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<p>Stigma is a centuries-old phenomenon that pervades chronic digestive diseases, regardless of classification. Patients with gastrointestinal (GI) illness perceive others hold stigmatizing beliefs about them and their illness, including from medical professionals, and may go on to internalize or believe these negative stereotypes as true. These perceptions seem to be based on the thought that the public views GI diseases negatively. The effects of GI stigma are substantial and influence quality of life, psychological distress, treatment adherence, disease severity, and health-care utilization. These realities underscore the need for stigma to be addressed by the GI community and measures taken to mitigate its impacts.</p>	
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<p>In this review article, we show that stress and resilience play an integral role in the brain–gut axis and are critical to symptom expression across all digestive disorders. The relationship between stress, coping, and resilience provides a mechanistic basis for brain–gut behavior therapies. Psychogastroenterology is the field best equipped to translate and mitigate these constructs as part of patient care across all digestive disorders.</p>	
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<p>Integrated models of care for chronic digestive conditions, such as irritable bowel syndrome (IBS) and inflammatory bowel disease (IBD), are becoming the standard of care and require patients to have access to brain–gut behavior therapies. Further progress is needed to implement this approach across GI practice settings and will require gastroenterologists to build collaborative relationships with GI Psychologists. This review provides guidance on practical steps for integrating brain–gut behavior therapy into a GI practice, including guidance on assessing patients for their appropriateness for referral, effective communication strategies to</p>	

recommend brain–gut behavior therapy, and tips on how to develop a referral pathway and successful collaboration with a GI Psychologist.

Future of Brain–Gut Behavior Therapies: Mediators and Moderators

723

Helen Burton Murray and Brjánn Ljótsson

With growing evidence to support their efficacy, brain–gut behavior therapies are increasingly viewed as a key component to integrated care management of disorders of gut–brain interaction. However, the types of brain–gut behavior therapies differ in how and for whom they purportedly work. We provide a conceptual review of these brain–gut behavior therapies, with an emphasis on describing how (ie, mechanisms) and for whom (ie, moderators) they work as hypothesized and/or supported by evidence. Based on evidence to date, we recommend that brain–gut behavior therapies prioritize gastrointestinal-specific targets, such as gastrointestinal-specific anxiety.

Behavioral Digital Therapeutics in Gastrointestinal Conditions: Where Are We Now and Where Should We Go?

741

Ruby Greywoode and Eva Szigethy

Behavioral digital therapeutics represents a diverse range of health technology tools that can offer beneficial options for patients with gastrointestinal disorders, particularly with the shortage of mental health providers. Challenges to the uptake of behavioral digital interventions exist and can be addressed with mobile device applications, improved interoperability of technology platforms, and flexible integration into clinical practice.

Psychological Considerations for Food Intolerances: Celiac Sprue, Eosinophilic Esophagitis, and Non-Celiac Gluten Sensitivity

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Shayna Coburn, Monique Germone, Josie McGarva, and Tiffany Taft

Several chronic digestive conditions are physiologically based on food intolerance, including celiac disease, nonceliac gluten sensitivity, and eosinophilic esophagitis. Patients are expected to follow medically prescribed diets to eliminate identified food triggers to control symptoms. However, the psychological impacts of these dietary approaches are largely unaddressed in clinical practice. Hypervigilance and anxiety regarding food and symptoms, and disordered eating, may emerge and negatively affect outcomes. Clinicians working with pediatric and adult populations with food intolerances should be aware of these psychological comorbidities, and equally emphasize effective ways to help patients manage the mental and physical aspects of their condition.

Identification and Management of Eating Disorders (including ARFID) in GI Patients

765

Helen Burton Murray and Samantha Calabrese

Eating disorders are characterized by cognitions (eg, fear of gastrointestinal symptoms around eating, overvaluation of body shape/weight) and behaviors (eg, dietary restriction, binge eating) associated with medical (eg, weight loss), and/or psychosocial impairments (eg, high distress around eating). With growing evidence for bidirectional relationships

between eating disorders and gastrointestinal disorders, gastroenterology providers' awareness of historical, concurrent, and potential risk for eating disorders is imperative. In this conceptual review, we highlight risk and maintenance pathways in the eating disorder—gastrointestinal disorder intersection, delineate different types of eating disorders, and provide recommendations for the gastroenterology provider in assessing and preventing eating disorder symptoms.

