



Appropriate Referrals to The Gut Centre

Appropriate Referrals:

- Patient has been diagnosed with a disorder of gut-brain interaction (DGBI) (irritable bowel syndrome, rumination syndrome etc.) and tested if required to rule out a biological cause
- The patient is reluctant to take medication or sensitive to their side effects and would like a non-pharmacological treatment approach
- Stress and/or psychosocial factors trigger or exacerbate GI symptoms, or GI problems are perceived to be a stressor
- Patient has moderate to severe GI symptoms that have not responded to conventional medical care
- GI concerns interfere with quality of life or general functioning, working/going to school/normal activities
- Patient is open to the role of stress or psychosocial factors impacting the brain-gut axis, and open to the idea of using psychological methods to manage symptoms

Inappropriate Referrals:

- Patients with untreated or unstable psychiatric issues or mental health problems (e.g., severe depression, PTSD, OCD).
- Patients with cognitive limitations and language barriers may not be suitable
- Active substance abuse
- Untreated eating disorder or BMI < 17



THE GUT CENTRE

REFERRAL GUIDE

For Gastroenterologists, GPs and other specialists

Psychological interventions for gastrointestinal conditions, now referred to as brain-gut psychotherapies, have extensive research demonstrating their effectiveness at improving GI symptoms and quality of life for patients with gastrointestinal disorders.

At The Gut Centre these interventions are delivered by GI-expert Psychologists with the primary goal of treatment to reduce and manage symptoms and improve coping skills.

Referral Process

A Gut Centre Psychologist will complete a thorough assessment and determine the most appropriate treatment approach.

When referring patients, indicate the GI diagnosis and specific reason for the referral (medical work up should be complete prior to referral).

Recommending Therapy

How to recommend psychotherapy treatments:

It is helpful to reassure the patient that their diagnosis of a DGBI does not imply their condition is all in 'their head' and furthermore not to dismiss the patient's experience of symptoms as trivial or psychosomatic.

A clear discussion of the brain-gut axis is essential for providing a strong and compelling rationale for a DGBI referral to a Gut-Psychologist. Use patient-friendly language when explaining the below, see example.

Framing the referral as a multidisciplinary approach is also helpful.

In addition, to reduce feelings of physician abandonment, inform the patient that you will remain in communication with their Psychologist and you will be receiving a 6 session and end-of-treatment report to monitor their progress.

Example:

- The brain and the gut are highly interconnected via a complex network of nerves and chemical signals. This communication goes both ways, from the brain to the gut and from the gut to the brain.
- Communication between the brain and the gut can be disrupted by various factors such as infection, chronic stress or emotional trauma.
- This can result in the brain perceiving gut sensations too intensely or sending the wrong signals to the digestive system, leading to uncomfortable gut symptoms.
- Many patients with brain-gut disorders are more sensitive to sensations in their GI tract.

Discussing the role of stress as a possible contributing factor, not a cause:

Example:

- Stress is one of many factors that can contribute to worsening symptoms for patients. Research studies have shown that patients with DGBIs have abnormalities in their physiological stress response, so may experience more significant disruption in gut symptoms in response to everyday stressors, meaning that they are a "gut responder".
- Also, the symptoms themselves can become a source of stress which can create a viscous cycle (i.e., worrying about the symptoms activates the stress response which then further upsets the gut).

Contact Us

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Efficacy and Features of Brain-Gut Psychotherapies

Brain-gut psychotherapy treatments have > 30 years of research supporting their effectiveness at improving GI symptoms, particularly IBS. **Cognitive behavioural therapy (CBT) and gut-directed hypnotherapy (GDH)** are the psychological treatment modalities that have been most extensively studied and utilised.



Cognitive Behavioural Therapy

KEY FEATURES :

CBT is a short-term, collaborative treatment approach that targets skills deficits that exacerbate brain-gut disorders. Specific components of treatment are customised for each patient and typically include:

- **Psychoeducation** regarding DGBI, role of stress and the brain-gut axis, and rationale for psychological treatment
- **Relaxation skills** ie. diaphragmatic breathing
- **Cognitive skills** to address symptom anxiety and preoccupation
- **Coping skills** training to address maladaptive coping behaviours

Efficacy: 20 RCTs in IBS with ~60- 70% of patients being treatment responders (at least 50% reduction in IBS symptoms); 6 RCTs in pts with Non-cardiac chest pain (5 showing positive results); 2 RCTs in Functional Dyspepsia

Treatment Duration: 6-10 sessions (highly motivated patients can respond in as few as 4 sessions)

Gut-Directed Hypnotherapy

KEY FEATURES :

GDH is a verbally guided intervention encouraging focused mental attention and deep relaxation during which the **mind is more receptive to therapeutic suggestion**. It is specifically tailored to address the patient's gut symptoms, such as **reducing pain sensitivity in the bowels, normalising motility, reducing stress reactivity in the body,** and increasing the patients' overall sense of well-being.

