Talk is cheap: The impact of consultation

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ARTICLE

Ilnyckyj A, Graff LA, Blanchard JF, Bernstein CN. Therapeutic value of a gastroenterology consultation in irritable bowel syndrome. *Aliment Pharmacol Ther* 2003;17:871-80.

ARTICLE SUMMARY

Most recommendations for managing irritable bowel syndrome emphasize the positive roles of patient education and reassurance (1), but the impact and value of these approaches are difficult to assess. Therefore, a recent paper by Ilnyckyj et al (2) is both relevant and reassuring. This well designed study used Manitoba Health administrative databases to track health resource utilization, before and after a standardized gastroenterology consultation, by a consecutive cohort of patients with Rome I irritable bowel syndrome (IBS) attending an academic tertiary care clinic. Subjects also completed standardized survey instruments at the time of the consultation, one year and two years later to assess physical morbidity, psychological function and pain severity. During the two years of follow-up, the authors observed a reduction from baseline in the use of health resources for gastrointestinal diagnoses, but no change in consumption of resources for other indications. While pain was improved at follow-up, other measures of physical and psychological health were unchanged.

COMMENTARY

Although many important questions are answered by this important study, others are raised. For example, all of the participating gastroenterologists were given special training in cognitive and behavioural therapy techniques and followed a standardized consultation format with an intervention checklist. Could similar results be achieved in routine practice by

clinicians without such training? Furthermore, resource utilization by study subjects increased in a crescendo pattern during the year prior to consultation then returned immediately to baseline. Because waiting lists for nonurgent gastroenterology consultation exceed six months in many parts of Canada, how much of this increase reflects on tests and procedures arranged by general practitioners in preparation for the specialist's assessment? And how much of the subsequent return to baseline reflected the natural history of IBS symptoms rather than an effect of consultation? Patients with chronic relapsing disorders often seek care when symptoms are at their worst and then improve ('regress to the mean') without any intervention. Finally, readers might question whether management of IBS should focus on reducing resource utilization. The authors were unable to demonstrate substantial improvements in various psychological and behavioural parameters, but did not measure patient satisfaction or health related quality of life.

Consultations for functional bowel disorders occupy a substantial portion of a typical gastroenterologist's time. Whereas the management of other gastrointestinal diagnoses often emphasizes diagnostic and therapeutic endoscopy, drug therapy and surgery, there is little evidence that any of these should play a prominent role in the routine management of patients with IBS. Physicians' priorities in providing consultation may differ from the expectations of their patients (3). Indeed, after limited investigation, our most effective interventions may be to provide a positive diagnosis and appropriate reassurance, discuss lifestyle and dietary measures and foster a positive physician to patient relationship.

Ilnyckyj et al have previously observed that the placebo effects observed in clinical trials could be partly attributed to the increased frequency of contact between patients and health care providers mandated by study protocols (4). Such interaction may provide support, reassurance and other intangible benefits that influence patients' perceptions of their own illness and symptom severity. While contact is important, its

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impact could arguably be improved if clinicians better understood the principles of clinical psychology. However, as the authors of the current study correctly observe, training programs in Canada and elsewhere devote surprisingly little attention to this aspect of clinical care, despite the high prevalence of functional disease in clinical practice.

In summary, Ilnyckyj et al are to be commended for undertaking this novel and informative study. In an era in which disease management in all disciplines often unduly emphasizes pharmacological therapy, rigorous evaluation of other therapeutic approaches, including the interaction between physicians and their patients, is most welcome.

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