

The IBS Network: What is Gut Directed CBT and how can Mahana IBS help?

Below are the questions and answers put to the Mahana experts and patients as part of our recent webinar What is Gut Directed CBT and how can Mahana IBS help?

Q=Question for the panel - in what way is the CBT toolkit offered by Mahana gut-directed and distinct from other CBT programmes we may have completed?

Mahana IBS is based on a CBT-based clinical protocol that is tailored to IBS; this is not a generic CBT protocol used for anxiety.

How this translates into our clinical programme is explained below.

The psychoeducational content addresses the brain–gut axis, the physiological stress response and rationale for a gut-directed CBT treatment. The behavioural change components target avoidance and safety behaviours common in IBS that can maintain symptom-related anxiety and make symptom severity worse. People explore with behavioural changes by working on personalised goals that are meaningful to them. The thought change components (also called cognitive change or restructuring) are focused on unhelpful thoughts associated with IBS, and anxiety and other difficult emotions triggered by IBS symptoms. Relaxation techniques and stress management methods are also offered throughout the programme. Users are guided through finding the combination of things that works best for them.

Overall, with Mahana IBS, people learn new skills to create more balanced routines in different areas of their life: altered bowel habits, eating patterns, activities and exercise, sleep and stress management. All of this promotes lasting IBS relief and well-being.

Q=I would be interested to know whether those that were trialled were part of a randomised trial as opposed to those with a recent diagnosis?

Individuals who took part in the ACTIB randomised controlled trial (Everitt et al., 2019) had refractory IBS symptoms. This means that they experienced ongoing symptoms for at least 12 months despite being offered appropriate medications and lifestyle advice. Furthermore, participants had experienced IBS symptoms for approximately 10 years on average before joining the study. We conducted smaller studies which were not limited to people with refractory symptoms and included a range of diagnosis timeframes (for example - Owusu et al., 2021; Sibelli et al. in preparation). These also showed promising results, comparable to those of the ACTIB trial.

Clinical findings suggest that people with IBS can benefit from a programme like Mahana regardless of the duration of their IBS symptoms (ACTIB trial secondary analyses).

Q=does this also help with stress triggered IBS?

Yes, the programme is focused on working through different behavioural and thought factors that are associated with IBS-related stress as well as difficult emotions. Please see the full response describing the Mahana IBS toolkit above.

Q-How do we access the app? Is it available in Ireland and at what cost?

If you have been given a code to use Mahana IBS by your healthcare provider or The IBS Network, please download the app from Apple or Google Play and follow the instructions provided to access the programme.

*For a limited time, we are currently offering paying members of The IBS Network who **reside in the UK** the opportunity to be part of an early access group and try Mahana IBS at no cost. Mahana IBS is only available in the UK at this time. Please contact The IBS Network to register your interest to access Mahana IBS.
info@theibsnetwork.org*

Mahana IBS is not available to purchase directly at this time. We are partnering with various NHS Trusts this year to provide access for patients. We will keep The IBS Network informed, but please also follow our social media for communication updates.

Q=How is Mahana different to other apps like Nerva?

Nerva offers gut-directed hypnotherapy while Mahana IBS is a CBT-based programme. Mahana offers a broader range of skills than gut-directed hypnotherapy. This includes thought change as well as behaviour change and relaxation exercises (which overlap with those in gut-directed hypnotherapy). This means that patients who have a need to make some practical life changes to support their gut function or to reduce their overall stress and anxiety, are good candidates for our programme. These skills are applicable across life areas; they can have wide-reaching and long-lasting benefits.

Q=I'd love to know from Jill and Dianne how using the app has improved their symptoms, if that's OK please. Has it made them less severe, or less frequent, or is it more that you still get the same issues but are better equipped to deal with them? Thank you.

(Dianne and Jill answered this question regarding symptom severity directly in the webinar - however, here are some additional Q&A with Jill and Dianne for further context on their experiences)

Tell us a little about your IBS Diagnosis.:

Jill: I started with symptoms 23 years ago but not diagnosed until eight years later. I have IBS -D

Dianne: I was diagnosed with IBS-M in 2015 during my first year of college. The M in IBS-M stands for mixed, which is due to the mixed symptom of Diarrhoea and Constipation.

What symptoms were you finding most challenging before CBT?

Jill: The urgency and unpredictability of the bouts of IBS led to embarrassing accidents, influenced my career choices and restricted my social life.

Dianne: Daily bloating and nightly severe abdominal pain that would keep me up during the night, keeled over on the toilet.

What did you think when you were first offered CBT as a treatment for IBS - were you sceptical?

Jill: I was sceptical but so desperate to try anything I decided I had nothing to lose and just maybe it would make a difference. After all, it's recognised that people often have to dash to the loo when facing a nervous situation!

