

Cost effective provision of hypnotherapy in a hospital setting: a practical solution

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Summary

We have previously demonstrated that hypnotherapy provided by an experienced gastroenterologist is remarkably effective in the treatment of irritable bowel syndrome (IBS). However, it is very time consuming and costly to provide and it was the purpose of this study to assess whether such a service could be delegated to lay therapists.

Thirty-two patients with severe refractory irritable bowel syndrome were treated with gut directed hypnotherapy by a lay hypnotherapist. Compared with baseline values, patients showed a highly significant improvement in abdominal pain, abdominal distension, bowel habit and general well being ($p < 0.001$). A good response to treatment was independent of symptom severity and duration of the disorder. In addition, these parameters had no bearing on the time taken for hypnotherapy to prove effective.

These findings indicate that equally good results can be obtained by a lay therapist, making the establishment of a hospital service staffed by such individuals viable from both a practical and economic point of view.

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Introduction

Irritable bowel syndrome (IBS) accounts for at least 50% of the gastroenterologist's out-patient workload¹, and yet is poorly understood and notoriously difficult to treat^{2,3}.

We have previously demonstrated that hypnotherapy is particularly effective for treating IBS and that it relieves the major symptoms, such as abdominal pain and bloating, as well as helping the many non-colonic features^{4,5}. This is in sharp contrast to the antispasmodics which are often only marginally effective and may only help one feature such as abdominal pain⁶.

The major disadvantage with hypnotherapy is that it is very time consuming and therefore expensive, particularly if provided by medical personnel. In addition, the lengthy nature of the therapy curtails the number of patients that can be treated⁴.

If the sort of specialist hypnotherapy required to treat IBS could be provided by lay therapists, this would have a dramatic impact on the cost of providing such a service. Not only would this allow more patients to be treated, but it could also reduce the financial burden that some of these patients place on the National Health Service³.

It was the purpose of this study to assess the viability of providing a hypnotherapy service staffed by lay therapists.

Methods

Subjects

A total of 32 patients – 12 male and 20 female – with IBS and aged between 23 and 56

years (mean 35 years) were treated with gut directed hypnotherapy. All patients had a history of abdominal pain, abdominal distension and a disordered bowel habit (constipation, diarrhoea or alternating constipation and diarrhoea) for between two and 20 years (mean 9 years). Routine laboratory investigations revealed no evidence of organic disease. All patients had failed to respond to other forms of treatment (mean 6 therapies).

Experimental protocol

One week prior to commencement of therapy, patients were given a simple explanation of smooth muscle physiology and severity of symptoms was recorded. Hypnotherapy was then commenced and consisted of weekly sessions lasting for 30 minutes until a stable improvement was established (mean 8 sessions). This was followed by two fortnightly sessions and one monthly session. Symptom severity and general well being was recorded weekly throughout treatment. Eight weekly hypnotherapy sessions were offered before treatment was considered to have failed. Patients were considered improved only if their symptoms became mild or absent and medication, with the exception of bulking agents, became unnecessary. All patients were able to be hypnotised.

Hypnotic technique

Hypnosis was carried out by the first co-author of this paper and induced by eye fixation and arm levitation followed by standard deepening procedures⁷. Attention was then directed to the control of gut motility. Patients were instructed to place their hands on the abdomen and induce feelings of

warmth and comfort in this area. This was followed by a sequence of suggestions related to symptom reduction and control over gut function⁶. The procedure was reinforced by the use of visual imagery if the patient had this ability. Sessions were concluded with standard ego strengthening suggestions. A tape for daily autohypnosis was issued at the third session.

Severity of abdominal pain, abdominal distension and bowel habit disturbance was scored weekly on a scale of 0 = none, 1 = mild, 2 = moderate or 3 = severe. Overall well being was expressed as a weekly score on a scale of feeling 0 - 100%. All scores were compared with baseline values.

Analysis of results

The data were evaluated by a repeated measures analysis of variance using the number of months suffered prior to the study as a covariate and the weekly assessment as the repeated measure. Adequacy of the model was tested by constructing a Normal probability plot from the model residuals.

The relationship between overall well being and response to treatment was measured using Pearson's correlation coefficient; symptom scores and response to treatment were related using the non parametric Spearman's correlation coefficient.

Results

On completion of treatment, symptoms were either mild or absent in 29 patients. Three patients failed to respond and treatment was discontinued after eight sessions.

Overall the pain, abdominal distension and bowel habit disturbance suffered by the patients was significantly reduced over the study period, in particular from seven weeks onwards ($p < 0.001$). Overall well being scores increased significantly from seven weeks onwards ($p < 0.001$, Figures 1 - 4).

