of his children, his problems have intensified and he has been diagnosed with irritable bowel syndrome and is being treated. Recently, he was referred for psychotherapy interventions by the joint team of gastroenterology and psychiatry clinic.

Hamid Mohajer

Psychological Assessment

- With clinical interview and psychological Assessment, the following characteristics were obtained
- Characteristics of dependent personality
- sensitive, Irritable
- inability to recognize, expression and emotion regulation
- Anxiety in interpersonal relationships and weakness in assertive behavior skills
- weak stress coping skills.
- His dominant coping strategies was avoidance.
- His scores in the PHQ psychological tests indicated an increase in the scores in the subscales of somatic complaints, depression, and generalized anxiety, which were at the subclinical level.

Question 12: Understanding Psychotherapy

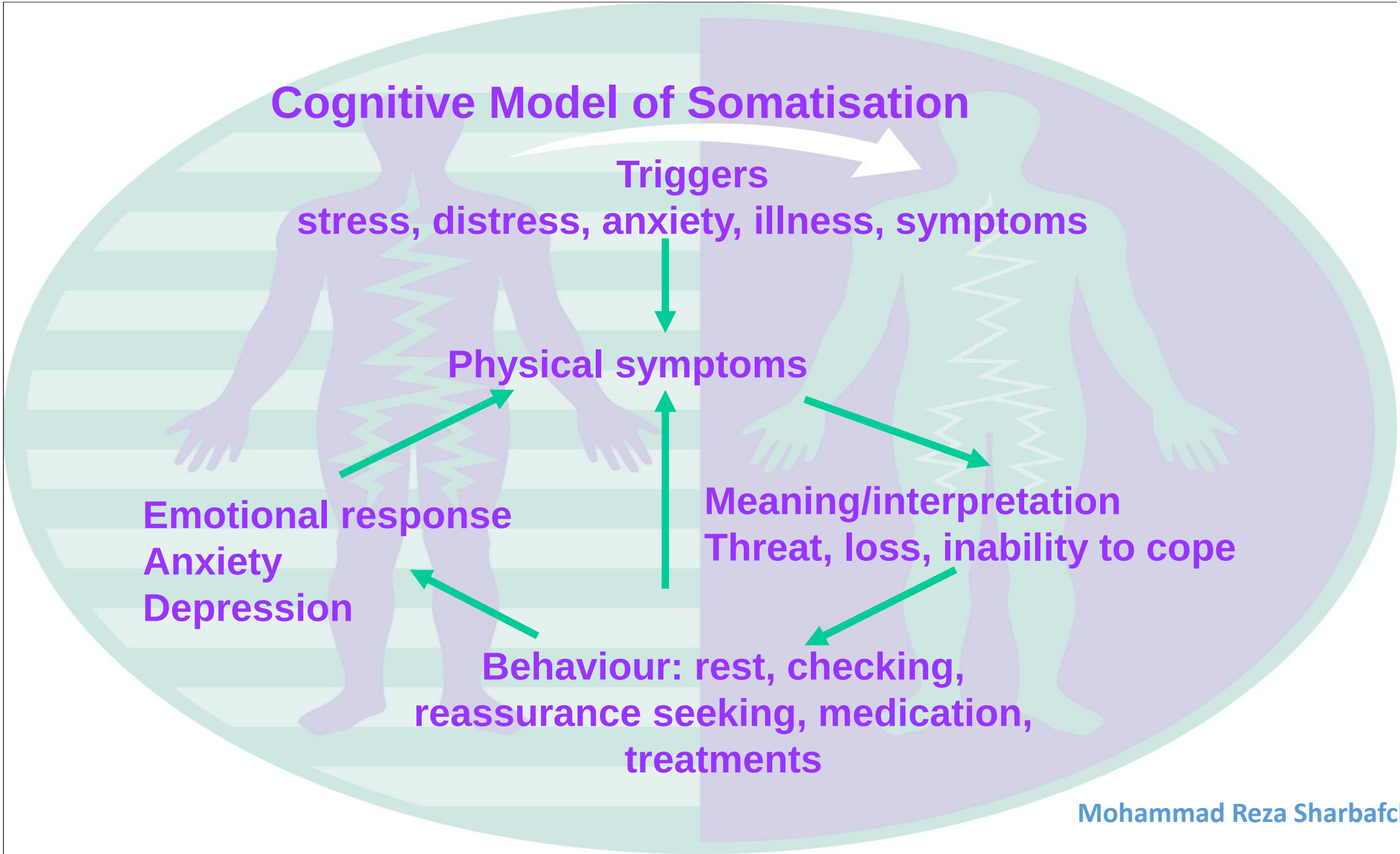
- 3-1 IBS patient psychologic skill training
- 3-2 Cognitive Behavior therapy
- 3-3 Acceptance-Commitment therapy

