

Patients with Inflammatory Bowel Disease: Mindfulness-based Therapy

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Introduction

Interventions based on mindfulness have shown some promise in reducing stress and enhancing quality of life. Few studies have looked at this kind of intervention among IBD patients, and none of them have looked at how it affects inflammatory biomarkers. Mucosal inflammation, which flares up and subsides over time, is the major characteristic of Crohn's disease (CD), inflammatory bowel disorders (IBDs), and ulcerative colitis (UC). The prognosis of these diseases can frequently be improved by treating the intestinal inflammation that is present in these patients, as opposed to simply treating their symptoms, researchers in this field have lately realised. A renaissance in interest in inflammation biomarkers has occurred as a result of this reorientation of therapeutics so that the therapies provided focus on and are directed by patient mucosal inflammation [1,2].

Description

The idea of mindfulness, which can be characterised as the capacity to observe thoughts, physiological sensations, or feelings in the present moment without passing judgement, is the foundation of mindfulness-based interventions (MBI) strategies. Numerous therapy programmes, including Mindfulness-Based Stress Reduction (MBSR), Mindfulness-Based Cognitive Therapy (MBCT), Dialectical Behavior Therapy, and Acceptance and Commitment Therapy, have included mindfulness techniques (ACT). MBIs that focus on depression, anxiety, stress, eating, pain, addiction, sleep, and relapse have been shown in research to be effective. A number of mechanisms, including changes to memory, attention, meta-awareness, decentering, rumination, and emotion control, have been proposed to explain how MBIs affect psychological functioning. The function of MBIs in treating somatic diseases is less clear, despite research linking a variety of brain regions thought to be involved in these processes. Changes in immune-related biomarkers may reflect one method through which MBIs affect the prevention, development, or termination of disease, according to results from controlled and randomised controlled studies. It has been demonstrated that MBIs, in particular, lessen psychological and oxidative stress, which raises the possibility that they may have an impact on somatic illnesses by modifying the immunosuppressive effects of stressors on immune function.

Patients with IBS typically have symptoms of psychological discomfort, such as anxiety or sadness, and report that as the severity of their disease worsens, their quality of life (QoL) also gets worse. Furthermore, there is mounting evidence that consistent exposure to such discomfort may enhance IBD activity. As a result, how these patients handle stress on a regular basis

and during particular life events may make their disease symptoms worse and raise the chance that they will acquire comorbid conditions. Additionally, individuals with symptoms of anxiety and depression also have changed inflammatory biomarkers. In fact, the levels of these inflammatory markers can be used to predict the occurrence of specific symptoms of mental illnesses that are also present in IBD, such as anhedonia, appetite loss, hurting joints, fever, fatigue, and social withdrawal [3].

In particular, a recent meta-analysis found this impact with a small to medium effect-size in several illnesses. Psychological therapies have been proven to effectively diminish the response of inflammatory biomarkers. The effectiveness of the psychological therapies for IBD that were included in this meta-analysis, however, has not yet been examined in any research. However, mindfulness-based interventions (MBIs), defined as an awareness of the experience of the present moment and emphasising the attention paid to one's thoughts, bodily sensations, and emotions, have shown to be effective among patients with IBD, with their potential mechanisms having been previously described. MBIs often integrate meditation with modern cognitive-behavioral techniques, and numerous factors have been found to contribute to their success. In fact, both clinical and non-clinical populations have reported on their beneficial impact on a variety of mental health disorders [4,5].

Conclusion

Only a few studies have examined the effectiveness of these interventions to lower stress levels and improve QoL in IBD, and none of these included biomarkers among their outcome indicators. This is despite the fact that MBI represents one of the most promising psychological interventions currently available for IBD. Therefore, it is crucial to look at the connections between interventions and the responding biological pathways, particularly inflammatory responses, in order to better understand the health advantages associated with MBI. Consequently, by measuring the concentrations of inflammation biomarkers in patients with IBD, we evaluated the efficacy of a blended MBI intervention in this study and looked at its impact on mucosal inflammation. In contrast to SMT alone, we hypothesised that the combined MBI intervention and standard medical therapy (SMT) would reduce the levels of the inflammatory biomarkers faecal calprotectin (FC), C-reactive protein (CRP), and cortisol in hair.

Conflicts of Interest

The authors declare no conflict of interest.

References

1. Peyrin-Biroulet, Laurent, Walter Reinisch, Jean-Frederic Colombel, and Gerassimos J. Mantzaris, et al. "Clinical disease activity, C-reactive protein normalisation and mucosal healing in Crohn's disease in the SONIC trial." *Gut* 63 (2014):88-95.
2. Rutgeerts, Paul, William J. Sandborn, Brian G. Feagan, and Walter Reinisch, et al. "Infliximab for induction and maintenance therapy for ulcerative colitis." *N Engl J Med* 353 (2005): 2462-2476.
3. Knowles, S.R., Jarrad L. Wilson, W.R. Connell, and M.A. Kamm. "Preliminary examination of the relations between disease activity, illness perceptions, coping strategies, and psychological morbidity in Crohn's disease guided by the common sense model of illness." *Inflamm Bowel Dis* 17 (2011):2551-2557.

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4. Gradus, Jaimie L., Ping Qin, Alisa K. Lincoln, and Matthew Miller, et al. "Inflammatory bowel disease and completed suicide in Danish adults." *Inflamm Bowel Dis* 16 (2010):2158-2161
5. Eisenberger, Naomi I., Mona Moieni, Tristen K. Inagaki, and Keely A. Muscatell, et al. "In sickness and in health: The co-regulation of inflammation and social behavior." *Neuropsychopharmacol* 42 (2017): 242-253.

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