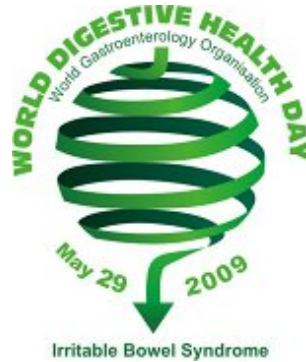




A Message From

Jeffrey D. Roberts, MEd, B.Sc.
President and Founder
IBS Self Help and Support Group



It is now recognized that irritable bowel syndrome (IBS) is a truly global problem reportedly affecting millions of individuals (1 in 10) worldwide and exerting a significant influence on the quality of life both for the many reported and unreported (5 in 10) cases. Yet, despite volumes of research highlighting the prevalence and impact of IBS worldwide, IBS remains poorly understood by the medical community and the general public alike. The [World Gastroenterology Organisation](#) (WGO) has designated today, May 29, 2009, as World Digestive Health Day with this year focusing on IBS. The WGO have provided some key resources for IBS sufferers which we have listed on the [IBS Self Help and Support Group website](#).

In recognition of World Digestive Health Day we have interviewed two respected professionals, Dr. Jeffrey Lackner Psy.D. and Dr. Barbara B. Bolen Ph.D., who focus their practices in part, on quality of life issues related to IBS.

We have also introduced on our website [IBS Stories](#) which lists optimistic stories from our members. We invite you to write a sentence, paragraph or story that describes what IBS means to you. Tell your story or perhaps learn from others. Visitors may rate or comment on each story.

Thanks for being a part of the IBS Self Help and Support Group community on this very special World Digestive Health Day.

Jeffrey

Questions for Dr. Jeffrey Lackner, Psy.D.

Can you briefly describe how self-administered Cognitive Behavioral Therapy (CBT) can benefit an IBS sufferer?

"The goal of Cognitive Behavior Therapy is to teach individuals practical, concrete skills for controlling gastrointestinal symptoms unresponsive to standard medical treatments such as dietary changes, medications and simple lifestyle changes. Because of the way the brain and gut are wired, factors such as the way our brain processes the environment can aggravate symptoms. The goal of CBT is to reverse this cycle by processing information differently. This effectively leads to episodes of brain gut dysregulation which in turn presumably leads to increases symptom control."

You have an on-going study which in part is evaluating the effectiveness of self-administered CBT. How might an IBS sufferer be able to evaluate the effectiveness themselves?

"I always tell our patients that our staff works for them, not the other way around. By that, we mean that the patient is the best judge of how well treatment works. We typically gauge clinical benefit from how well the symptoms for which they sought treatment decrease. Symptoms reduction is not the only goal patients are looking for. Some patients want to feel better about themselves, gain control over their life, feel less tense or worried, or improve the quality of life. In most cases, our primary goal is to reduce symptoms of IBS."

How do you believe depression affects the perception of pain for an IBS sufferer?

"That's a good question. Depression and other negative mood states have a complex relationship with IBS. Our group has actually devoted a lot of time to understanding the relationship between distress and symptoms. In the old days, IBS patients were accused unfairly of being "Head Cases". Their symptoms were often viewed as physical products of mental problems. There is no evidence to view IBS as a psychiatric problem although it can, like many medical problems, cause such life interference that it can be a source of distress. This distress likely has a worsening impact on IBS. It is also possible that having a history of distress makes one more likely to develop health problems like IBS, but this is not the same thing as saying that IBS is a mental problem. It is a very real medical problem."

Do you feel there is a role for traditional drug therapy in conjunction with CBT in managing IBS sufferers symptoms?

"No one type of treatment is going to be the answer for all problems. IBS is very complex and has physical and non physical mechanisms.

Some patients will respond quite well to medications. Other quite well to non drug treatments such as CBT. For others, neither treatment is the answer they may require a combined approach that emphasizes both medications and CBT."

Jeffrey Lackner, Psy.D. Bio:

Jeffrey Lackner, Psy.D. is Director of the Behavioral Medicine Clinic and Associate Professor in the Department of Medicine at the University at Buffalo School of Medicine, SUNY. Dr Lackner's primary research interests include biobehavioral aspects of irritable bowel syndrome. Since 1999, Dr Lackner's research has received continual federal support through the National Institutes of Health/NIDDK. He was recently awarded a 7 year grant, \$ 8.5 million grant to test the efficacy of a self administered version of cognitive behavior therapy for IBS. His research program focuses on identifying psychosocial mechanisms underlying IBS; utilizing this information to develop behavioral treatment using innovative delivery systems; testing the efficacy of these treatments in randomized controlled trials; and specifying how these treatments work and the conditions under which they are most efficacious. He has also been a PI of a number of industry funded clinical trials featuring innovative pharmacological agents for IBS. He has published numerous articles in first line academic journals including Gastroenterology, Clinical Gastroenterology and Hepatology, Pain, Journal of Consulting and Clinical Psychology, and Behavior Research and Therapy. He lectures extensively about IBS and other painful medical disorders and assists various health care organizations in establishing outcomes assessment programs. He is the author of the popular trade book [Controlling IBS the drug free way: A 10 step plan for symptom relief](#).