Efficacy: 12 RCTs in IBS with up to 75% of patients with severe, refractory IBS achieving at least a 50% reduction in bowel symptoms after treatment; 1 RCT in pts with Non-cardiac chest pain; 1 RCT in pts with Functional Dyspepsia; Pilot studies have shown promising results in globus and functional heartburn.

Treatment Duration: 6-10 sessions

GDH is proven to be equally or more effective than the Low-fodmap diet alone.

The Gut Centre: Services

- **Psychotherapies:**
Cognitive Behavioural Therapy (CBT)
Gut-directed Hypnotherapy
and other psychological therapies and interventions (ACT, Mindfulness etc)
- **Dietetics**
- **IBD Counselling**
- **Pelvic health physiotherapy**
- **GI Yoga Group Program**

The Gut Centre utilise **evidence-based** therapies by qualified psychologists with gastrointestinal expertise and must uphold appropriate training, certifications and membership with the relevant governing body AHPRA. Clinics in Melbourne, Sydney, Brisbane and Sunshine Coast, with Telehealth available Australia-wide.

Effectiveness of Telehealth:

Sessions conducted via Telehealth (online) are proven to be an effective treatment for patients suffering with irritable bowel syndrome, as indicated by the study led by Professor Peter Whorwell at The University of Manchester with 73% successful treatment outcomes.

Addressing patient affordability concerns:

- **Medicare rebates** are available on a Mental Health Care Plan for both individual and group therapy sessions accessed through their GP
- **Group therapies** are a more affordable option to individual sessions including the GI Yoga Group Therapy Program.
- Individual sessions are cost-effective in the long-run compared with the many other costs associated with managing a GI condition.

Medicare and patient rebates

Medicare rebates are available under a Mental Health Care Plan (MHCP), currently providing \$93.35 or \$137.05. Patients are required to consult with their GP to assess eligibility.

Private health rebates are also available under 'Psychology'.

'Apps' versus in-clinic treatment:

- **Apps:** Efficacy unknown, generic approach, poor adherence, therapeutic interaction and feedback not provided, risk of patients unsuitable for GDH, not tailored to individual, response un-monitored, patient less likely to complete treatment, unsuitable for patients with significant comorbidities or uncomfortable with technology.
- **In-clinic:** Delivered either in-person or online. clinically proven efficacy, patient receives thorough psychological assessment from a psychologist, customised and personalised, good compliance with low drop-out rate, rapport, feedback and encouragement provided by therapist, cost-effective in the long-term due to compliance of completing treatment and success in reducing symptom severity without the requirement for medical procedures, expensive supplements or other added costs.



How to make a referral:

There are a number of ways that you can refer your patients.

- Website <https://www.thegutcentre.com/contact/specialist-gp-referral-section/>
- Via Medical Objects
- Fax Referral Letter (copy into GP Report)
- Fax Referral Sheet to Fax no: 03 9853 0033 (Head office Melb)
- Email: info@thegutcentre.com

Ways to provide information to your patients:

- **Hard copy Patient Brochures** (click link) you can request hard copies to be mailed to your clinic Email: info@thegutcentre.com
- **Patient Information Sheet** (click link) (can be emailed or printed at time of referral)
- **IBS Diagram** (click link) (for printing as an additional aid for patients)

Helpful Links:

- **Hypnotherapy for IBS Research Article**
<https://www.thegutcentre.com/pdf/research/hypnotherapy-for-ibs.pdf>
- **Psychological treatment for gastrointestinal disorders Research Article**
<https://www.thegutcentre.com/pdf/research/psych-treatments-gastro-disorders.pdf>
- **GESA: The brain-gut connection**
https://a9372727daad548969e006ff.blob.core.windows.net/fgid-resources/GESA_IBS4GP.com_Gut%20Brain%20Axis.pdf
- **GESA: Gut-directed Hypnotherapy**
https://a9372727daad548969e006ff.blob.core.windows.net/fgid-resources/GESA_IBS4GP.com_Gut%20Directed%20Hypnotherapy.pdf
- **GESA: Psychological Therapies**
https://a9372727daad548969e006ff.blob.core.windows.net/fgid-resources/GESA_IBS4GP.com_Psychological%20Therapies%20for%20IBS.pdf
- **GESA: Cognitive Behavioural Therapy (CBT)**
<https://a9372727daad548969e006ff.blob.core.windows.net/fgid-resource>

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