The baseline assessment of all measurements and the length of time to recovery were not significantly correlated.

Figure 1. Change in abdominal pain scores with time.

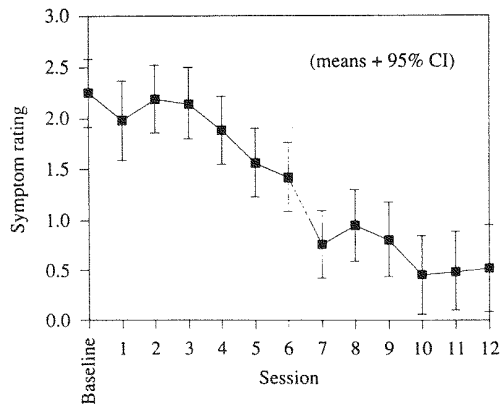


Figure 2. Change in abdominal distension scores with time.

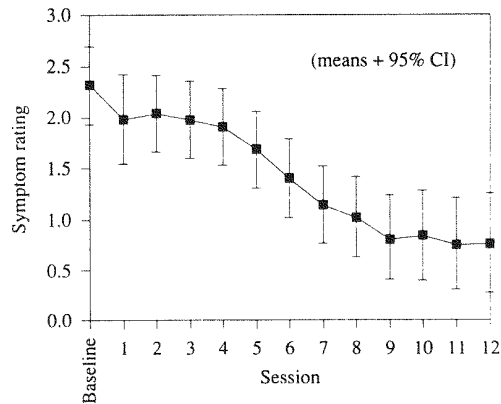


Figure 3. Change in bowel habit scores with time.

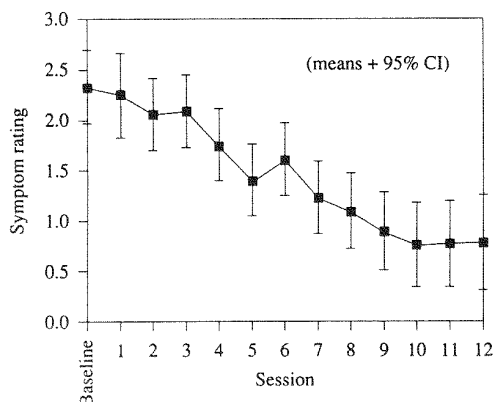
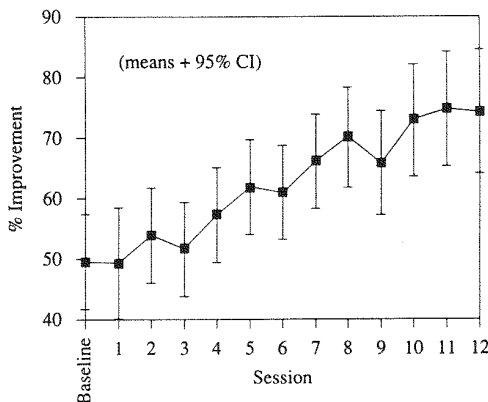


Figure 4. Change in well being scores with time.



Discussion

The study clearly demonstrates that gut directed hypnotherapy is highly effective in the treatment of refractory IBS, and that the results of a lay hypnotherapist are just as good as those previously reported by medical practitioners^{4,5}. An effective outcome was independent of initial symptom severity and the latter made no difference as to the number of sessions required.

Hypnosis can be utilised therapeutically in a number of different ways but is most often used for relaxation/stress management or exploring psychological problems. We have found these approaches less helpful than the technique we call gut directed hypnotherapy⁶. We also have some experimental evidence that hypnosis does indeed have a direct effect on the gut^{8,9}. Gut directed hypnotherapy does require some basic knowledge of gastrointestinal physiology and a good working knowledge of all the problems associated with IBS. However, the necessary level of knowledge can soon be acquired by a lay therapist using a combination of tutorials and attendance at the gastroenterology clinic.

Providing a hypnotherapy service staffed entirely by medically qualified personnel presents several difficulties. Firstly, it is very costly. Secondly, it is difficult to find either suitably motivated staff or people not distracted by other commitments. Finally, it is probably unnecessary as long as one member of the team is medically qualified and has experience of the technique. Lay therapists have the considerable advantage of offering a total commitment to the service and are much more suitable for full time contracts. The results of this study confirm that a unit using lay therapists is a practical and economical solution to the problems of providing an efficient hypnotherapy service in a hospital setting.

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