Systematic review: self-management support interventions for irritable bowel syndrome

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CRD summary
The review concluded that many self-management support interventions appeared to benefit irritable bowel syndrome patients, although the flawed data and feasibility of interventions in clinical practice limited the results; further research is needed. The author's conclusions were suitably cautious and reflect the evidence, but the review had some methodological problems, which should be borne in mind.

Authors' objectives
To assess the self-management interventions used to support irritable bowel syndrome patients.

Searching
PubMed, EMBASE, PsycINFO, and CINAHL were searched to March 2010 for articles published in any language. Search terms were reported. Reference lists of retrieved articles were also searched.

Study selection
Studies that compared self-management interventions with a control intervention in adult patients (over 18 years) with irritable bowel syndrome were eligible for inclusion. Control interventions could be standard medical treatment and/or waiting list controls. Psychological therapies were excluded unless they were primarily self-administered as a means of strengthening self-care.

The included studies considered various interventions, including school, education class, home hypnosis, minimal contact cognitive-behavioural therapy, self-help irritable bowel syndrome guidebook, multi-component self-management programme, support group, or self-management programme. Interventions varied in duration from single sessions to three months. The control interventions were waiting list, usual care alone, irritable bowel syndrome booklet; some control interventions allowed cognitive therapy or brief self-management interventions. The relevant outcomes were percentage of patients responding and improvements in various symptoms. Studies were conducted in various settings (primary, secondary and tertiary practice). Most studies were conducted in the USA; others were conducted in New Zealand, Sweden and the UK.

The author did not state how many reviewers performed study selection.

Assessment of study quality
Randomised controlled trial (RCT) quality was assessed using the Jadad scale, which appraised randomisation, blinding, intention-to-treat or per-protocol analysis, and withdrawals/drop-outs; the maximum score was 5 points. Trials that scored from 3 to 5 points were considered high quality.

The author did not state how many reviewers performed validity assessment.

Data extraction
Data were extracted on primary and secondary outcomes.

The author did not state how many reviewers extracted data.

Methods of synthesis
A narrative synthesis was presented, grouping studies by type of intervention.

Results of the review
Eleven studies were included in the review (n=1,679 participants, as reported in table 1) comprising nine RCTs (seven...
parallel design and two crossover) and two observational studies. Study sample size ranged from 25 to 428 patients (as reported in table 1). The quality of RCTs was variable: six trials scored 3 points (deemed high quality), three scored 2 points, and two scored 1 point (deemed low quality). Seven studies were analysed on an intention-to-treat basis and four on a per-protocol basis.

Three RCTs that assessed self-management programmes in irritable bowel syndrome patients found positive results across most primary and secondary outcomes. One RCT of self-administered cognitive-behavioural therapy found large benefits in primary outcomes (72% compared with 7.4% with waiting list control). Two studies of education interventions found positive results. Two RCTs with self-help guidebooks also found positive results. Two studies of support groups found mixed results. It was not possible to draw conclusions from one study of hypnosis.

Overall, the percentage of patients responding with self-management programmes ranged from 53 to 76.7% versus 7.4% to 26% with control interventions (three RCTs).

**Authors' conclusions**
Many self-management support interventions appeared to benefit irritable bowel syndrome patients, although the flawed data and feasibility of interventions in practice limited the results; further research is needed.

**CRD commentary**
Inclusion criteria for the review were broadly defined; inclusion criteria for outcomes were not clearly defined. Several relevant sources were searched with no language restrictions. Publication bias was not assessed and could not be ruled out. It was not clear if attempts were made to reduce reviewer error and bias at any stage of the review.

Quality assessment indicated the poor to moderate quality of the included studies, which the author acknowledged. Studies were narratively synthesised, which appeared appropriate given the heterogeneity in patients, interventions and reported outcomes. However, the synthesis was very limited and the numbers reported in the text did not always match tables.

Overall the author's conclusions were suitably cautious and reflect the evidence, but the review had some methodological problems, which should be borne in mind.

**Implications of the review for practice and research**
**Practice:** The author stated that the feasibility of many self-management support interventions in ‘real world’ clinical practice is uncertain.

**Research:** The author stated that practical self-management interventions that can be applied across various clinical setting need to be developed and tested in well-designed clinical trials.

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This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.