

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

In The Name of God

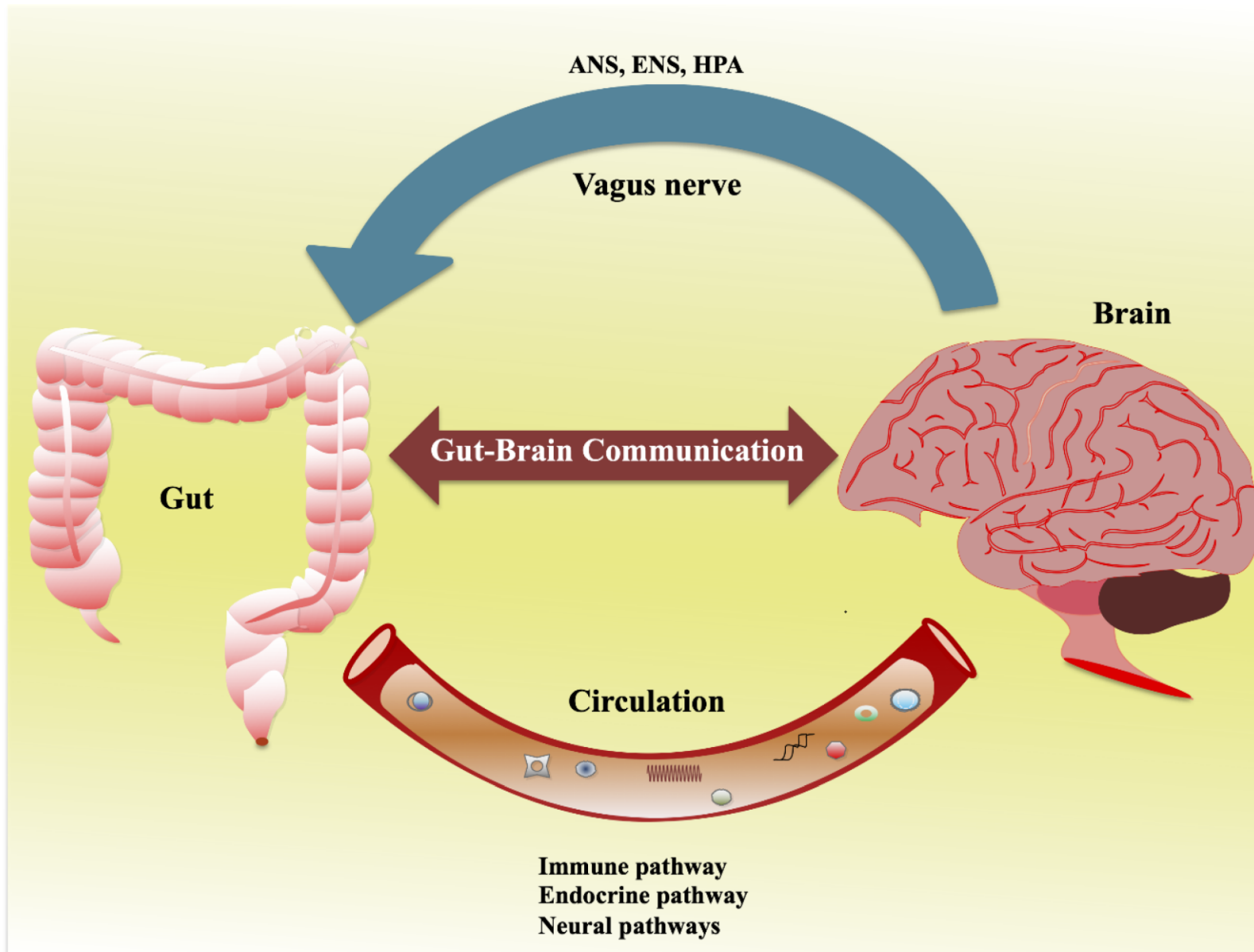
BRAIN GUT BEHAVIOR THERAPY: A HOLISTIC APPROACH

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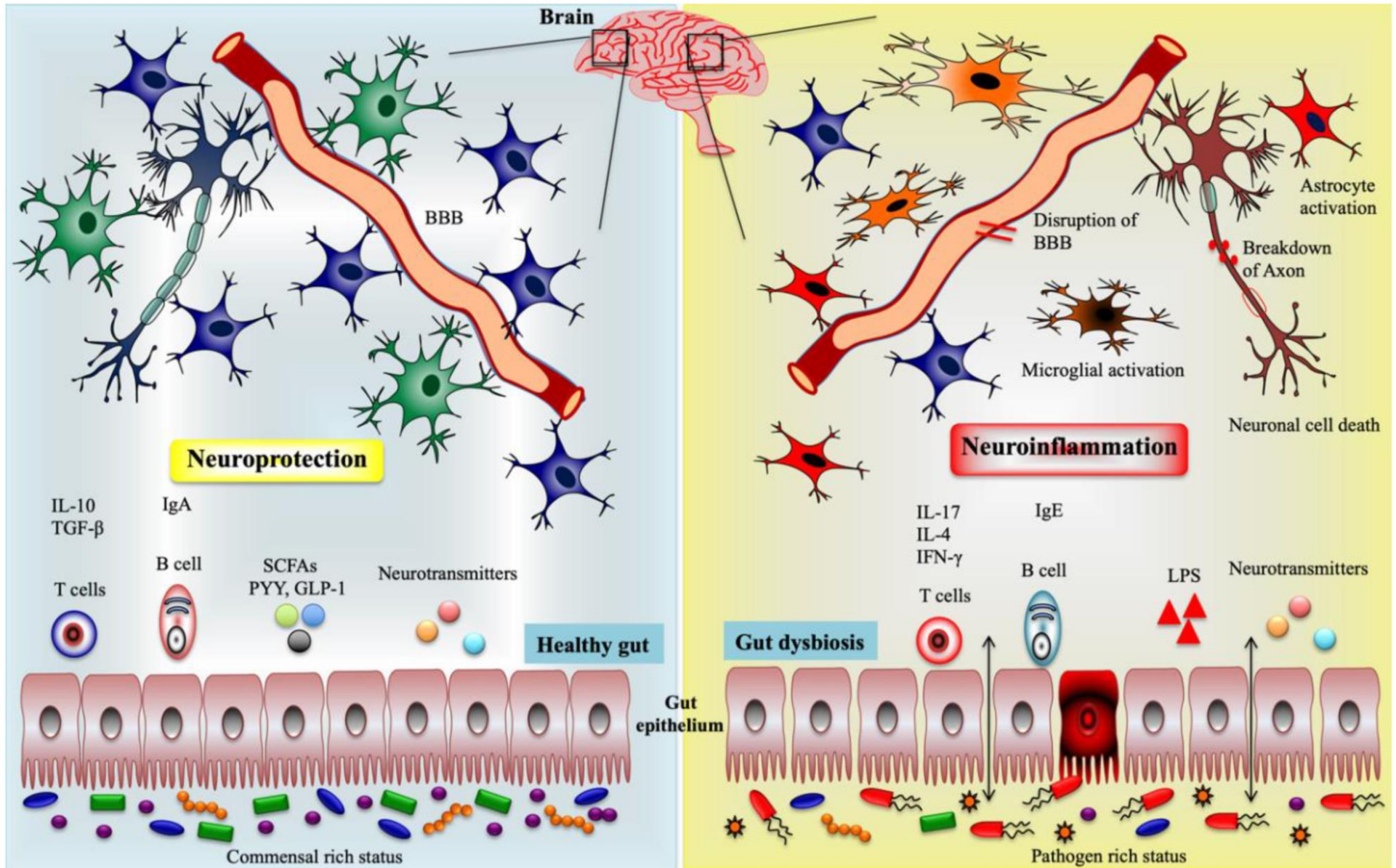
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INTRODUCTION

- The brain-gut connection is a complex and intricate system that plays a crucial role in our overall health and well-being. The gut is often referred to as the **second brain**, as it contains millions of neurons that communicate with the brain through the **vagus nerve**. This communication between the brain and gut is essential for maintaining **digestive health**, but it can also have a significant impact on our **mental health**.
- Brain Gut Behavior Therapy (BGBT) is a holistic approach to treating digestive disorders that focuses on the interplay between the brain, gut, and behavior. This therapy aims to address the root cause of digestive issues by identifying and addressing any underlying psychological or emotional factors that may be contributing to symptoms.



WHAT IS BGBT?

- Brain Gut Behavior Therapy is an evidence-based treatment approach that combines
 1. cognitive-behavioral therapy (CBT)
 2. mindfulness-based stress reduction (MBSR)
 3. dietary interventions

INDICATIONS OF BGBT

1. Chronic digestive problems such as IBS, IBD, and GERD.
2. Anxiety and depression related to gastrointestinal symptoms.
3. Difficulty managing stress and emotions related to digestive issues.
4. A history of trauma or abuse that may be contributing to GI symptoms.
5. A desire to reduce reliance on medication for gastrointestinal symptoms.
6. A willingness to make lifestyle changes.
7. A desire to improve overall quality of life

READ MORE...

