

Education, education, education: a randomised controlled trial of two forms of instruction in patients with Irritable Bowel Syndrome

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Introduction:

Patient education and self-management is at the heart of guidelines for functional gut disorders, such as IBS. In this randomized controlled study we compared the effect on symptoms of an in-person educational (IPE) programme versus audio-visual online education (OLE). We hypothesised that IPE would yield better outcomes, in more individuals.

Methods:

Eighty-one patients (63 f, mean age 35 [19-91]) with diagnosed IBS were randomised: 41 to IPE and 40 to OLE. Both educational programmes involved sessions at Wks 1, 2, 3, 4, 5 and 10.

The IPE was a semi-structured programme lead by specialist gastroenterologists, dietician, nurse specialist and psychologist covering the spectrum of IBS-related issues.

The OLE content was filmed by each specialist as above and made available to enrolled patients as often as they wished – interaction with the content was monitored.

Both groups were offered the final ‘wrap-up’ Wk 10 session, to understand what interventions had been adopted. Both groups received a ‘IBS School Book’™, designed to complement the education modules. All patients had baseline, post treatment (Wk 10) and follow-up (Wk 26) questionnaire scores of symptom severity (IBS-SSS), anxiety/depression (HAD).

Table1: characteristics of two groups

	IPE	OLE
N. of participant	41	40
Age mean	36	34
Gender f%	80%	75%
IBS naive therapy	7%	7%
IBS-D	17	20
IBS-C	14	11

IBS-M/U	10	9
IBS-SSS	302 (150-410)	289 (150-410)
*P-value calculated for IPE and OLE baseline characteristics were not significant		

Results:

Baseline characteristics were comparable across two groups (Table 1).

Adherence to the IPE was defined as attendance at 5 of 6 sessions, and was observed in 40 participants (98%). Adherence to the OLE was defined as watching 4 of 5 videos and was achieved in 30 patients (74%) ($p=0.003$, χ^2).

Significant improvement (defined as reduction in IBS-SSS by 50) was seen in 32/41 (78%) IPE and 21/40 (53%) OLE patients ($p=0.015$, χ^2).

HAD scores at baseline demonstrated 67 patients (83%) had anxiety. At the end of treatment, anxiety was statistically improved, with mean anxiety scores falling from 11 at baseline to 7.7 ($p<0.001$), with no differences between programmes.

Predicting outcome: successful treatment with either programme did not correlate with age, years of disease or clinical subtype of IBS.

Conclusions:

Educational programmes are effective treatment for IBS patients, improving symptom severity and associated anxiety. The in-person group were more likely to complete the course and experience benefit than the online group. Such self-management improves patients' understanding of their condition and underpins implementation of lifestyle, dietary and behavioural changes that may improve symptoms.