Angela McAvoy Fellowship Progress Report

LAST year CCA awarded the inuagural $150,000 Angela McAvoy Fellowship to Dr Antonina Mikocka-Walus for her research study, *Does cognitive-behavioural therapy (CBT) improve psychological and/or clinical outcomes in inflammatory bowel disease (IBD)? A pilot randomised control trial*. Here Dr Mikocka-Walus provides an update on her study.

Procedure summary

Eligible patients (over 18 years and fluent in English) were randomised to be offered usual medical care (control group) or usual care plus a group cognitive behavioural therapy CBT (experimental group). Consenting patients completed baseline demographic, disease specific and psychological measures and had blood taken for future blood analysis. Prior to CBT, patients were screened by a clinical psychologist to assess suitability for group therapy. The experimental group attended 10 two-hour weekly CBT sessions and has been reassessed at 10 weeks and six months (and is to be reassessed at 12 months). The control group has had routine care as directed by their physician and six and 12 month follow-up.

Findings to date

To date, 22 patients have participated in the CBT program and 35 patients have been controls. General observations for the whole sample are:

- Very high level of psychological stress indicating increased risk of disease due to stress;
- Mental quality of life (QOL) poorer than in the healthy population;
- Physical QOL comparable to healthy population; and
- State and trait anxiety slightly higher than in the healthy population.

CBT versus standard care

Trends towards decreasing anxiety on both Hospital Anxiety and Depression Scale (HADS) and State and Trait Anxiety Inventory (STAI) (Figure 1), improving mental quality of life and reduced psychological stress in the experimental versus control group have been noted between baseline and six months, suggesting the benefit of CBT over the usual care. However, the changes are not statistically significant at this stage, most likely due to a small sample size and recruitment needs to continue to reach a sample of approximately 50 patients in each group.

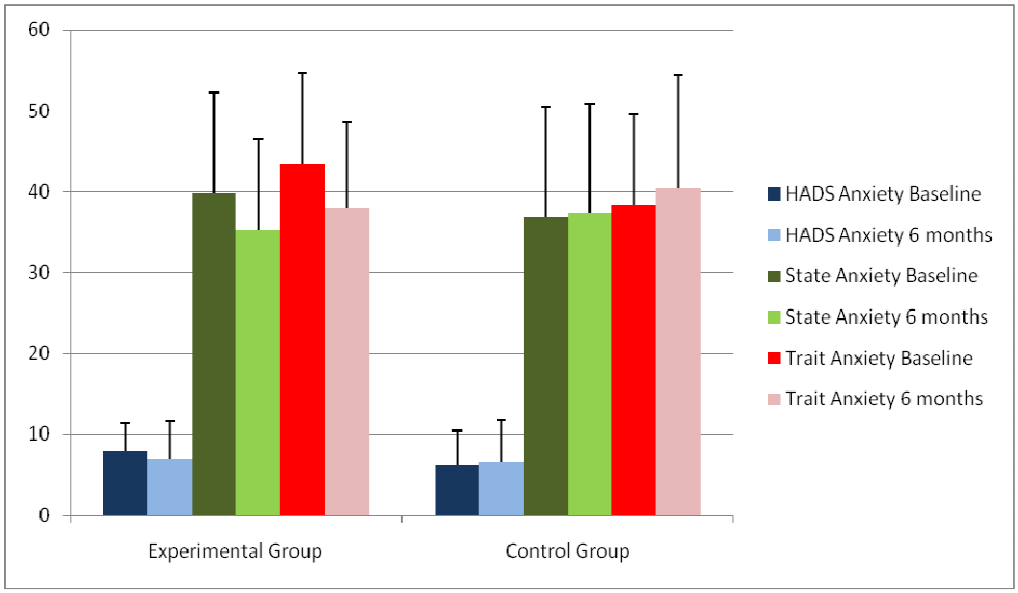

Figure 1: Anxiety at baseline and 6 months by group

In general, in the experimental group (receiving CBT) anxiety dropped from 7.9 to 7 (this is a mean for the group) on a general anxiety measure. In terms of the state anxiety (how anxious we are at the moment), it dropped from 39.8 to 35.3, and in terms of our general predisposition to anxiety (any time in life), from 43.3 to 37.9. The last figures mean that we are changing people's general behaviour. This means CBT may have long-term benefit. People change the way they respond to stressful situations.

In terms of quality of life it improved from 42.6 to 47.5, with 47.5 being nearly the quality of life of a general South Australian population. The measure for stress dropped from 716.5 to 442.9, meaning people are now much less stressed.

Analysis of the control group showed the changes are not as pronounced, or that people are getting slightly worse outcomes.

Acceptability

The CBT program is well received by patients. However, to date, 160 (41 per cent) patients declined participation, with practical issues such as distance to hospital, time, work or family commitments being the most common reasons for declining. This issue will be addressed by offering an online CBT program to be initiated in February 2011. The website has been designed and is now going through final testing.

Plans for 2011-12

Recruitment will continue to reach the required sample of 100 patients, and online CBT will be tested and incorporated in the trial. The final progress report for will be ready mid 2012.

Conclusion

Preliminary data show a large unmet need for psychological support in IBD patients undergoing usual medical care at a busy metropolitan hospital. The early group comparisons indicate trends towards reduced anxiety and stress and improved mental quality of life in the experimental versus control group. Recruitment should be continued to reach a higher sample size. Practical daily life considerations are the main drivers of the current low response rate. This is currently being addressed by developing a parallel online CBT program for remote access to allow broader delivery of this intervention.