Psychological measures: Psychoeducation
3-1 IBS patient psychologic skill training

- supportive therapeutic relationship
- Psychoeducation of the nature of the problem and its biological, psychological and social dimensions
- correcting the Illness perception
- life skills training and modifying lifestyle in the psychological dimension:
- Training of assertive behaviour skills, training to recognize and express emotions
- stress management: stress coping training (problem-focused coping, emotion focused coping and modified inefficient and harmful coping)

Amrolah Ebrahimi

Cognitive Model of Somatisation



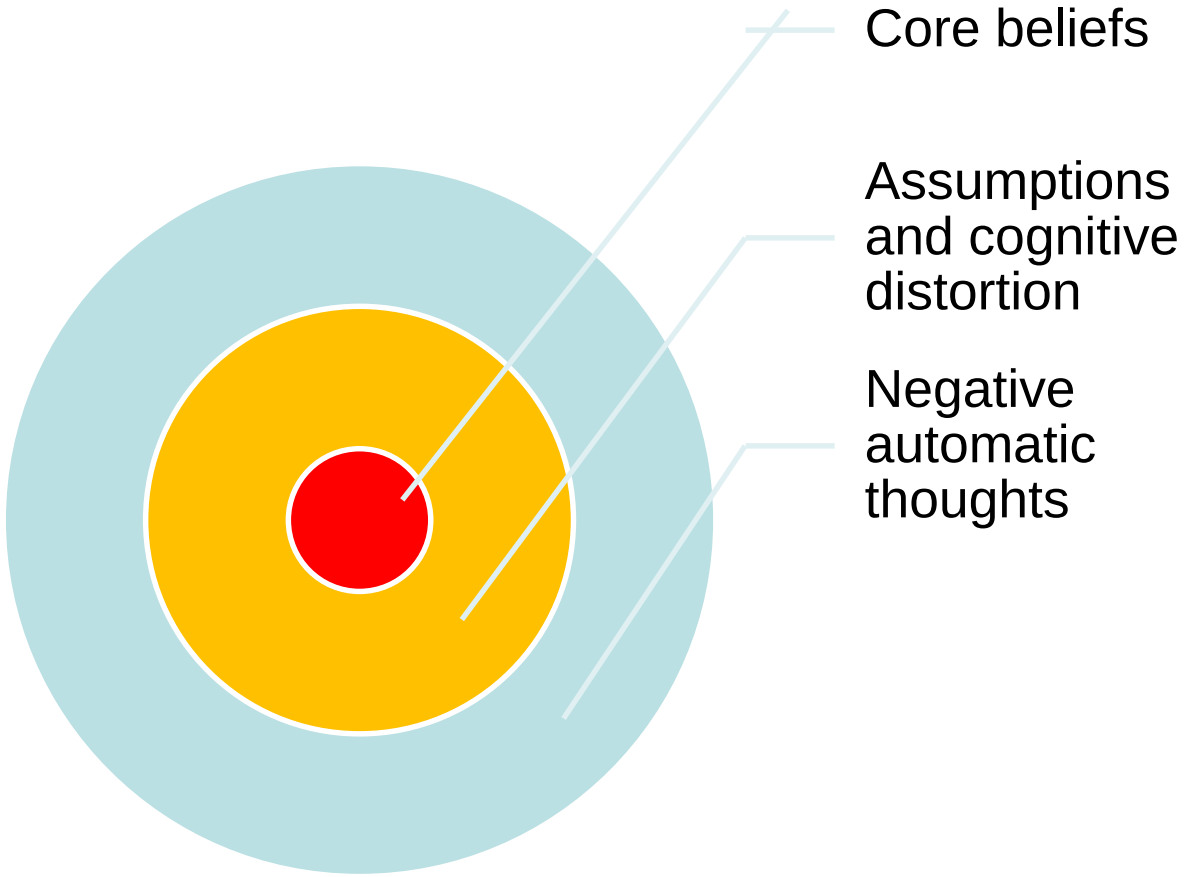
Mohammad Reza Sharbafchi

3-2 Cognitive Behavior therapy

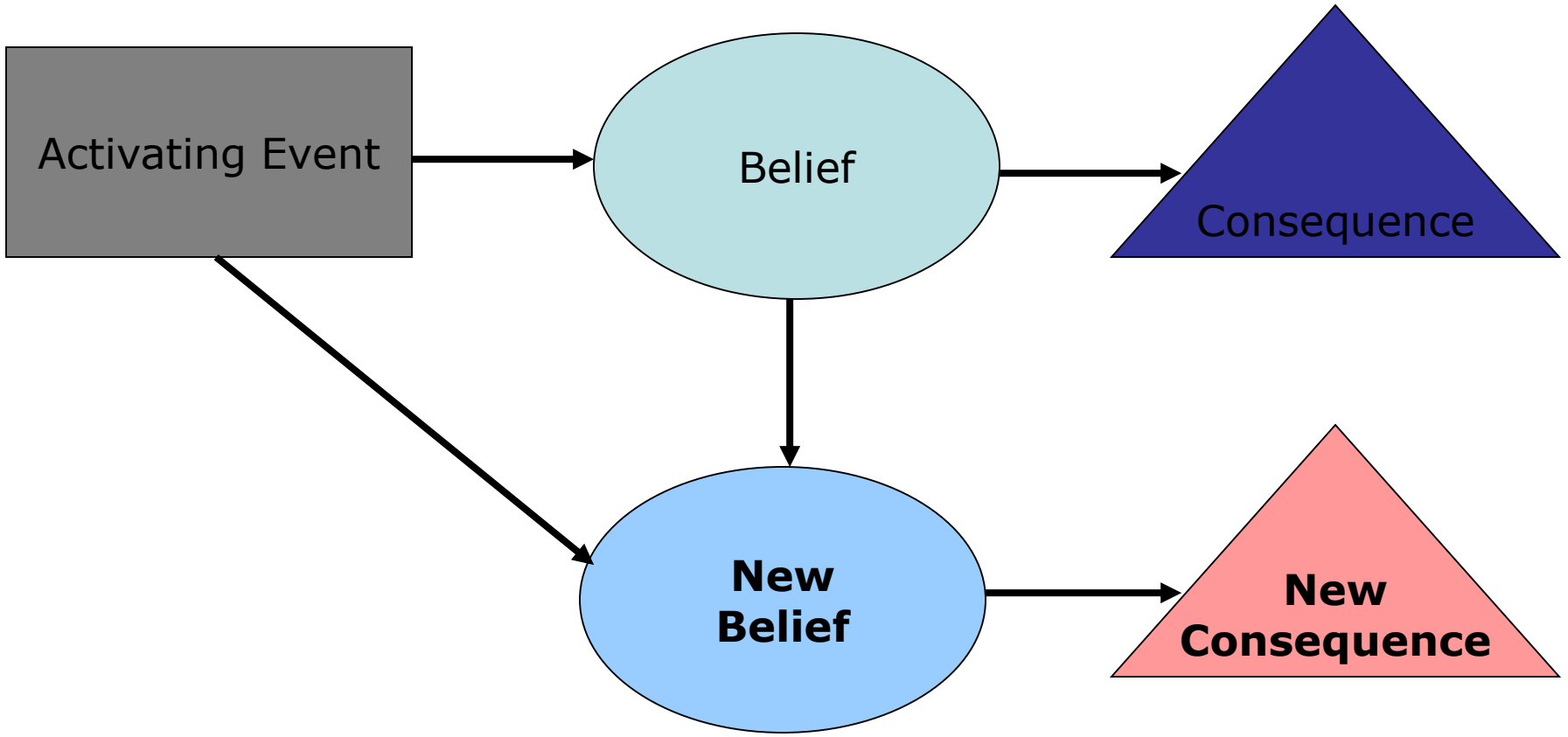
- **Cognitive Behaviour Therapy (CBT) for Irritable Bowel Syndrome (IBS)**
- Comprehensive behavioural assessment
- conceptualization of the disease as well as the patient himself in the CBT model
- training of the CBT model and agreement on treatment
- identification of negative automatic thoughts(NAT), replacement of alternative thoughts and attitudes
- verbal challenges and Behavioral exercises to modify thoughts.
- approach to cognitive distortions
- training to use this model in life conditions.

