

Fellowship awarded

CCA's inaugural \$150,000 Angela McAvoy AM Fellowship has been awarded to Dr Antonina Mikocka-Walus for her study into whether cognitive behavioural therapy (CBT) can improve the psychological and clinical outcomes in IBD.

Dr Mikocka-Walus has an intimate knowledge of IBD, as both a clinical researcher in the area and someone living with the disease.

Dr Mikocka-Walus, who emigrated from Poland in 2005, was diagnosed with Crohn's disease at the age of 17.

She began to take an active interest in the important role psychology plays in chronic illness after completing her Master of Psychology in 2002.

After immigrating to Australia, Dr Mikocka-Walus undertook postings with the University of Adelaide, Monash University in Melbourne, and is currently a Research Fellow with the School of Nursing and Midwifery at the University of South Australia.

Dr Mikocka-Walus said she hoped her study would change the long-term course of IBD.

"We know there is evidence stress plays a role in IBD and the way you react to stress is important," she said. "We can't always modify the amount of stress we are under, but we can modify the way we respond to it."

Dr Mikocka-Walus said it was vital patients had tools other than medication to combat the disease.

"Not every treatment is good for everyone. I hope to improve their quality of life and reduce symptoms and the chance of relapse."

Dr Mikocka-Walus said the study, to be conducted in conjunction with Royal Adelaide Hospital's Department of Gastroenterology and Hepatology, could have clinical applications if regular blood tests showed reduced inflammation as a result of the therapy.

"CBT could become a standard part of treatment," she said.

CCA Scientific Advisory Committee chairman Professor Peter Gibson said Dr Mikocka-Walus' study was a necessary step in progressing the understanding and treatment of IBD.

"Such work is urgently needed to enable health professionals to learn of the value of these techniques in looking after people with IBD," he said. "After all, managing IBD for the clinician and the sufferer is more than just what drug to take."

See below for the study abstract.

Does cognitive-behavioural therapy (CBT) improve psychological and/or clinical outcomes in inflammatory bowel disease (IBD)?

Background: Crohn's disease and ulcerative colitis are at present incurable and their course unpredictable. As IBD is usually diagnosed in young adults, sufferers must often cope with their disease for many years. Their quality of life and psychosocial wellbeing may be profoundly impaired as a consequence of disease symptoms, surgery, medication side effects and fatigue. Thus, it is not surprising that anxiety and depression are common in patients with IBD. Moreover, psychological stress has been found to exacerbate the disease. Cognitive-behavioral therapy (CBT) is a type of psychological treatment that has been found effective for addressing psychological problems and coping difficulties in many chronic diseases. In some of them, such as irritable bowel syndrome, it has also been shown to significantly reduce somatic symptoms (e.g. pain, abdominal discomfort). However, CBT has not been widely studied in IBD. There are no studies into the impact of CBT on the disease course in IBD, and there are only a few small studies available into the impact of CBT on the psychological status in IBD. Thus, the main aim of this study is to evaluate whether a CBT group program alters clinical and psychological outcomes in patients with IBD.

Methods: A randomised controlled trial with IBD outpatients will be conducted over a 24-month period. Over this time, patients and controls will complete questionnaires with respect to their mental and physical health and will provide blood samples to estimate inflammatory parameters at a number of time points. The intervention group will also receive weekly group IBD-focused CBT for 10 weeks and a reminder CBT workshop about 12 months post initial treatment. The CBT program will be designed specifically for this patient population. For patients who cannot attend regular meetings at the particular time at the clinic (e.g. those living in remote areas or patients with small children), additional modes of CBT will be available, namely teleconference and online programs.

Predicted outcomes: This project is likely to yield tangible benefits for patients with IBD, which are not likely to result from medical or surgical therapies alone. A CBT intervention designed specifically for patients with IBD may offer a new pathway to management and treatment of IBD; may improve patients' clinical outcomes (i.e. inflammatory markers and disease activity), their mental health and coping; and improve long-term quality of life and well-being, reducing the need for hospitalisation and the use of corticosteroids.

Dr Antonina Mikocka-Walus, MA(Psych), PhD, MAPS