1. "The Gut-Brain Axis: The Missing Link in Depression" by Kelly Brogan, MD
2. "Gut-Brain Axis: How the Microbiome Influences Anxiety and Depression" by Emily Deans, MD
3. "The Role of the Gut Microbiome in Mental Health" by John F. Cryan and Timothy G. Dinan
4. "The Gut-Brain Connection: How Your Gut Health Affects Your Mental Health" by Dr. Will Cole
5. "Gut-Brain Axis: The Microbiota-Gut-Brain Connection and Its Role in Neuropsychiatric Disorders" by Gerard Clarke et al.
6. "The Brain-Gut Connection: How Gut Bacteria May Treat Depression" by Kirsten Weir
7. "Gut Feelings: The Emerging Biology of Gut-Brain Communication" by Adam Hadhazy
8. "The Brain-Gut Connection: How Our Emotions Affect Our Digestion" by Dr. Mark Hyman
9. "Microbes Help Produce Serotonin in Gut, Influencing Mood" by Karen Weintraub
10. "The Vagus Nerve and the Inflammatory Reflex—Linking Immunity and Metabolism" by Kevin J Tracey

A ROME WORKING TEAM REPORT ON
BRAIN-GUT BEHAVIOR THERAPIES FOR
DISORDERS OF GUT-BRAIN INTERACTION

Laurie Keefer et al.

Gastroenterology Volume 162, Issue 1, January 2022, Pages 300-315

DGBI SELF-MANAGEMENT PROGRAMS

↑ self-efficacy, or confidence by self-help workbooks



reduction of disease-related anxiety + correction of common misconceptions about DGBIs + awareness of common symptom triggers



improved self-confidence, self-care, and hope

COGNITIVE-BEHAVIORAL THERAPY

- one of the most well tested BGBTs for DGBIs, with more than **30 randomized controlled trials (RCTs)**.
- multiple forms of delivery, including **group based, internet delivered, and with minimal therapist contact**.

CONTEXTUALLY BASED BEHAVIOR THERAPIES

- such as **acceptance and commitment therapy, dialectical behavior therapy, mindfulness-based cognitive therapy**, and **behavioral activation** are of growing interest and align well with the therapeutic targets of BGBT.
- The Working Team hypothesized that contextually based behavior therapies, particularly acceptance and commitment therapy, are likely to become BGBTs as data continues to accumulate.

GUT-DIRECTED HYPNOTHERAPY

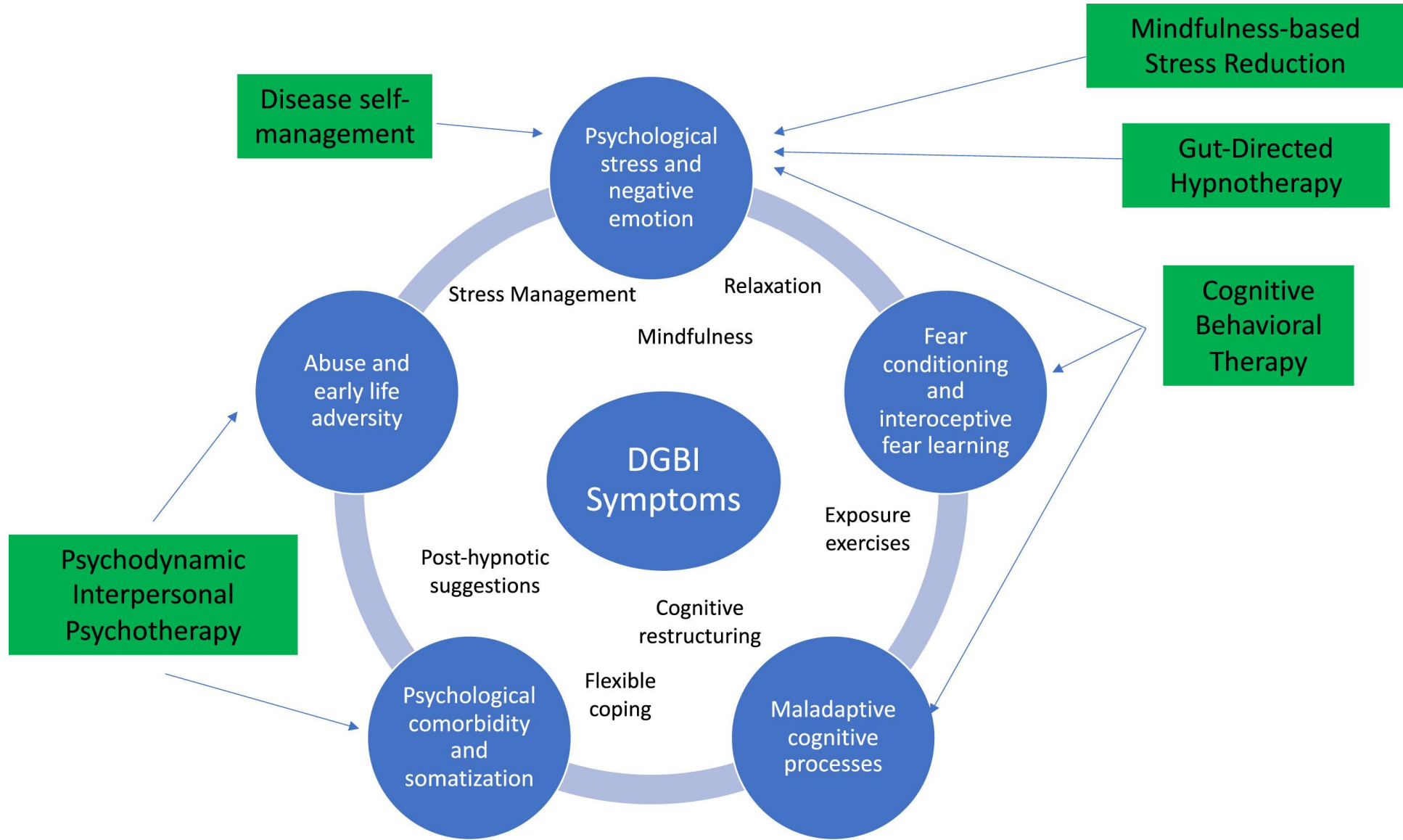
1. systematic reviews and meta-analyses for efficacy in IBS
 2. smaller RCTs in functional abdominal pain, dyspepsia, duodenal ulcers, non-cardiac chest pain, and ulcerative colitis
 3. case series reports in globus and reflux
- can be successfully delivered via groups and video calls, and digital options are emerging on the market as well.