Dianne: I was sceptical but at the same time, I was tired. I was willing to take on anything at the state of mind that I was in from dealing with my symptoms on a daily basis.

What did you think of the gut directed CBT, was it what you expected/easy to do?

Jill: I had come across CBT in my working life so had a small amount of awareness that it was about changing my mind set, but I didn't see the link with my IBS life.

Dianne: It was difficult to keep myself accountable at first. I didn't realise how many different daily habits I could manage and keep track of which would help my gut overall.

What did you find most useful about the Mahana IBS Programme for you?

Jill: It gave me the hope that I could finally stop IBS controlling my life by changing my thinking. It gave me a coping mechanism.

Dianne: I appreciated how Mahana dedicated a weekly session to a new skill to slowly include in daily life. Rather than bombarding me with the information all at once. Mahana gives the time that each unique individual needs to integrate each habit as they master each one.

How would you say gut-directed CBT has impacted your IBS and your life?

Jill: I had stopped eating favourite foods like cauliflower cheese and curry as I was sure they were key culprits. Staple part of my diet again now! I travel on trains, car journeys and flights and I don't plan where there will be loo stops. The Mahana IBS app comes with me!

Dianne: Gut-directed CBT gave me an opportunity to learn to love my relationship with food again. There wasn't fear when it came to social invitations nor was there the same hesitation that I had when it came to certain ingredients - hearing "carbs" wasn't a trigger word anymore.

What would you say to someone considering Mahana IBS therapy?

Jill: You have nothing to lose and in my experience, a huge amount to gain. It's not an overnight impact but the programme was easy to use and I've learnt that IBS needn't control your life.

Dianne: You have nothing to lose. There are no side effects, no fear of certain drug interactions, and if you are at a point where you've tried everything you can - why not give this one thing a shot?

Do you have any tips for success for people starting Mahana IBS CBT App?

Jill: Give yourself a few minutes each day when you're sat relaxing and put yourself in charge of your IBS. If you've got your phone in your pocket you've got support.

Dianne: Try to develop a system of accountability. Whether it's through peers, family, a daily journal, or an electronic calendar - it'll help with keeping track of all the information and tips you'll gain from Mahana. Mahana goes beyond a treatment cycle and is a way of life.

Q=I've had IBS for 38 years during which I've tried everything from pills and potions to hypnotherapy and acupuncture. Can Mahana help me?

Many individuals who took part in our different studies shared similar experiences. They expressed desperation and were willing to try anything to find IBS relief. The studies evaluating Mahana IBS included people who had IBS symptoms for a different amount of years, including long-term symptoms. There's no one-size-fits all treatment for IBS, as we know. Many people have shared positive outcomes after using Mahana, such as Dianne and Jill.

Q=I'd be interested in joining a clinical trial, having refractory IBS since my late teens exacerbated by a stressful event. Where should I go?

We are currently providing the opportunity for paying members of [The IBS network](#) to try Mahana IBS at no cost. We're planning to conduct further clinical studies in various NHS settings this year (for example, in partnership with gastroenterology clinics). We will keep The IBS Network informed of any opportunities to participate in trials, however, it will take longer for people to access the programme via this research route.

SCIENTIFIC CITATIONS

Everitt HA, Landau S, O'Reilly G, Sibelli A, Hughes S, Windgassen S, Holland R, Little P, McCrone P, Bishop F, Goldsmith K, Coleman N, Logan R, Chalder T, Moss-Morris R; ACTIB trial group. Assessing telephone-delivered cognitive-behavioural therapy (CBT) and web-delivered CBT versus treatment as usual in irritable bowel syndrome (ACTIB): a multicentre randomised trial. Gut. 2019 Sep;68(9):1613-1623. doi: 10.1136/gutjnl-2018-317805. Epub 2019 Apr 10. PMID: 30971419; PMCID: PMC6709776.

Moss-Morris R, McAlpine L, Didsbury LP, Spence MJ. A randomized controlled trial of a cognitive behavioural therapy-based self-management intervention for irritable bowel syndrome in primary care. *Psychol Med.* 2010 Jan;40(1):85-94. doi: 10.1017/S0033291709990195. Epub 2009 Jun 17. PMID: 19531276.

Owusu JT, Sibelli A, Moss-Morris R, van Tilburg MAL, Levy RL, Oser M. A pilot feasibility study of an unguided, internet-delivered cognitive behavioral therapy program for irritable bowel syndrome. *Neurogastroenterol Motil.* 2021 Nov;33(11):e14108. doi: 10.1111/nmo.14108. Epub 2021 Mar 21. PMID: 33745228.

Sibelli, A, Hostetler, C, Scott, L, Levy, R, Zia, J, Oser, M. Proof-of-Concept Study: Patient Experience with a New Prescription Mobile Application for Adults with Irritable Bowel Syndrome (Mahana™ IBS). *Manuscript in preparation.*