

GEMs offer brief updates from general practice research tackling the challenges of front-line practice.

Assessing telephone-delivered cognitive–behavioural therapy (CBT) and web-delivered CBT versus treatment as usual in irritable bowel syndrome (ACTIB): a multicentre randomised trial

Professor Hazel Everitt

The clinical problem tackled by this research

IBS is a common GI disorder affecting 10%–20% of the population worldwide and incurring significant health costs. Abdominal pain, bloating and altered bowel habit affect quality of life, social functioning and time off work. Treatment commonly relies on a positive diagnosis, reassurance, lifestyle advice including diet and drug therapies. However, many patients suffer ongoing symptoms. Psychological therapies and particularly face-to-face cognitive behavioural therapy (CBT) can reduce symptom scores and improve quality of life by targeting unhelpful beliefs and coping behaviours and is recommended in NICE guidelines but access to CBT for IBS is very limited and questions remained over optimum modes of delivery, adherence to therapy and longer term outcomes.

What this research tells us about this problem

- Currently clinicians have few options to offer people with refractory IBS, particularly in primary care. This study shows that IBS-specific CBT has the potential to provide significant improvement in IBS symptoms within a National Health Service (NHS) setting (NHS IAPT Improving Access to Psychological Therapy) therapists delivered the trial interventions).
- Both telephone-delivered and web-delivered CBT for IBS showed large clinical and statistically significant improvements in IBS symptoms and impact on life and mood which were maintained at 12 months. Good adherence to treatment and sustained improvements in IBS at 12 months can be achieved with telephone and web-based CBT for IBS.
- All therapy was offered remotely and could be made nationally available from specialist therapy centres such as IAPT. We have already trained more than 400 IAPT therapists to deliver CBT for IBS and are working hard to increase access to CBT for IBS within the NHS.

The research team (*GPs)

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Suggested WISE action

Invite a representative from your local IAPT service to present at a practice meeting about the range of referrals they receive. Use this opportunity to discuss whether you and your colleagues consider CBT for IBS.



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Where you can read more about this work

Everitt, H., Landau, S., O'Reilly, G., Sibelli, A., Hughes, S., Windgassen, S., Holland, R., Little, P., McCrone, P., Bishop, F., Goldsmith, K., Coleman, N., Logan, R. Chalder, T., Moss-Morris, R. (2019). Assessing telephone-delivered cognitive-behavioural therapy (CBT) and web-delivered CBT versus treatment as usual in irritable bowel syndrome (ACTIB): a multicentre randomised trial. *Gut*, 1-11. DOI: 10.1136/gutjnl-2018-317805

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bowel syndrome (IBS): 24 month follow-up of ACTIB trial participants. The Lancet Gastroenterology & Hepatology, 4(11), 863-872. DOI: 10.1016/S2468-1253(19)30243-2

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