

Statistics on Hypnotherapy Treating IBS

Gonsalkorale WM, Miller V, Afzal A, Whorwell PJ. Long term benefits of hypnotherapy for irritable bowel syndrome. Gut. 2003 Nov;52(11):1623-9. In this study, 204 IBS patients treated with a course of hypnotherapy completed questionnaires scoring symptoms, quality of life, anxiety, and depression before, immediately after, and up to six years following treatment. 71% of patients showed improvement in response to treatment initially, and of those, 81% were still improved years later, while most of the other 19% only reported slight worsening of symptoms. Quality of life and anxiety or depression scores were also still significantly improved at follow-up but showed some deterioration. Patients also reported fewer doctor visits rates and less medication use long-term after hypnosis treatment. These results indicate that for most patients the benefits from hypnotherapy last at least five years.

Whorwell PJ; Prior A; Colgan SM. Hypnotherapy in severe irritable bowel syndrome: further experience. Gut, 1987 Apr, 28:4, 423-5. This report summed up further experience with 35 patients added to the 15 treated with hypnotherapy in the 1984 Lancet study. For the whole 50 patient group, success rate was 95% for classic IBS cases, but substantially less for IBS patients with atypical symptom picture or significant psychological problems. The report also observed that patients over age 50 seemed to have lower success rate from this treatment.

Harvey RF; Hinton RA; Gunary RM; Barry RE. Individual and group hypnotherapy in treatment of refractory irritable bowel syndrome. Lancet, 1989 Feb, 1:8635, 424-5. This study employed a shorter hypnosis treatment course than other studies for IBS, and the success rate was lower, most likely demonstrating that a larger number of sessions is necessary for optimal benefit. Twenty out of 33 patients with refractory irritable bowel syndrome treated with four sessions of hypnotherapy in this study improved. Improvement was maintained at a 3-month treatment. These researchers further found that hypnosis treatment for IBS in groups of up to 8 patients seems as effective as individual therapy

Houghton LA; Heyman DJ; Whorwell PJ. Symptomatology, quality of life and economic features of irritable bowel syndrome--the effect of hypnotherapy. Aliment Pharmacol Ther, 1996 Feb, 10:1, 91-5. This study compared 25 severe IBS patients treated with hypnosis to 25 patients with similar symptom severity treated with other methods, and demonstrated that in addition to significant improvement in all central IBS symptoms, hypnotherapy recipients had fewer visits to doctors, lost

less time from work than the control group and rated their quality of life more improved. Those patients who had been unable to work prior to treatment resumed employment in the hypnotherapy group but not in the control group. The study quantifies the substantial economic benefits and improvement in health-related quality of life which result from hypnotherapy for IBS on top of clinical symptom improvement.

Koutsomanis D. Hypnoanalgesia in the irritable bowel syndrome. Gastroenterology 1997, 112, A764. This French study showed less analgesic medication use required and less abdominal pain experienced by a group of 12 IBS patients after a course of 6-8 analgesia-oriented hypnosis sessions followed by 4 sessions of autogenic training. Patients were evaluated at 6-month and 12-month follow-up.

Vidakovic Vukic M. Hypnotherapy in the treatment of irritable bowel syndrome: methods and results in Amsterdam. Scand J Gastroenterol Suppl, 1999, 230:49-51. Reports results of treatment of 27 patients of gut-directed hypnotherapy tailored to each individual patient. All of the 24 who completed treatment were found to be improve.

Galovski TE; Blanchard EB. Appl Psychophysiol Biofeedback, 1998 Dec, 23:4, 219-32. Eleven patients completed hypnotherapy, with improvement reported for all central IBS symptoms, as well as improvement in anxiety. Six of the patients were a waiting-control group for comparison, and did not show such improvement while waiting for treatment.

Gonsalkorale WM, Houghton LA, Whorwell PJ. Hypnotherapy in irritable bowel syndrome: a large-scale audit of a clinical service with examination of factors influencing responsiveness. Am J Gastroenterol 2002 Apr;97(4):954-61.

This study is notable as the largest case series of IBS patients treated with hypnosis and reported on to date. 250 unselected IBS patients were treated in a clinic in Manchester, England, using 12 sessions of hypnotherapy over a 3-month period plus home practice between sessions. Marked improvement was seen in all IBS symptoms (overall IBS severity was reduced by more than half on the average after treatment), quality of life, and anxiety and depression. All subgroups of patients appeared to do equally well except males with diarrhea, who improved far less than other patients for unknown reason.

Palsson OS, Turner MJ, Johnson DA, Burnett CK, Whitehead WE. Hypnosis treatment for severe irritable bowel syndrome: investigation of mechanism and effects on symptoms. Dig Dis Sci 2002 Nov;47(11):2605-14.

Possible physiological and psychological mechanisms of hypnosis treatment for IBS were investigated in two studies. Patients with severe IBS received seven biweekly hypnosis sessions and used hypnosis audiotapes at home. Rectal pain thresholds and smooth muscle tone were measured with a barostat before and after treatment in 18 patients (study I), and treatment changes in heart rate, blood pressure, skin conductance, finger temperature, and forehead electromyographic activity were assessed in 24 patients (study II). Somatization, anxiety, and depression were also measured. All central IBS symptoms improved substantially from treatment in both studies. Rectal pain thresholds, rectal smooth muscle tone, and autonomic functioning (except sweat gland reactivity) were unaffected by hypnosis treatment. However, somatization and psychological distress showed large decreases. In conclusion, hypnosis improves IBS symptoms through reductions in psychological distress and somatization. Improvements were unrelated to changes in the physiological parameters measured. 17 of 18 patients in study 1 and 21 of 24 patients in study 2 were judged substantially improved. Improvement was well-maintained at 10-12 month follow up in study 2.