

Psychosocial Aspects of Chronic GI Illness

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Disclosures

No conflicts of interest or disclosures

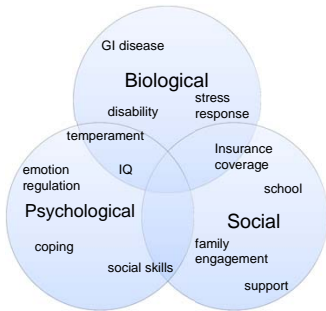
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Learning Objectives

1. Describe the bidirectional nature of physical and psychological functioning in pediatric patients with chronic GI disorders.
2. List common areas of psychosocial concern across pediatric GI disorders.
3. Explain the value of incorporating psychosocial assessment and treatment into care for patients with chronic GI disorders.

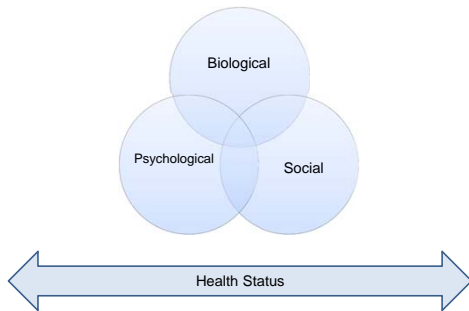
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Biopsychosocial Model



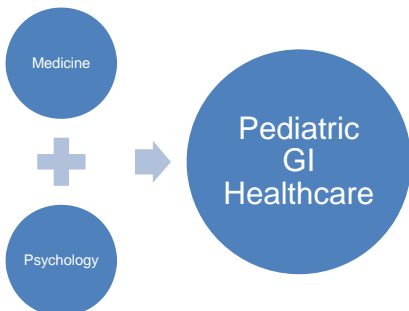
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Biopsychosocial Model



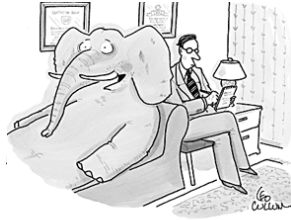
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Integrated behavioral health



Moser et al. Integrating behavioral health services into pediatric GI: A model of an integrated health care program. *Clinical Practice in Pediatric Psychology*, 2014; 2: 1-12. GI Care for Kids | Children's Healthcare of Atlanta | Emory University 6

Psychosocial Issues to acknowledge



"I'm right there in the room, and no one even acknowledges me."

Psychosocial issues

Domain	GI group (n = 100)	HC matched group (n = 100)	F-value
Internalizing problems- BASC-P	55.48 (11.51)	46.29 (9.33)	1.86*
Adaptive Skills- BASC-P	48.75 (11.12)	52.32 (9.68)	2.19**
Somatization- BASC-P	60.96 (11.35)	47.49 (10.89)	3.81**
Social Skills- BASC-P	48.97 (10.30)	52.09 (9.67)	2.01*
Parent Depression- SCL-90-R	52.35 (10.29)	51.08 (8.65)	1.63*
Parent Phobic Anxiety- SCL-90-R	47.78 (7.09)	46.28 (5.25)	1.99**
Symptoms- SCL-90-R	51.18 (10.39)	49.30 (8.71)	1.29*
			* p < .05; ** p < .01

Hommel et al. Psychosocial functioning in children and adolescents with GI complaints and disorders. *J Clin Psychol Med Settings*. 2010; 17:159-166.

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Psychosocial Issues

- Chronic GI Illnesses
 - Constipation & Encopresis
 - Abdominal Pain
 - Inflammatory bowel disease
- Mental Health Screening

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Constipation & Encopresis

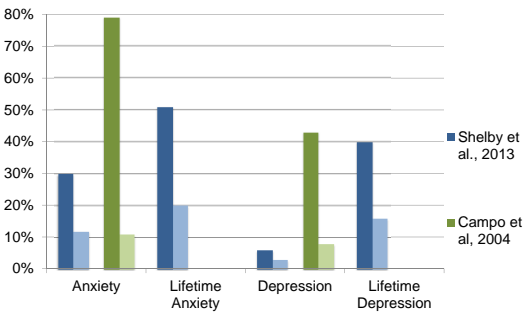
- Behavioral Treatment
 - 83% success at 3.5-5 years vs. 36-58% with medical management alone (McGrath, Mellon, & Murphy, 2000)
- Retentive
 - Anxiety specific to toileting
- Nonretentive
 - ADHD
 - Oppositionality
- Psychosocial Factors Contributing to Treatment Success

Abdominal Pain

- Impact on functioning
- What factors reinforce pain behaviors?
- What factors could we rely on to reinforce healthy behaviors?
- Functional Pain
 - Attentional bias towards pain (Compas & Boyer, 2001; Beck et al., 2011)
 - Coping
 - Self-isolation, behavioral disengagement, catastrophizing (van Tilburg et al., 2015)
 - Daily stress → somatic complaints (AAP, 2005)



Abdominal Pain



Inflammatory bowel disease

- Emotional functioning
 - Compared to healthy children:
 - More symptoms of anxiety/depression (internalizing symptoms)
 - Separately, symptom domains not higher
 - Higher risk for diagnosis of depression
 - Rates up to 25%
 - Adults
 - Higher risk for anxiety disorders (OR = 2.18)

Greenley et al. A meta-analytic review of the psychosocial adjustment of youth with IBD. *J Ped Psychol*. 2010;35:857-869.
Madsen et al. Psychosocial issues in pediatric IBD: Report of the North American Society for Pediatric Gastroenterology, Hepatology, and Nutrition. *J Ped Gastro Nutr*. 2013;56:449-458.
Fuller-Thompson, E., et al. Robust association between inflammatory bowel disease and generalized anxiety disorder: Findings from a nationally representative Canadian study. *Inflamm Bowel Dis*. 2015.

