How effective are psychological therapies and antidepressants for irritable bowel syndrome?

This systematic review and meta-analysis explored the role of antidepressants and psychological therapies in managing irritable bowel syndrome.

INTRODUCTION
IBS is a long-term gastrointestinal disorder with no known structural or anatomical explanation. A diagnosis requires the presence of recurrent abdominal pain or discomfort, along with a change in bowel habit. It is estimated that the condition affects 5–20% of the general population.

Patients with IBS are more likely to suffer from coexistent mood disorder, anxiety and neuroticism, and report a low quality of life. A significant proportion of patients with the condition who consult in tertiary care have an underlying psychiatric illness.

Although numerous reviews have examined whether antidepressants and psychological therapies have a beneficial effect on IBS symptoms, there is no clear consensus. This uncertainty is reflected in British Society of Gastroenterology guidelines on managing the condition, which state that evidence for any benefit of tricyclic antidepressants is conflicting, and benefits may be limited to an improvement in pain. The guidelines therefore recommend their use as a second-line treatment for this symptom. Similar is said for the role of psychological therapies, while the role of selective serotonin reuptake inhibitors (SSRIs) in managing IBS is not specified.

THE STUDY
The review attempted to address this uncertainty and to estimate the effect of antidepressants and psychological therapies on the improvement or cure of IBS symptoms.

The authors carried out a systematic review and meta-analysis of randomised controlled trials. They searched Medline and Embase (up to May 2008) and the Cochrane Central Register of Controlled Trials (2007) (formerly the Cochrane Controlled Trials Register).

Thirty-two trials were eligible for inclusion and these were based in primary, acute or tertiary care. These trials had examined the effect of antidepressants and or psychological therapies in patients over 16 years with a diagnosis of IBS:

- Nineteen trials compared psychological therapies with control therapy or a doctor’s ‘usual management’;
- Twelve compared antidepressants with placebo;
- One compared both psychological therapy and antidepressants with placebo.

The trials that compared antidepressants with placebo included a total of 789 patients, while the psychological therapy trials included 1,278 patients. The authors extracted and pooled adverse events data, something that had not been carried out by previous investigators.

Study quality was generally good for antidepressant trials but poor for those on psychological therapies.

KEY POINTS
- The review revealed a significant benefit of antidepressants over placebo.
- Psychological therapies for IBS – cognitive behavioural therapy in particular – also seem to be effective.
- Guidelines for managing the condition should be updated to include this important information.
- Further data is needed before any firm recommendations can be made about the role of psychological therapies in treating IBS.

CONCLUSION
The finding of the benefits of antidepressants over placebo is important. Previous systematic reviews have given conflicting evidence, and therefore national guidelines make conflicting or vague recommendations for the role of antidepressant therapy in treating IBS.

Psychological therapies may have a role for patients who do not respond to conventional medical treatment but further data is needed before firm recommendations can be made.

This systematic review has demonstrated that both antidepressants and psychological therapies, particularly CBT, are efficacious in the short-term treatment of IBS.

REFERENCE