

## Specificity of Distance Cognitive Behavioral Therapy of Irritable Bowel Syndrome

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### Abstract

The article shows that cognitive-behavioral therapy (CBT) is a key aspect of comprehensive treatment of people with irritable bowel syndrome (IBS). Psychotherapeutic targets of IBS treatment were identified. The advantages of remote forms of CBT in the treatment of IBS are shown. The specificity of telemedicine clinical and psychological screening of patients with IBS is described. The modules and formats of the distance form of cat irritable bowel syndrome are described in detail.

**Keywords:** *Cognitive Behavioral Therapy; Irritable Bowel Syndrome*

Irritable bowel syndrome is a widespread debilitating functional gastrointestinal disorder. Its features are disorders of intestinal motility without morphological and biochemical changes that could explain this symptom [2]. Patients have visceral hypersensitivity or visceral anxiety (visceral anxiety), which is spurred by a wary expectation of perceived unpleasant events in the internal organs and an increased perception of abdominal pain, which is induced by persistent maladaptive visceral stimulation [2]. It is the presence of this pain syndrome that is the most disturbing symptom and has the greatest impact on the quality of life of the patient, his social functioning, performance, and often leads to frequent requests for medical help. In this regard, patients with IBS are at increased risk of developing an anxiety spectrum of disorders.

Treatment of IBS is mainly based on medication and lifestyle modification, but it has been shown that the effectiveness of these recommendations is limited, accompanied by side effects and many people continue to suffer from uncomfortable symptoms [2-4]. This has created an urgent need for the development of psychotherapeutic methods of treatment that are aimed at optimizing the course of the disease by improving the psychosocial functioning of the patient, i.e. teaching effective skills for managing gastrointestinal-specific anxiety, coping with emotional distress, and improving one's own quality of life [2].

Gastrointestinal specific anxiety is the core of maintaining and exacerbating IBS and is defined as a cognitive behavioral response resulting from fear of gastrointestinal sensations and the context in which they occur [2]. The formation of patients skills to manage this anxiety is the basis of cognitive behavioral therapy (CBT) [1,3-5].

According to the recommendations of the National Institute for quality of care (NICE), CBT is the "gold standard" for patients with refractory IBS, when symptoms persist after 12 months despite prescribed treatment [2]. However, "standard", face-to-face forms of CBT have practical limitations and barriers that hinder its clinical effectiveness in managing IBS.

The distance format (skype, zoom) has the advantage that it can be accessed at a convenient time and place for the patient, carried out at a pace that meets their needs and capabilities [1,4]. In connection with the development of telemedicine and telepsychiatry remote protocols for conducting C IBS are being developed.

**Psychotherapeutic targets for IBS:** Anxiety about the disease, gastrointestinal specific anxiety, hyperactivity with a shift in focus and catastrophization [2,5].

**Telemedicine screening of IBS:** At the first stage of the remote form of CPR, the patient’s health status is assessed [1,3,4] (Table 1).

Components	Tests
Symptoms of depression and anxiety	<ul style="list-style-type: none"> <li>• PHQ-15</li> <li>• MADRS-S</li> <li>• GAD-7</li> </ul>
Psychological distress	Kessler Psychological Distress Scale
Gastrointestinal specific anxiety. Visceral anxiety	<ul style="list-style-type: none"> <li>• Visceral Sensitivity Index</li> <li>• Pain Catastrophizing Scale</li> </ul>
Quality of life satisfaction	IBS-QOL IBS/Best questionnaire
Neuroticism. Personal profile of IBS (Hypochondria-depression -hysteria-psychasthenia)	<ul style="list-style-type: none"> <li>• MPI</li> <li>• NEO Five-Factor Inventory (NEO-FFI);</li> <li>• MMPI</li> </ul>
The specifics of avoiding behaviors	IBS-Behavioral Responses Questionnaire

**Table 1:** Telemedicine clinical and psychological screening of the health of a patient with IBS.

Screening is performed at the end of treatment and 2-3 months after psychotherapy.

**Structure of psychotherapy:** In table 2 we are based on foreign research [1- 5] we presented the generalized structure of modules of the remote form of the second-and third-wave CBT.

Theme	Description
Psychoeducation about IBS	Biopsychosocial model of IBS; A comprehensive approach to the treatment of IBS.
Assessment and monitoring of IBS symptoms	The ABC model. Gastro-distress as a conditioned reaction of IBS; Formation of a personalized biopsychosocial model of IBS in a patient; Homework: complete a diary of IBS symptoms with an emphasis on stress levels, food intake, and behavioral characteristics.
<ul style="list-style-type: none"> <li>• Behavioral management of IBS symptoms</li> <li>• Eating behavior</li> </ul>	Review of the IBS diary; Behavioral treatments for symptoms of diarrhea and constipation. Common myths about this treatment. Interoceptive exposure. Healthy, “conscious”, regular nutrition, without excessive control, avoidance; Homework: setting a goal/value for managing IBS symptoms and enhancing regular, healthy eating. Status monitoring.