Questions for Dr. Barbara B. Bolen, Ph.D.

In your practice do you feel that psychotherapy has long-lasting benefits to an IBS sufferer? Why?

"Yes, since I practice using a cognitive-behavioral (CBT) approach, my patients learn skills that they can use for the rest of their life. These skills include improved emotional processing, relaxation techniques, desensitization strategies and assertiveness. It is wonderful to watch an IBS patient learn that there are things that they can actively do to keep their bodies calmer and regain some sense of control over their lives. Hypnotherapy is another psychotherapy option that has been shown to be effective in reducing IBS symptoms, with long-lasting effects. Although I am not trained in hypnotherapy, it is my guess that it somehow "re-sets" and relaxes the body's response to stress."

Many IBS sufferers avoid stressful situations because they may believe that it contributes or causes their IBS symptoms. How would you approach this avoidance?

"There are several strategies that I use with a patient who has been avoiding stressful situations. First, I teach relaxation skills, including visualization, diaphragmatic breathing and progressive muscle relaxation. These skills help a person to keep their body calmer and help to tone down the body's stress response. Next, using a technique called systematic desensitization, I will help the patient to imagine themselves going through the steps necessary to go on the outing while keeping their body in a relaxed state. Once the patient can visualize themselves in the feared situation, it is time for some real-life practice, with a careful coping plan in place. The outing is then reviewed to see what worked and what didn't work so that refinements can be made for the next time."

Can you describe how Cognitive Behavioral Therapy (CBT) can be effective at managing individual symptoms.

"CBT is not aimed at treating individual symptoms. Rather, it is a way to learn to better cope with having a disruptive digestive disorder. CBT can help to reduce feelings of shame, help the IBS patient to overcome isolation, and reduce the effect that outside stress has on the functioning of one's intestinal system. I don't believe that IBS is caused by solely by stress, but it sure is exacerbated by stress. Because of the disruptive and embarrassing nature of IBS, it becomes a stress in and of itself. CBT helps to break that cycle. You may not have direct control over the bacteria or neurotransmitters in your GI system, but you can keep your body calmer in the face of everyday challenges."

Do you see patients who are involved in CBT and traditional drug therapy?

"Yes, most of my patients use a wide variety of remedies to deal with their IBS. Because IBS is so complicated, I am happy to discuss with my patients other treatment options that are available, including medication, supplements and dietary modifications. Personally, I think the wider availability of probiotics has been one of the best things to happen for IBS patients in a long time. Probiotics don't seem to have a downside and often offer effective symptom relief."

"Final thoughts: I often hear heart-breaking stories of how IBS has turned a person's life into a living nightmare. I wish that more people knew about or were open to trying psychotherapy for their IBS. CBT and hypnotherapy both have research support for their effectiveness. My personal work with IBS patients has been so gratifying because of the results I see. Psychotherapy doesn't cure IBS, but it truly helps patients to go back to living a much more normal life."

Barbara B. Bolen, Ph.D. Bio:

Dr. Bolen is a practicing clinical psychologist who has written two self-help books on irritable bowel syndrome. Dr. Bolen has over 20 years of experience in providing psychological services to individuals of all ages and has worked in both hospital and private practice settings. In addition to working with IBS patients, Dr. Bolen has expertise in helping patients with depression, anxiety, bereavement, trauma recovery, and coping with chronic illness. She maintains a [private practice](#), with offices in Farmingdale and Northport, New York.

In addition to her clinical work, Dr. Bolen devotes her time toward writing about IBS, in particular the crucial importance of helping patients find strategies for

reducing the impact of the disorder on their life. She is the [About.com Guide to Irritable Bowel Syndrome](#). She is also the author of [Breaking the Bonds of Irritable Bowel Syndrome](#) and the co-author of [IBS Chat: Real Life Stories and Solutions](#). Dr. Bolen received her undergraduate degree from St. John's University in Jamaica, New York, and her masters and doctoral degree in School and Clinical Psychology from Hofstra University in Hempstead, New York. She is licensed as a psychologist in the state of New York.

*The **IBS Self Help and Support Group** is an award-winning site which works to educate those who are living with IBS and to increase awareness about this and other functional gastrointestinal disorders. The IBS Self Help and Support Group website was launched in May 1995 as the first website about Irritable Bowel Syndrome and currently has the largest collection of postings about IBS and over 32,000 registered members.*

The IBS Self Help and Support Group -- www.ibsgroup.org

© Copyright 1995-2009 All rights reserved