

# Effect of psychotherapy and relaxation on the psychosocial and somatic course of Crohn's disease<sup>☆</sup>

## Main results of the German Prospective Multicenter Psychotherapy Treatment Study on Crohn's Disease

Wolfram Keller<sup>a,\*</sup>, Maria Pritsch<sup>b</sup>, Jörn von Wietersheim<sup>c</sup>, Peter Scheib<sup>d</sup>, Walter Osborn<sup>e</sup>, Friedrich Balck<sup>c</sup>, Reiner Dilg<sup>a</sup>, Eva Schmelz-Schumacher<sup>e</sup>, Wilhelm Doppl<sup>f</sup>, Günther Jantschek<sup>c</sup>, Hans-Christian Deter<sup>a</sup>,  
The German Study Group on Psychosocial Intervention in Crohn's Disease

<sup>a</sup>Department of Psychosomatic Medicine and Psychotherapy, University Medical Center Benjamin Franklin Clinic, Free University Berlin, Hindenburgdamm 30, 12200 Berlin, Germany

<sup>b</sup>Institute of Medical Biometry and Informatics, Ruprecht-Karls-University, Heidelberg, Germany

<sup>c</sup>Department of Psychosomatic Medicine and Psychotherapy, Medical University, Lübeck, Germany

<sup>d</sup>Department of Psychosomatics, Albert-Ludwigs-University, Freiburg, Germany

<sup>e</sup>Department of Psychosomatics, Justus-Liebig-Universität Gießen, Germany

<sup>f</sup>Department of Gastroenterology, Justus-Liebig-Universität Gießen, Germany

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### Abstract

**Objective:** Few studies have been published on the influence of psychotherapy on the physical and psychosocial course of Crohn's disease (CD). **Methods:** The present study, a prospective, randomized multicenter investigation conducted with 108 of 488 consecutive CD patients, was designed to investigate the influence of short-term psychodynamic therapy and relaxation in addition to a standardized glucocorticoid therapy on the somatic course of the disease as well as on patient psychosocial status. Based on the same standardized somatic treatment, the psychotherapy and control groups were compared after a 1-year treatment period and a follow-up of another year with regard to somatic course and psychosocial situation. **Results:** A total of 81 (75%) of 108 randomized patients completed the psychosocial follow-up. The comparison between the therapy groups after 1 year showed no significant differences in the four main target criteria of psychosocial status (depression, anxiety, psychosocial-communicative status and health-related quality of life). The

mean Beck's Depression Inventory (BDI) score at admission was 12.3 in the psychotherapy group and 8.7 in the control group. At the 1-year follow-up, the scores for depression have been 7.8 (psychotherapy group) and 7.8 (control group). In the 2-year follow-up, 84 patients were classified into four groups on the basis of somatic course; 23% of the control group and 30% of the psychotherapy group showed episode-free courses, 29% and 17% respectively underwent surgery due to failure of immunosuppressive or medical therapy, and a further subranking showed no significant differences between the two groups ( $P = .125$ ). At the 1-year follow-up, the scores for depression of patients with an active episode respective remission were 14.6 vs. 5.8. From the patient's point of view, at the end of the 2-year follow-up, the overall subjective evaluation of the effectiveness of psychotherapy was positive. **Conclusion:** The patients included showed no psychosocial disturbances of clinical relevance. Although a tendency toward fewer surgical interventions, fewer relapses

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\* Corresponding author. Tel.: +49-30-8445-3996; fax: +49-30-8445-4590.

E-mail address: kellerw@tww-berlin.de (W. Keller).

and reduction of depression was noted, the analysis was unable to demonstrate any benefit from psychosocial intervention on hypothesized parameters of psychosocial status and somatic

course. Further studies should be performed to identify patient subgroups that may benefit from psychosocial intervention. © 2004 Elsevier Inc. All rights reserved.

Keywords: Anxiety; Crohn's disease; Depression; Outcome study; Psychodynamic psychotherapy; Psychosocial intervention; Health-related quality of life

## Introduction

Since Crohn's disease (CD) was first described, the role of psychosocial factors has been discussed in respect to both causation and progression of the disease [1–8]. However, the numerous studies addressing patient psychopathology or the importance of stressful life events have thus far not come up with any conclusive results [1,5,9–16].

The individual health status of patients with CD seems to be related more to psychological than to somatic factors [17]. One issue even more open is the effectiveness of psychotherapy on health status in CD, and very few studies have, in this connection, used assessments that include patient physical, psychological and social impairment. Positive effects of psychotherapeutic intervention have been reported in a few uncontrolled and retrospective studies [12–14]. Only three controlled studies have been conducted on psychosocial intervention in CD, two of them restricted to a very limited sample and the larger study suffering from severe methodological shortcomings such as a complete lack of reference to the concomitant use of medical treatment [9–11].

The present study therefore sought to examine the effectiveness of psychotherapy on the psychosocial and somatic course of CD in a prospective randomized multicenter study.

Its aim was to assess the effectiveness of psychotherapy provided in combination with standardized medical treatment over a 2-year observation period.

The main findings of the study are reported here, the focus being on the results relating to patient psychosocial status. The results focusing on the somatic course of the disease have been published elsewhere [18].

## Methods

During the recruitment period of 2 years, all consecutive patients with CD from the four participating centers were documented by recording their anamnestic and underlying somatic clinical data. The criteria for inclusion in the study were: confirmed diagnosis, age between 18 and 55 years, at least one active episode of disease (defined as requiring drug treatment) in the last 2 years, informed consent to participate in the study and to be randomized in a psychotherapy or nonpsychotherapy group. The exclusion criteria were: psychotherapy or resection for CD within the last 2 years and no further relapse thereafter, ongoing immunosuppressive therapy, ongoing psychotherapy, planned psy-

chotherapy or resection in the near future and colostomy or ileostomy (see also Table 1).

## Treatment

### Drug treatment

The same standardized drug treatment was provided in both groups. Based on the study protocol of the European cooperative Crohn's Disease Study (ECCDS) [19], we used a fixed dosage scheme of corticosteroids during acute episodes, starting with 60 mg of prednisolone daily, with subsequent weekly reductions to 40, 30, 25, 20 and 15 mg. From the 7th to the 19th week, the patients were given 10 mg/day, and 10 mg every other day was administered up to the 28th week. Sulfasalazine was allowed in patients with colonic CD, 5-ASA in all cases. If remission or a significant reduction of CD activity index (CAI) [20] was not achieved after 6 weeks of drug treatment, the same scheme was repeated, beginning with 60 mg of prednisolone. No drug treatment was given during remission of the disease.

### Psychotherapy

For the intervention group, all participating centers provided basic short-term psychodynamic psychotherapy and a relaxation treatment program. A minimum of individual psychotherapy was required; it consisted of at least 10 verbal sessions (50–100 min individual or group therapy

Table 1  
Reasons for the exclusion of consecutive CD patients from the study

All patients (basic documentation)	488
Excluded patients	380
One exclusion criterion	279
Age > 55 years	8
Refusal	31
No acute attack within 2 years	48
No acute attack after resection	33
Operation envisaged	14
Immunosuppressive therapy	12
No specification	12
Ileostomy or colostomy	6
Other severe diseases	6
Wish for psychotherapy	25
Refusal of psychotherapy	12
Ongoing psychotherapy	13
Earlier psychotherapy	14
Other reasons (time schedule difficulties distance to hospital)	45
Combination of two of these exclusion criteria	85
Combination of three of these exclusion criteria	16
Randomized patients	108

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