Physical and social activity	<p>Focus on the importance of physical activity in managing symptoms in IBS;</p> <p>Useless activity patterns (avoiding behavior) in IBS and their management;</p> <p>Planning using the gradient method of physical and social activity. The reduction in avoidant behaviours;</p> <p>Homework: increasing the value of regular physical and social activity. Management of useless patterns of activity</p>
Cognitive thinking style of a person with IBS	<p>Cognitive style of IBS: catastrophization, need for approval, sense of excessive responsibility, desire to predict;</p> <p>Identification of thoughts in relation to high personal expectations and symptoms of IBS;</p> <p>Model of gastrointestinal-specific anxiety of the patient;</p> <p>Homework: enhancing the value of identifying these negative thoughts that affect IBS symptoms and excessive useless activity.</p>
Formation of a new cognitive style. Cognitive flexibility. De-catastrophization	<p>Cognitive restructuring. Learning to challenge negative thoughts;</p> <p>Formation of alternative thoughts and rational behavioral response;</p> <p>Homework: daily monitoring of negative thoughts and their replacement with flexible, alternative thoughts and behavior.</p>
Behavioral management of arousal	<p>Primary and secondary suffering. Principle of acceptance and responsibility;</p> <p>Behavioral stress management (diaphragmatic breathing, progressive muscle relaxation, relaxation through images, mindfulness techniques);</p> <p>Identify common positive and negative emotions. Enhance positive, minimize the negative, difficult emotions. New strategies for expressing emotions;</p> <p>Homework: enhancing value for managing arousal; sleep hygiene and flexible emotional response to events.</p>
Effective problem solving skills	<p>Problem-oriented and emotionally-oriented behavior;</p> <p>Emotionally conscious focusing techniques and the beginner’s eye principle;</p> <p>Steps to respond flexibly to unpredictable stressors.</p>
Minimization of relapse outbreaks. Relapse prevention	<p>Familiarity with the relapse model. Discussion of the likelihood of a relapse outbreak;</p> <p>Anti-recidivism plan;</p> <p>Develop achievable, long-term goals; Enhance the value of using cognitive behavioral skills to manage IBS symptoms</p>

**Table 2:** Remote distance modules therapy for irritable bowel syndrome.

**Format of distance psychotherapy**

- I. Self-Administered CBT:** Modular remote support of patients with IBS through the web platform. For example, Regul [3].
- II. Specialist-managed form:**
  - a. Minimum contact protocol (MC-CBT):** 4 Skype consultations, 60 minutes each. At the first session, psychoeducation about IBS is conducted, familiarization with self-learning material. Second session - cognitive methods of stress reduction. Third session- problem solving skills; cognitive coping skills. The fourth session is prevention of relapses. Most of what is studied is mastered by

the patient independently with the help of specially prepared materials. 15-20 minute consultations are planned for 3 and 7 weeks of treatment to resolve problems and explain difficulties [1,5].

- b. The internet-delivered stress management (ISM):** Protocol is based on the General idea that IBS symptoms are exacerbated by daily stressors. The patient is trained to manage stress and symptoms in a Skype consultation using an individual self-help booklet, which includes: 1) training in progressive muscle relaxation; 2) sleep hygiene and nutrition strategies; 3) problem-solving strategies; 4) anti-relapse plan [4]
- c. Internet-delivered exposure-based treatment includes:** Mindfulness exercises aimed at directly understanding symptoms, thoughts, feelings, and behavioral impulses; exposure in the form of participating in activities that provoke symptoms; reducing and eliminating behaviors that serve as a stimulus for control; and enhancing social activity. 10 weeks. 1 time a week. It is carried out in the format of Skype consultations [4].

### Conclusion

- According to foreign recommendations for the treatment of IBS, the “gold standard” for the treatment of patients with refractory IBS is cognitive behavioral therapy (CBT).
- However, face-to-face, standard checkpoint protocols in currently they are not usually offered to patients because of various barriers. Alternatively, in due to the widespread development of telemedicine, the implement specialist-controlled and fully automated forms of remote checkpoint SRC.
- Remote/distance check points have the following advantages: geographical independence, personalized treatment, constant patient support, reduced physical and psychosocial barriers, greater patient coverage and clinical effectiveness treatment, and cost-effectiveness.
- Identify the “first”, “second” and “third” waves of development of CBT protocols in the treatment of IBS. Shown equivalence of the effectiveness of these protocols psychotherapy along with antispasmodic and antidepressant therapy for managing symptoms irritable bowel.
- The CBT targets are built taking into account the psychiatric, comorbid status of the patient, the variant currents of IBS. In the case of an alarming variant, the emphasis is placed on gastrointestinal specific anxiety. When depressive-hypochondriacal variant-anxiety about diseases, hyperactivity, reduced need for approval and dissuasion. In depressive-phobic options.
- Distance cognitive behavioral psychotherapy includes: telemedicine screening of the patient’s health status and personalized modules (4 - 9) aimed at education the patient’s knowledge of IBS and the formation of skills for managing IBS symptoms, strengthening psychological stability.
- Review of foreign research from 2008 to 2020 showed that remote checkpoint protocols reduce gastro-intestinal activity in patients with IBS-specific anxiety, avoiding behavior, improve the quality of life. More than half of patients complete all treatment modules. Remission is maintained at for 9 - 12 months. To a key disadvantage available research should include the following question efficiency of the checkpoint within the framework of mono-and complex IBS therapy.

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