MINDFULNESS-BASED INTERVENTIONS

- In **IBS**, mindfulness-based stress reduction has been shown to improve specific symptoms such as constipation, diarrhea, bloating, and GI-specific anxiety in RCTs.

PSYCHODYNAMIC-INTERPERSONAL THERAPY

- offered by a highly trained psychotherapist
- rooted in the belief that **a strong, trusting, and collaborative relationship is a primary vehicle of change**
- often recommended for patients with **severe persistent symptoms** whose illness identity and associated interpersonal difficulties have become a primary focus in life.
- meta-analyses for **functional somatic syndromes**, and RCTs in **IBS** and **dyspepsia**
- particularly effective in cases of **trauma** or **early life adversity**.



WHO AND HOW TO REFER FOR BGBT



Inappropriate candidates for BGBT include people presenting with: severe psychopathology, no insight into gut-brain connection, overly focused on “cure,” active substance abuse, needs case management services or cannot invest time

Candidates who present with disordered eating, post-traumatic stress, personality features impacting care, psychological comorbidities or motivational deficits may be appropriate based on therapist comfort/skill level with the population.

Good candidates have accepted their diagnosis of DGBI, understand the role of BGBT in integrated care, has time to invest in behavior change, agrees coping could be improved, experiences isolation, avoidance or significant distress around GI symptoms

CONCLUSION

1. It is our working team's strong recommendation that BGBT be incorporated as part of integrated care in DGBIs.
2. We recommend that the threshold for a referral to BGBT be lowered.

6 STEPS FOR DOING BGBT

1. Assess the patient's symptoms: Before starting BGBT, it is important to assess the patient's symptoms and **determine if they are a good candidate for this type of therapy**. Symptoms of IBS, anxiety, or depression may indicate that BGBT could be helpful.

2. Educate the patient: Explain to the patient **how BGBT works and what they can expect from the process**. Provide them with resources such as books or articles that explain the connection between the brain, gut, and behavior.

6 STEPS FOR DOING BGBT

3. Identify triggers: Work with the patient to identify triggers that may be contributing to their symptoms. These could include certain foods, stressors at work or home, or other environmental factors.

4. Develop coping strategies: Help the patient develop coping strategies for dealing with their triggers. This could include relaxation techniques such as deep breathing or meditation, dietary changes, or lifestyle modifications.

6 STEPS FOR DOING BGBT

5. Monitor progress: **Regularly** check in with the patient to monitor their progress and make adjustments as needed. Encourage them to keep a journal of their symptoms and any changes they notice.

6. Refer for additional support: If necessary, refer the patient for additional support such as cognitive behavioral therapy (CBT) or medication management.

T E A M W O R K ...

