Effect of psychological therapy on disease activity, psychological comorbidity, and quality of life in inflammatory bowel disease: a systematic review and meta-analysis

David J Gracie, Andrew J Irvine, Ruchit Sood, Antonina Mikocka-Walus, P John Hamlin*, Alexander C Ford*

Summary

Background Inflammatory bowel disease is associated with psychological comorbidity and impaired quality of life. Psychological comorbidity could affect the natural history of inflammatory bowel disease. Psychological therapies might therefore have beneficial effects on disease activity, mood, and quality of life in patients with inflammatory bowel disease. We did a systematic review and meta-analysis examining these issues.

Methods In this systematic review and meta-analysis, we searched MEDLINE, Embase, Embase Classic, PsycINFO, and the Cochrane Central Register of Controlled Trials for articles published between 1947 and Sept 22, 2016. Randomised controlled trials (RCTs) recruiting patients with inflammatory bowel disease aged at least 16 years that compared psychological therapy with a control intervention or usual treatment were eligible. We pooled dichotomous data to obtain relative risks of remission in active disease or prevention of relapse of quiescent disease, with 95% CIs. We pooled continuous data to estimate standardised mean differences in disease activity indices, anxiety, depression, perceived stress, and quality-of-life scores in patients dichotomised into those with clinically active or quiescent disease, with 95% CIs. We extracted data from published reports and contacted the original investigators of studies for which the required data were not available. We pooled all data using a random-effects model.

Findings The search identified 1824 studies, with 14 RCTs of 1196 patients eligible for inclusion. The relative risk of relapse of quiescent inflammatory bowel disease with psychological therapy versus control was 0.98 (95% CI 0.77–1.24; p=0.87; I²=50%; six trials; 518 patients). We observed a significant difference in depression scores (standardised mean difference −0.17 [−0.33 to −0.01]; p=0.04; I²=0%; seven trials; 605 patients) and quality of life (0.30 [0.07–0.52]; p=0.01; I²=42%; nine trials; 578 patients) with psychological therapy versus control at the end of therapy for patients with quiescent disease. However, these beneficial effects were lost at final point of follow-up (depression scores −0.11 [−0.27 to 0.05]; p=0.17; I²=0%; eight trials, 593 patients; quality of life 0.15 [−0.05 to 0.34]; p=0.14, I²=22%, ten trials, 577 patients). When we assessed the effect of individual physiological therapies on quality of life, only cognitive behavioural therapy had any significant beneficial effect (0.37 [0.02–0.72]). We noted no effect on disease activity indices or other psychological wellbeing scores when compared with control in patients with quiescent disease. Dichotomous data for induction of remission and continuous data for change in clinical disease activity indices, depression, anxiety, and perceived stress scores were only reported in one RCT of patients with active disease. Quality of life was assessed in two RCTs of patients with active disease, but was not significantly different between intervention and control groups (0.27 [−0.05 to 0.59]).

Interpretation Psychological therapies, and cognitive behavioural therapy in particular, might have small short-term beneficial effects on depression scores and quality of life in patients with inflammatory bowel disease. Further RCTs of these interventions in patients with coexistent psychological distress are required.

Funding None.

Introduction

Crohn’s disease and ulcerative colitis, collectively known as inflammatory bowel disease, are chronic inflammatory conditions of the gastrointestinal tract without cure. Throughout a lifetime of disease, the typical natural history is that of quiescence, interspersed with episodic flare-ups of disease activity. Although the cause of inflammatory bowel disease remains uncertain, several factors are implicated in its development, including proinflammatory dysbiosis, impaired intestinal barrier function, and enteric immune system dysfunction. The increased prevalence of depression and anxiety observed among patients with inflammatory bowel disease has led to suggestions that coexistence of mood disorders might influence the natural history, although whether or not these disorders affect the development of inflammatory bowel disease is uncertain.

In inflammatory bowel disease, psychological comorbidity, including anxiety, depression, somatisation, and perceived stress, is associated not only with active disease, but also with ongoing symptoms in the absence of inflammation. Although a temporal relationship between the presence of psychological comorbidity and the onset of inflammatory bowel disease activity has been
Research in context

Evidence before this study
Evidence is increasing to suggest that poor psychological health might have negative effects on the natural history of inflammatory bowel disease. Psychological therapies are effective in the treatment of mood disorders. Evidence supports use of psychological therapies in some gastrointestinal diseases, including irritable bowel syndrome. Findings from a previous systematic review and meta-analysis of randomised controlled trials suggested that psychological therapies might have beneficial effects on quality of life in inflammatory bowel disease, but data were scarce and different types of therapy were not discussed.

Added value of this study
We have done a contemporaneous systematic review and meta-analysis of randomised controlled trials reporting the effect of psychological therapies in inflammatory bowel disease. We did a subgroup analysis of the effects of different types of psychological therapy. Psychological therapies, particularly cognitive behavioural therapy, improved depression scores and quality of life in patients with inflammatory bowel disease in the short term. Psychological therapies did not appear to have any effect on disease activity or other measures of psychological wellbeing in patients with inflammatory bowel disease.

Methods

Search strategy and selection criteria
In this systematic review and meta-analysis, we searched MEDLINE, Embase, Embase Classic, PsychINFO, and the Cochrane Central Register of Controlled Trials for articles published between 1947 and Sept 22, 2016, to identify RCTs investigating the effects of psychological therapies on inflammatory bowel disease. Eligible RCTs had to include patients aged at least 16 years with a diagnosis of inflammatory bowel disease and report the effect of any psychological therapy when compared with control, including a physician’s usual management, symptom monitoring, or supportive therapy. Outcomes included a subgroup analysis of the effects of different types of psychological therapy. Psychological therapies, particularly cognitive behavioural therapy, improved depression scores and quality of life in patients with inflammatory bowel disease in the short term. Psychological therapies did not appear to have any effect on disease activity or other measures of psychological wellbeing in patients with inflammatory bowel disease.

Evidence before this study
Evidence is increasing to suggest that poor psychological health might have negative effects on the natural history of inflammatory bowel disease. Psychological therapies are effective in the treatment of mood disorders. Evidence supports use of psychological therapies in some gastrointestinal diseases, including irritable bowel syndrome. Findings from a previous systematic review and meta-analysis of randomised controlled trials suggested that psychological therapies might have beneficial effects on quality of life in inflammatory bowel disease, but data were scarce and different types of therapy were not discussed.

Implications of all the available evidence
Although the effect of psychological therapy on inflammatory bowel disease appears small, studies to date have focused on the effect of these interventions in the general inflammatory bowel disease population rather than in the subgroups of patients with coexistent psychological distress or fatigue who might benefit to a greater degree than might those without. Further investigation of the effect of psychological therapy in these patients is, therefore, warranted.
دریافت فوری متن کامل مقاله

امکان دانلود نسخه تمام متن مقالات انگلیسی
امکان دانلود نسخه ترجمه شده مقالات
پذیرش سفارش ترجمه تخصصی
امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
امکان دانلود رایگان ۲ صفحه اول هر مقاله
امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
دانلود فوری مقاله پس از پرداخت آنلاین
پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات