A Dietitian-Led Diet–Hypnotherapy Programme for IBS: Real-World Clinical Outcomes

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Introduction

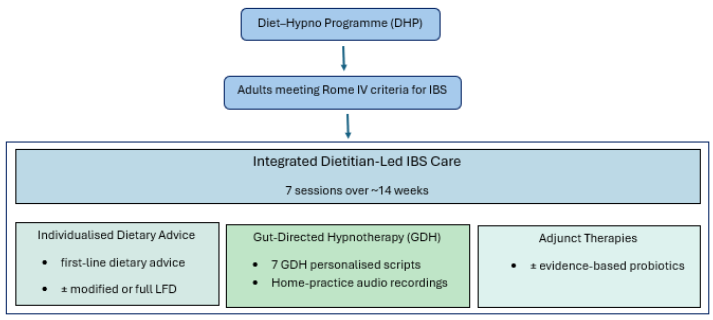
- IBS is a disorder of gut–brain interaction associated with significant symptom burden and reduced quality of life[1]
- Dietary therapy and gut-directed psychotherapies are recommended in IBS management [2, 3]
- Interest in integrated IBS care models is increasing, with emerging evidence supporting multidisciplinary approaches[4, 5]
- However, integrated models of care remain variable in structure and delivery
- Dietitians may be well placed to deliver integrated IBS care combining dietary and gut–brain interventions within routine clinical practice

Aim: To evaluate real-world clinical outcomes of a dietitian-led Diet–Hypno Programme (DHP) for adults with IBS.

Methods

Retrospective mixed-methods evaluation of adults with IBS completing the DHP (2023 –2025) in routine clinical practice at the Gut Health Clinic, Blackrock Clinic, Dublin.

Intervention



Outcomes

Pre- and post-intervention assessment included: GI symptoms; satisfactory symptom relief; BSFS; bowel frequency; food intolerances; patient-reported experience.

Analysis

Pre–post changes were analysed using Wilcoxon signed-rank testing, with $p<0.05$ considered statistically significant.

Results

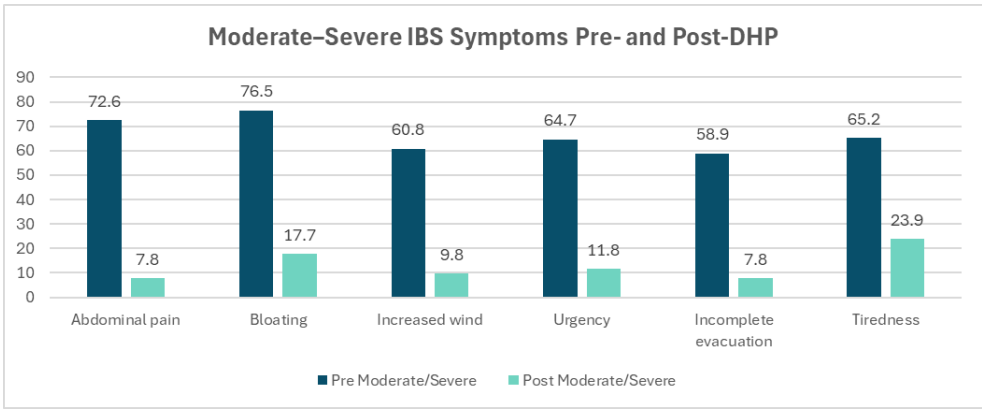
Key Findings

84%
Reported satisfactory symptom relief

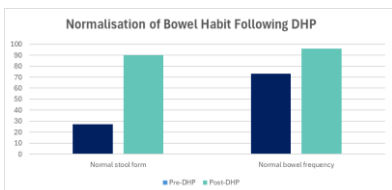
All GI symptoms
significantly improved ($p<0.001$)

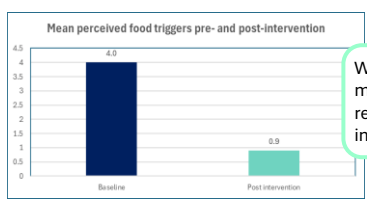
27% → 90%
normal stool form

4.0 → 0.9
mean perceived food triggers



Baseline Characteristics	n=51
Age, years (mean ± SD)	40.9 ±11.8
Female, n (%)	34 (66.7%)
IBS-D, n (%)	27 (52.9%)
Duration of symptoms, years (mean ± SD)	11.2 ±10.4
Self-reported stress, n (%)	44 (86.3%)
Previous low FODMAP diet, n (%)	25 (49%)
Currently on low FODMAP diet, n (%)	9 (17.6%)
Use of IBS-related medication, n (%)	25 (49%)





Wheat fructan was the most commonly reported trigger post-intervention (31%)

Dietary Interventions
First-line advice - **94%**
Increased soluble fibre – **80%**
Psyllium supplementation – **73%**
Modified low FODMAP – **37%**
Full low FODMAP – **10%**
FODMAP reintroduction – **63%**

Participant Feedback

Common Themes	n (%)
Increased awareness of stress–gut relationship	43.1%
Greater dietary confidence	41.8%
Improved confidence eating out/travelling	41.8%
Reduced anxiety or symptom vigilance	37.3%
Greater confidence managing IBS	35.3%
Improved relaxation	31.4%

"With hypnosis I feel I'm carrying a sense of calm within me"

"Feeling empowered and more in control"

"I had been cutting so many things out… but realised they aren't triggering"

"My bowel is no longer the first thing on my mind when I wake up"

Discussion

- Significant improvements in overall gastrointestinal symptom severity and all symptom domains were observed from baseline to programme completion ($p<0.001$)
- Normal stool form (BSFS types 3–5) was achieved by 88.2% of participants post-programme
- 84.3% of participants reported satisfactory symptom relief.
- Most perceived food intolerances resolved following the programme
- Wheat fructans remained the most commonly reported trigger
- Most participants complied with and reported positive experiences of GDH
- High levels of positive participant feedback themes were observed

Conclusion

- Outcomes were comparable to published integrated IBS care models despite delivery within a pragmatic dietitian-led service
- Findings support an expanded role for dietitians in delivering gut-directed hypnotherapy
- Integrated dietetic and gut–brain interventions may represent a feasible and promising model of IBS care

References

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