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Impact of a multimodal care approach including a psycho-emotional method (EmRes®) in patients with irritable bowel syndrome

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Abstract

Introduction: Irritable bowel syndrome (IBS) is the most common functional gastrointestinal disorder. Its average prevalence is 5 to 10% in the general population, making it a frequent reason for consultation. Symptoms combining abdominal pain and bowel disturbances can significantly impact patients' quality of life and lead to increased healthcare utilization. Therapeutic management involves individualized adaptation of drug therapies (pain relievers (antispasmodics, neuromodulators), bowel regulators) in conjunction with probiotics, physical activity, dietary modifications (especially low FODMAP diet), and psycho-emotional therapies. Medical hypnotherapy, in particular, has demonstrated its effectiveness. A multidisciplinary care pathway including medical expertise, dietary consultation, and psycho-emotional care through a therapy called Emotional Resolution (EmRes®) has been initiated in the digestive functional exploration department of Hospital E. Herriot. Our study aims to evaluate the impact of this care in patients suffering from IBS.

Materials and Methods: We conducted a longitudinal, observational, retrospective cohort study involving 50 patients followed for 6 months from the initial stage in the day hospital of the care pathway (with 4 scheduled EmRes® sessions thereafter). Patients were included between September 2022 and May 2023. An evaluation using standardized questionnaires was performed at 6 months, including a symptom severity score (IBS-SSS, a positive response if a decrease of more than 50 points compared to the initial score), an anxiety and depression score (HAD), the impact of EmRes® therapy on quality of life and digestive symptoms through a self-assessment scale, as well as satisfaction regarding the care provided.

Results: The study population consisted mostly of women (82%) with a mean age of 45 years. The most commonly reported main symptoms were abdominal pain and bloating. 31 patients (62%) showed a significant decrease in the IBS-SSS severity score. Responding patients had a higher initial IBS-SSS score compared to non-responding patients (342 vs. 270, $p < 0.01$). There was no significant difference in anxiety and depression scores between responders and non-responders, and the care provided did not significantly alter these scores at 6 months. Regarding the impact of the EmRes® method, good patient adherence was observed (75% of patients attended at least 3 sessions). 58% of patients reported an improvement in quality of life, and 46% experienced a reduction in digestive symptoms related to EmRes®. 94% of patients would recommend the care received.

Discussion: This study highlights the benefits for patients with our multimodal approach, but there are limitations to consider, such as the small sample size and limited follow-up duration. The study was not comparative or randomized. The respiratory tests conducted had two possible types, and false positives were observed with the lactulose test. Confounding factors exist, as with any psychosomatic condition, over a specific follow-up period, depending on the life events of patients that could influence their symptoms.

Conclusion: This retrospective study suggests the value of a multidisciplinary approach including EmRes® therapy for patients with IBS, particularly in cases of severe symptoms. Comparative studies are needed to confirm these results.