



European  
Crohn's and Colitis  
Organisation

**ECCO CALL for participants in  
Complementary Medicine and Psychotherapy  
Topical Review  
2017**

**Context:**

Inflammatory bowel disease is a chronic disease where both medical and psychological factors have a major impact on several domains of patient's quality of life. Patients with IBD report higher levels of psychological and emotional distress, fatigue, anxiety, centrally mediated abdominal pain, depression and sleep disturbance. These complex complaints require integrative and appropriate management. Psychotherapies and body-mind interventions may have beneficial impact on coping skills and stress management, but their efficacy and best use remains a matter of debate.

CAM – complementary and alternative therapies –are commonly used by patients with IBD, and often not reported to their treating physician. Complementary therapy is used together with conventional medicine, while alternative therapy is used in place of conventional medicine. Importantly, most of these therapies lack FDA or EMEA approval, haven't been subject of randomized controlled trials, and lack appropriate evidence. Taking into account their increasing usage, it is important that physicians actively enquire patients about their use and are ready to provide evidence-level advice on their efficacy, potential benefits and risk, as well on their impact on quality of life.

**Aim of the project:**

The ultimate aim is to provide evidence-level appraisal of the available literature on the use of complementary, alternative and psychotherapy interventions in the treatment of IBD, that can be used by physicians and patients to discuss and guide advice on the best use of these strategies. With this in mind this review will mainly focus on CAM and psychotherapy interventions for which there is available data on a preclinical or clinical setting. Likewise, this topic will not cover the efficacy of psychotropic drugs used to treat centrally mediated disorders of gastrointestinal pain.

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The lack of solid evidence and controversial data in multiple areas of this topic will be addressed by a high proportion of 'expert opinion' in this topical review:

- (1) by clearly pointing out 'opinion' versus 'evidence'
- (2) by using the rigorous standards and protocols comparable to the ones used for the ECCO clinical guidelines process -- however summarized in the form of a topical review instead of a clinical guideline.

Analogous to the ECCO Consensus Guidelines, workgroups prepare core messages as "Current Practice Positions" which will be discussed and, if deemed appropriate, will be voted on in a plenary meeting. After the final vote on the "Current Practice Positions", they are no longer amenable to change and the full manuscript is finalized for publication in the Journal of Crohn's and Colitis (JCC).

To facilitate the Consensus process, **the ECCO participants will be selected for the Organising Committee and the Workgroups of this Consensus Panel on the basis of applications to this call.**

**In each workgroup, 1 seat is reserved for a Y-ECCO Member** – who will specifically be in charge of the systematic bibliographic review, the draft of the supporting text and further development of e-Learning material.

If you are:

- an ECCO Member (in good standing – 2017 membership )
- and are interested in joining one of the working parties for this project

please send an e-mail to [ecco@ecco-ibd.eu](mailto:ecco@ecco-ibd.eu) detailing:

- your name and affiliations;
- and a short (max. 10 lines) profile of yourself as an expert in the field.

**Deadline for submissions is March 24, 2017.**

**Topics and questions will be addressed in these proposed Working Groups:**

#### **WG 1 –Herbs, dietary supplements and others**

##### Suggested Topics

- To review the available evidence on the use of:
- Fish oil



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- Turmeric
- Cannabis and marijuana
- Probiotics
- Helminth therapy
- Others

### **WG2 – Mind-body Medicine and psychotherapy interventions**

#### Suggested Topics

- To review the main psychological domains that are altered in IBD, their risk factors and diagnostic tools (anxiety, depression, fatigue, functional abdominal pain, sleep disturbances), and to review the available evidence of the use of:
  - Hypnosis
  - Yoga
  - Cognitive behavioural therapy
  - Meditation and other relaxation techniques
  - Others

### **WG 3 – Manipulative and Body-Based Practices**

#### Suggested Topics

- Acupuncture
- Exercise
- Moxibustation
- Others

*ECCO is looking forward to your application!*

Stephan Vavricka and Joana Torres

*Project coordinators on behalf of the Guidelines Committee*