

S010 Stress in IBD

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Stress can be defined as a threat to an organism's homeostasis, whether physical (physiological) or perceived (psychological). The function of the stress response is to maintain homeostasis and may involve physiological and behavioural adaptations. Psychological stress has long been reported anecdotally to increase disease activity in IBD, but well-designed, prospective investigations of stress as a causative factors for relapse in IBD are few (1-3).

Of twelve longitudinal studies of the effects of stress or depression on the course of IBD (3-5), seven showed that stress worsened IBD, two showed no relation between psychological state and the course of IBD, and three gave inconclusive results. All were undertaken in adults.

If stress does have an adverse effect on the natural history of IBD, measures which reduce stress should help symptoms and activity of IBD. There are many different types of stress-reducing psychological intervention but unfortunately well designed studies of their efficacy in IBD are again scarce. In a review of ten heterogeneous studies involving several types of psychotherapy, and again all performed in adults, this modality did not appear to affect the course of IBD (6), although it did in some cases positively influence patients' psychological state. Whether psychoactive drugs, for example antidepressants (7), influence disease activity in IBD has not yet been adequately evaluated. Relaxation exercises are easy to learn and have been shown to ameliorate chronic pain in ulcerative colitis (8). Hypnotherapy has an established role in patients with IBS (9) and experimentally reduces some measures of the inflammatory response systemically and in rectal mucosa in UC (10): however, relaxation-inducing gut-focused hypnosis has not yet been properly assessed in IBD. Social isolation and a lack of social support are linked with unhappiness (11) and poor outcome from disease (12). Attempting to strengthen patients' exogenous coping resources by manipulating their social environment is however extremely difficult. Despite being unproven as a way of improving coping strategies and disease course, a supportive relationship between patients and their IBD team is likely to be worthwhile, as may be links with patient bodies such as the National Association for Colitis and Crohn's disease (13).

References.

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Session : Clinical Session 1 – Specific Care for Pediatric IBD (part I)