

# Hypnotherapy for Abdominal Pain in Childhood.

Gepubliceerd: 01-02-2011 Laatste bijgewerkt: 18-08-2022

This study may result in optimization of health care for children with irritable bowel syndrome. If this study shows that home-based therapy is comparable in effectiveness with hypnotherapy by a therapist, it could become therapy of choice in the...

<b>Ethische beoordeling</b>	Positief advies
<b>Status</b>	Werving nog niet gestart
<b>Type aandoening</b>	-
<b>Onderzoekstype</b>	Interventie onderzoek

## Samenvatting

### ID

NL-OMON27382

### Bron

Nationaal Trial Register

### Aandoening

Kinderen met chronische buikpijn als gevolg van prikkelbaar darm syndroom (IBS) of functionele buikpijn (FAP).

Children with chronic abdominal pain due to irritable bowel syndrome (IBS) or functional abdominal pain (FAP).

### Ondersteuning

**Primaire sponsor:** Universitair Medisch Centrum AMC Amsterdam and St. Antonius ziekenhuis Nieuwegein.

**Overige ondersteuning:** ZonMw

### Onderzoeksproduct en/of interventie

### Uitkomstmaten

#### Primaire uitkomstmaten

The main goal in the treatment of IBS and FAP patients is reduction of abdominal pain and

therefore pain is our primary outcome. Pain will be assessed by means of a diary card on which patients record daily intensity on a 10 point Likert scale and frequency of abdominal pain episodes during a period of 7 consecutive days. Recording of pain during 7 days is elaborate, but has the benefit that the problem of individual variability in symptoms over time will be reduced. Because the intervention of this trial cannot be blinded, recording of symptoms by children (parents) themselves at home reduces the risk of detection bias in comparison with the situation where pain is recorded during a visit (single time point) by the health care professional.

## **Toelichting onderzoek**

### **Achtergrond van het onderzoek**

Background:

Chronic abdominal pain due to irritable bowel syndrome (IBS) or functional abdominal pain (FAP) is common in children, reduces their quality of life, and is associated with increased risk for depression and anxiety. Therapeutic options are limited, but several trials in children have shown that gut-directed hypnotherapy by a therapist or by self-hypnosis exercises on CD at home are effective treatments. No studies have been performed comparing these two treatments. If self-hypnosis exercises at home are comparable in effectiveness, it brings several potential advantages such as substantial savings in costs and reduction of waiting lists for hypnotherapists. A well designed cost-effectiveness study can discover whether self exercises of hypnotherapy could become the first line therapy of choice in the treatment of these patients.

Aim:

To compare the cost-effectiveness of hypnotherapy by therapist versus hypnotherapy by CD-recorded self exercises at home in children with IBS and FAP.

Methods:

260 children, aged between 8-18yrs, with IBS or FAP according to ROME III criteria will be randomized to one of these treatments: 6 sessions of individual hypnotherapy given by a therapist during three month period or hypnotherapy through self exercises at home for 3 months.

The primary analysis will be the number of patients with > 50% reduction in abdominal pain

intensity and frequency at the end of therapy (3 months) and after one year of follow-up. The expected percentage of success at three month in the therapist group is 75%. Based on the results of a study in children with IBS evaluating the effect of self exercises, we anticipate a success rate off 65%. Based on a non-inferiority limit of 50% and a drop-out of less than 10%, 130 patients per group are needed to test the hypothesis with a power of 80%.

Secondary outcomes will be changes in individual pain scores over time, other abdominal symptoms, anxiety and depression, health-related quality of life, health utility, costs, and school absence, measured at 1 year follow-up.

Time schedule:

The project will take 3 years: In the first two years children will be recruited in 6 hospitals and in the last year follow-up will take place and analysis of all results.

Participating centers in the Netherlands:

1. St. Antonius ziekenhuis Nieuwegein;
2. Medisch Centrum Alkmaar;
3. Leids Universitair Centrum;
4. Academisch Ziekenhuis Maastricht;
5. Amphia Ziekenhuis Breda;
6. Academisch Medisch Centrum Amsterdam;
7. Maxima Medisch Centrum Veldhoven;
8. Flevoziekenhuis Almere.

## **Doel van het onderzoek**

This study may result in optimization of health care for children with irritable bowel syndrome. If this study shows that home-based therapy is comparable in effectiveness with hypnotherapy by a therapist, it could become therapy of choice in the treatment of these patients.

## **Onderzoeksopzet**

Such a 7-day diary recording will be done before start of therapy, in the fourth week of treatment, the eighth week of treatment, the twelfth (last) week of treatment, six months after treatment and twelve months after treatment.

## **Onderzoeksproduct en/of interventie**

Patients will be randomly allocated using a computerized random-number generator for concealment to individualized hypnotherapy given by a therapist or home-based therapy with hypnosis exercises on CS's.

Individual hypnotherapy will be carried out by one of six participating hypnotherapists and will consist of 6 sessions of 50 minutes over a 3 month period.

Children assigned to self-hypnosis by CD will be visited by a specially trained research nurse. She will explain the exercises on CD and hand them together with an instruction leaflet. The children are asked to do the first exercises on the CD during this visit to check if all instructions are understood. The children will be asked to listen to the exercises at least 5 times per week during 3 months. The research nurse will make phone calls with the children at week 4 and 8 to stimulate treatment compliance.

## **Contactpersonen**

### **Publiek**

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### **Wetenschappelijk**

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## Deelname eisen

### Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

Children between 8 and 18 years diagnosed with bowel syndrome/functional abdominal pain according to the Rome III criteria.

### Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

Children < 8 years are too young for formal hypnotherapy and therefore excluded from the study. Other exclusion criteria are a concomitant organic gastrointestinal disease, treatment by another health care professional for abdominal symptoms, mental retardation, insufficient knowledge of the Dutch language and previous hypnose treatment.

## Onderzoeksopzet

### Opzet

Type:	Interventie onderzoek
Onderzoeksmodel:	Parallel
Toewijzing:	Gerandomiseerd
Blinding:	Open / niet geblindeerd
Controle:	Actieve controle groep

### Deelname

Nederland	
Status:	Werving nog niet gestart
(Verwachte) startdatum:	01-04-2011
Aantal proefpersonen:	260
Type:	Verwachte startdatum

## Ethische beoordeling

Positief advies

Datum: 01-02-2011

Soort: Eerste indiening

## Registraties

### Opgevolgd door onderstaande (mogelijk meer actuele) registratie

Geen registraties gevonden.

### Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

### In overige registers

Register	ID
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NTR-new	NL2597
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NTR-old	NTR2725
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Ander register ZonMw / METC AMC Amsterdam : 80823109711078 / NL3371401810 ;

ISRCTN	ISRCTN wordt niet meer aangevraagd.
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## Resultaten

### Samenvatting resultaten

N/A