Psychosocial Aspects of Metabolic and Bariatric Surgeries and Endoscopic Therapies 785

Sara H. Marchese and Anjali U. Pandit

Obesity is a prevalent progressive and relapsing disease for which there are several levels of intervention, including metabolic and bariatric surgery (MBS) and now endoscopic bariatric and metabolic therapies (EBMTs). Preoperative psychological assessment focused on cognitive status, psychiatric symptoms, eating disorders, social support, and substance use is useful in optimizing patient outcomes and minimizing risks in MBS. Very little is known about the psychosocial needs of patients seeking EBMTs, though these investigations will be forthcoming if these therapies become more widespread. As MBS and EBMT inherently alter the gastrointestinal (GI) tract, considerations for the longer-term GI functioning of the patient are relevant and should be considered and monitored.

Psychological Evaluation and Management of Chronic Pancreatitis 799

Brooke Palmer and Megan Petrik

Chronic pancreatitis is a chronic digestive disorder that greatly diminishes the quality of life and is associated with significant psychological distress. A best practice recommendation in treating chronic pancreatitis is offering care in a multidisciplinary model that includes access to a behavioral health provider among other medical professionals. Behavioral interventions for patients with chronic pancreatitis have promise to improve the management of pain, comorbid psychiatric symptoms, and quality of life. If surgical interventions such as a total pancreatectomy islet autotransplant are considered, evaluating and mitigating psychosocial risk factors may aid the selection of appropriate candidates.

Management of Sexual Dysfunction in Gastrointestinal Disorders 815

Alyse Bedell and Alana Friedlander

Patients with gastrointestinal (GI) disorders are at increased risk of sexual dysfunction (SD) due to a combination of biomedical, psychological, social, and interpersonal factors. While most patients desire information on the impact of their GI disorder on sexual function, few providers initiate this conversation. GI providers should routinely assess their patients for SD, validate these concerns, and provide brief education and a referral for evaluation and/or treatment. Treatment of sexual concerns is often multidisciplinary and may involve a sexual medicine physician, pelvic floor physical therapists, and sex therapists.

Management of Sleep and Fatigue in Gastrointestinal Patients

829

Jessica K. Salwen-Deremer and Michael Sun

Sleep is an essential physiologic process, and unfortunately, people with gastrointestinal (GI) conditions are more likely than people in the general population to experience poor sleep quality, sleep disorders, and fatigue. Herein, we present information on common sleep disorders, fatigue, and data on these problems in various GI populations. We also discuss several treatments for sleep concerns and emerging research on the use of these treatments in GI populations. Cases that illustrate the GI/sleep relationship are presented, in addition to guidance for your own practice and cultural considerations.

Gastrointestinal Disorders in Adolescents and Young Adults: Preparing for a Smooth Transition to Adult-Centered Care

849

A. Natisha Nabbijohn and Sara Ahola Kohut

Chronic gastrointestinal disorders are prevalent in youth worldwide. The chronicity of these conditions often results in their persistence into adulthood. Challenges typically faced by young people transitioning to adulthood are often exacerbated in those with chronic gastrointestinal disease. Increased awareness of these challenges among health care professionals and appropriate policies and procedures for health care transition are critical. This article summarizes research on the challenges faced by emerging adults with the gastrointestinal disease during the transition to adult care. Barriers to optimal transitional care and current guidelines are discussed and used to offer practical recommendations for health care professionals working with this population.

Working with Trauma in the Gastroenterology Setting

867

Christina H. Jagielski and Kimberly N. Harer

Patients with gastrointestinal (GI) complaints report high rates of previous psychological trauma such as physical, emotional abuse and neglect, sexual trauma, and other traumatic experiences. History of trauma is considered a risk factor for the development of disorders of gut-brain interaction, including irritable bowel syndrome. This article discusses key points for providers in understanding how various aspects of trauma can affect patients' physical and mental health and medical interactions, as well as trauma-informed strategies providers can use to increase patient comfort, improve communication, and improve effectiveness of treatment.

Sociocultural Considerations for Food-Related Quality of Life in Inflammatory Bowel Disease

885

Tina Aswani-Omprakash and Neha D. Shah

The prevalence of inflammatory bowel disease (IBD) is increasing substantially in non-White races and ethnicities in the United States. As a part of promoting quality of life in patients with IBD, the optimization of food-related quality of life (FRQoL) is also indicated. It is known that the practices of food avoidance and restrictive eating are associated with a reduced FRQoL in IBD. Gaining insight into sociocultural influences on FRQoL will aid in the provision of culturally competent interventions to improve FRQoL in patients with IBD.