Amrolah Ebrahimi

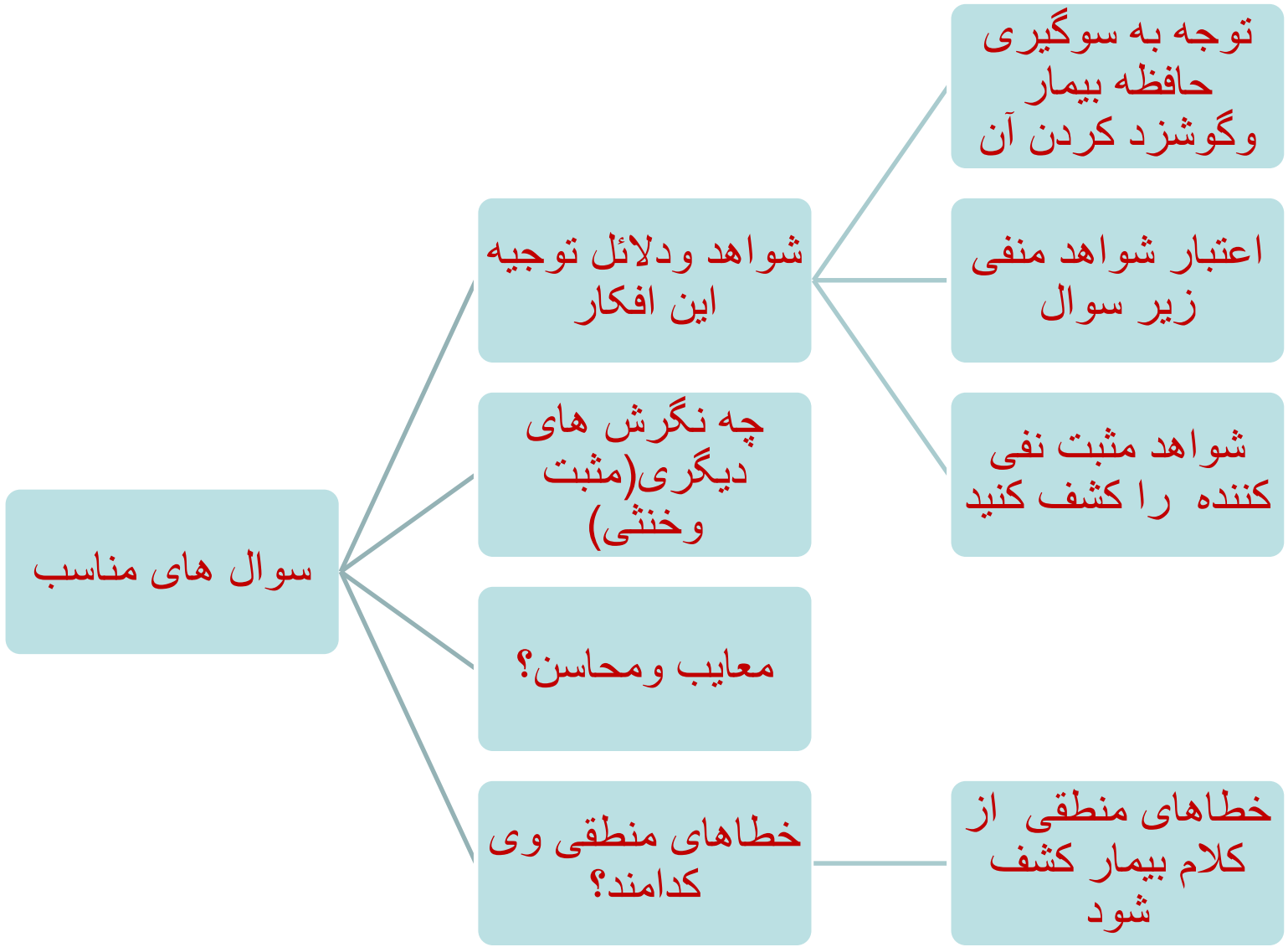
Thoughts level



Cognitive & Cognitive-Behavior Therapy



Approaches to dysfunctional thoughts and attitudes: The verbal challenge



Mindfulness-based therapies

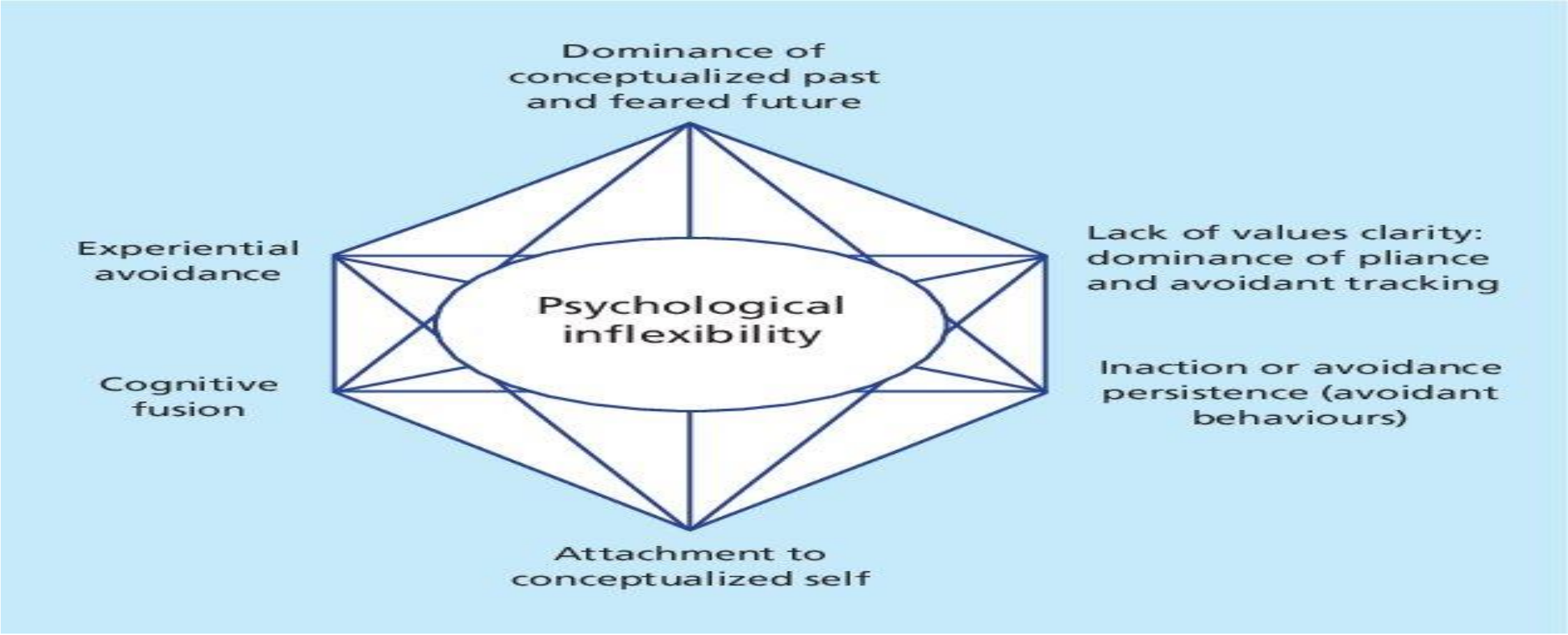
Acceptance and Commitment Therapy

Dialectical Behavior Therapy

Mindfulness-Based Cognitive Therapy

Mindfulness-Based Stress Reduction

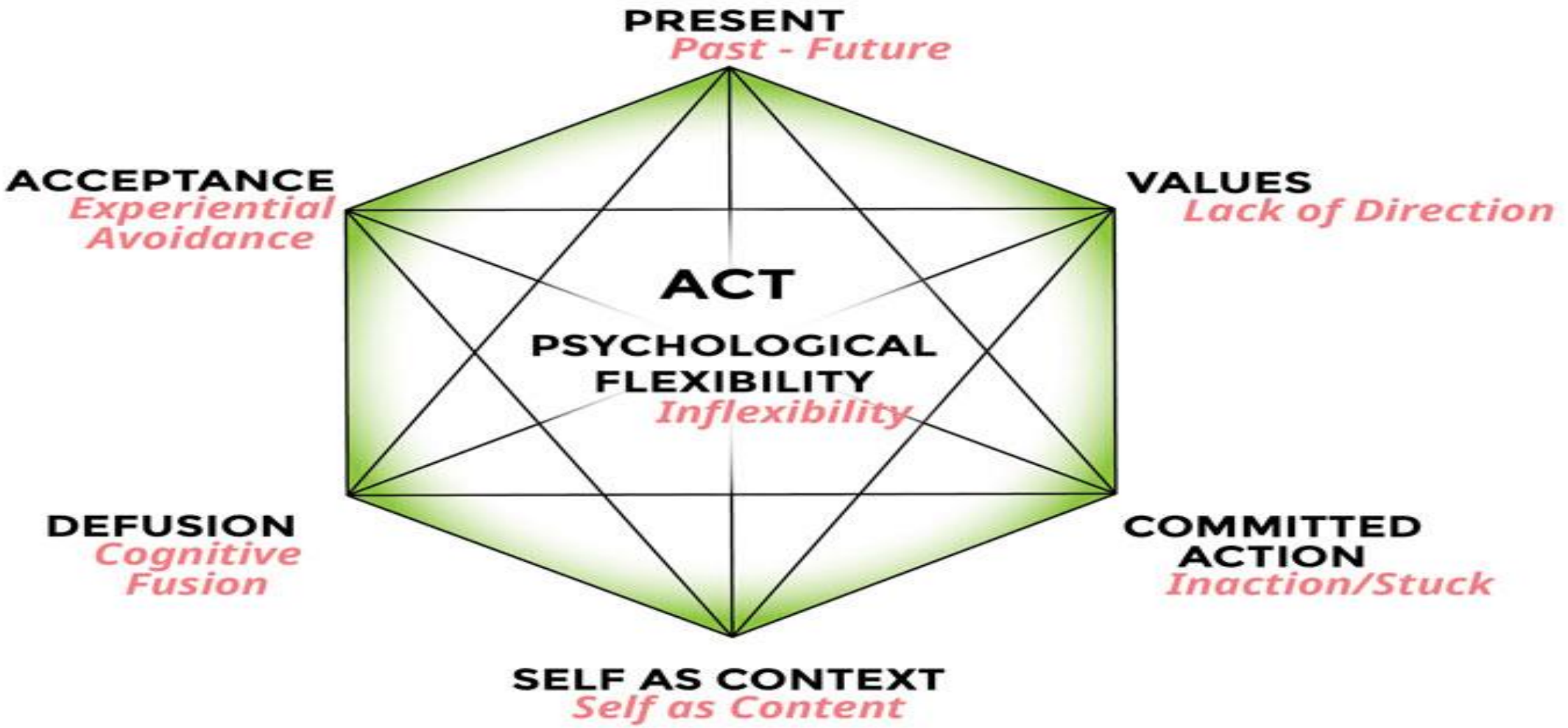
3-3 Acceptance-Commitment therapy model of psychopathology



The aim of ACT is to create a rich full and meaningful life, while accepting the pain that inevitably goes with it. Symptom reduction is not the goal

Amrolah Ebrahimi

ACT uses acceptance and mindfulness processes, and commitment and behavior change processes, to produce greater psychological flexibility.



Scenario 13

- Mrs. Mim has had difficulty falling asleep, depressed mood, anxiety, irritability, and anorexia for several months.
- She becomes nauseous and full quickly after consuming even small amounts of food.
- She has also developed an obsessive concern about passing gas and is often embarrassed in the workplace or family gatherings.
- Mrs. Mim's husband states that she experienced a period of complete well-being with a high mood for several days a few months ago. During that time, she was more energetic and social.

Question 13: Psychopharmacology Priemrs

- 13-1 Drug selection based on IBS subtype
- 13-2 Drug selection based on Psychiatric Disorder
- 13-3 Drug selection based on DGBI overlaps

Hamid Mohajer

13-1 Drug selection based on IBS subtype

- IBS-C
- IBS-D

13-2 Drug selection based on Psychiatric Disorder

- Depression
- Anxiety
- Obsession
- Eating disorder

13-3 Drug selection based on DGBI overlaps

- Nausea
- Dyspepsia
- Bloating