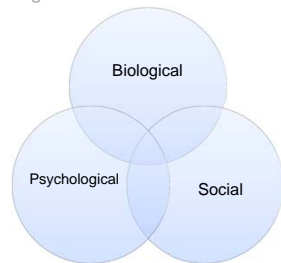
Inflammatory bowel disease

- Psychosocial functioning and adherence
 - Symptoms of depression, anxiety, and behavioral/emotional problems associated with worse adherence
 - High depression/anxiety – barriers predict much worse adherence

Latleiko et al. Rates and predictors of oral medication adherence in pediatric patients with IBD. *Inflamm Bowel Dis*. 2013;19:832-839.
Gray et al. Treatment adherence in adolescents with IBD: The collective impact of barriers to adherence and anxiety/depressive symptoms. *J Ped Psychol*. 2012;37:282-291.

Psychosocial functioning and IBD outcomes

- How do psychosocial factors relate to IBD outcomes?
 - Disease activity ratings
 - Relapse



Psychosocial factors and IBD outcomes (adults)

	Outcome	Psychosocial predictors	Disease predictors
Bernstein et al 2010	Relapse	Major life stress, general stress, depressed mood, social support	NSAIDs, antibiotics, infections (e.g., UTI, respiratory)
Bitton et al 2008	Time to relapse	General stress, coping, overall psychological distress, depression, anxiety	CRP, ESR, IL1 β , IL6, IL10, TNF α , baseline CDAI, medications, extraintestinal dz, resection, dz behavior, site, duration
Langhorst et al 2013	Relapse	General stress, depression	Mucosal healing
Mardini et al 2004	Disease activity	Major life stress, depression, anxiety	None
Mittermaier et al 2004	Relapse frequency	General stress, depression, anxiety, QOL	CRP, ESR, CDAI/CAI, disease duration
Vidal et al 2006	Relapse	Major life stress	Dx (UC vs CD), disease duration, medications, previous relapses
Targownik et al 2015	Disease activity	Perceived stress	FCAL (UC only)

Mackner, L. Psychosocial issues and health in pediatric IBD. Presented at Spring Improve Care Now Community Conference, 2015.

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Psychosocial factors in pediatric outcomes

- Prospective study: QOL and healthcare utilization in the next 12 months

	Outcomes	Psychosocial predictors	Disease predictors
Ryan et al, 2013	Hospitalizations, ED visits, psych visits, phone contacts, GI clinic visits, pain referral	QOL	None

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Psychosocial factors in pediatric outcomes

- Research like the adult research doesn't exist (yet)
- Several studies have investigated relationships between depression/anxiety and disease activity at one point in time
 - Most of these were not specifically focusing on these relationships
 - Very little research on stress

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Psychosocial factors and IBD outcomes (kids)

	Psychosocial factors	Disease factors
Clark et al 2014	Depression symptoms	PCDAI score, ESR
Ondersma et al 1997	Negative mood	ESR, health care utilization, subjective health
Mackner et al 2005a	Overall behavioral/ emotional problems	PCDAI score, PCDAI severity category, dz location, symptoms, PGA at dx, family history, steroids, duration, diagnosis
Mackner et al 2005b	Internalizing, externalizing, overall problems	PCDAI score
Reigada et al 2015	Anxiety symptoms	HBI score, symptoms
Srinath et al 2014*	Depression, anxiety	Abdominal pain
Szigethy et al 2004	Depression symptoms	PCDAI score, PCDAI category, duration, age at diagnosis, steroids

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What to do? Mental health screening

- Goals
 - Identify patients at risk for clinically elevated symptoms
 - Provide forum for discussion of psychosocial issues
 - Track families over time for changes
 - Circumvent functionally incapacitating mental illness
 - Evidence of stability with time, not improvement
 - Incorporate PROs

Madhus, M. et al. (2013). Assessing psychosocial functioning among youth with newly diagnosed IBD: An interdisciplinary clinic approach. *Clinical Practice in Pediatric Psychology*, 1, 333-343.
Reed-Knight et al. (2014). Stability of emotional and behavioral functioning in youth with IBD. *Children's Health Care*, 43, 151-168.

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What to do? Mental health screening

- Mental health screening in pediatrics is effective
 - Without screening, rates of detection shown to range 17-50% (Wildman et al., 1999)
 - Screening effective at increasing detection and communication

Hayutin, Reed-Knight et al. (2008) Increasing parent-pediatrician communication about children's psychosocial problems. *J of Pediatric Psychology*, 34, 1120-1124

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How to do it? Mental health screening

- Screening Considerations
 - Depth and Breadth
 - Depression and Anxiety
 - Broader emotional functioning
 - Psychosocial Issues for entire family system
 - Incorporation into clinical practice
 - Administration and Scoring, Frequency
 - Cost
 - Child vs. Parent-report
 - Disposition for Positive Screens

How to do it? Mental health screening

- Screening Options
 - Children's Depression Inventory, Beck Depression Inventory
 - BASC-2 (Behavior Assessment System for Children)
 - Pediatric Symptom Checklist (PSC-35 and PSC-17)
 - Brief, parent-completed checklist
 - Validated for use in pediatric GI
 - 3 Subscales
 - **Internalizing** (sad, spends time alone, afraid, trouble sleeping)
 - **Externalizing** (blames others, fights, irritable)
 - **Attention** (trouble concentrating, acts younger, school trouble)

http://www.massgeneral.org/psychiatry/services/psc_home.aspx

Reed-Knight, et al. Factor structure of the Pediatric Symptom Checklist with a pediatric GI sample. *J Clin Psychol Med Settings*. 2011; 18:299-306.
