



# IT'S NOT ALL IN YOUR HEAD

IBS MYTHS DEBUNKED  
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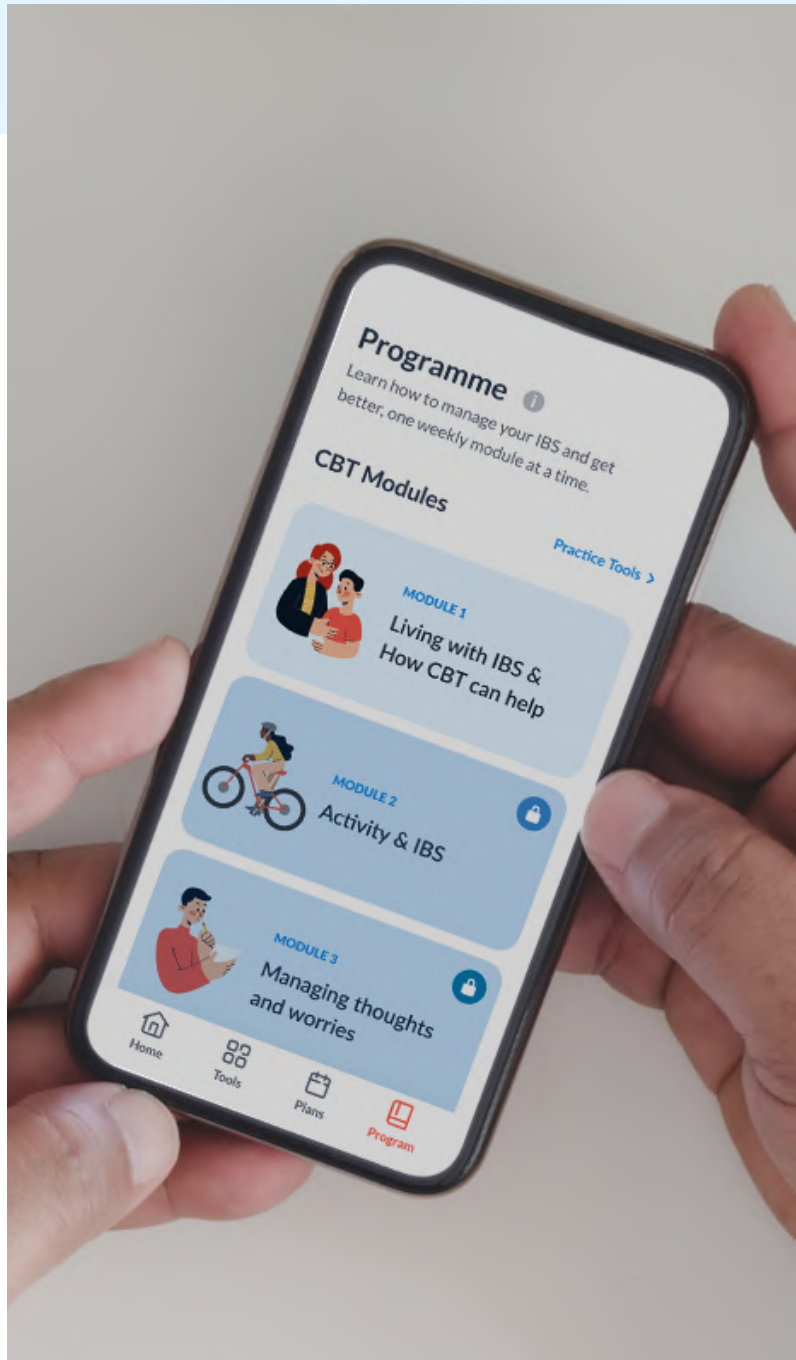
# TRUST YOUR GUT WITH PERSONALISED DIGITAL IBS CARE

Zemedy is a unique solution for Irritable Bowel Syndrome (IBS) and the first evidence-based CBT programme that offers a self-administered, clinically-proven digital care to restore the gut-brain balance.

Guiding users through every stage of the programme with a virtual IBS coach, Zemedy provides access to cognitive behavioural therapy (CBT) specifically tailored for IBS sufferers.

With 1 in 7 people dealing with this chronic gut disorder daily, Zemedy empowers people to effectively deal with stress and anxiety that can impact gut health.

Available on mobile and with a web-based app in development, Zemedy provides all the tools needed to help you take charge of your gut health.





# MYTH 1: IBS IS ALL IN YOUR HEAD

## Dr. Paul Wicks

Neuropsychologist and independent consultant in digital health

I'm a neuropsychologist and, if you're lucky, you have never had to see one. Generally, if you're seeing me, it means you've had a blow to the head or a car accident, or may be suffering from a neurodegenerative condition.

My training has been in diseases like Parkinson's disease or motor neurone disease, where we know the brain is affected. The aspect that I've really specialised in is the psychological consequences of those diseases, but also the fact that it's more than just the brain that's affected.

IBS is really an interesting opportunity to look at this from the other way around. We have thought of the gut as just a series of pumps and squeeze things that deal with something basic like digestion. But actually, there's been a number of theories going back many decades now, that the things that we normally consider belonging in our head, like the nervous system, may actually have a twin in our stomachs.

There's a variety of different ways your body can control things consciously or unconsciously. So, for example, you can blink your eyes, but if you don't, then your eyes will just blink naturally.

However, you have other muscles that you can't control in that way. You can't consciously slow down your heart rate, and yet if there's a big startle, your heart rate will suddenly jump into effect.



**"The things that we normally consider belonging in our head, may actually have a twin in our stomachs."**

The opportunity with IBS is for us to think a little bit differently about the brain and the body and realise that there are fast, slow, electrical and chemical pathways.

Meanwhile, we need to understand that our behaviour is a manifestation of all of them, and that changes in our behaviour that come from all those pathways, can work the other way around, too. If we were to change our behaviour, it's not just the psychological aspect - we will actually be changing our physical bodies and our nervous system.

The key here, as we go through this and hear from these experiences, is really to keep an open mind about the gut.



## MYTH 2: THERE IS NO TREATMENT FOR IBS

**Marie Chellingsworth**

Founder and CEO, The CBT Resource  
Clinical Director at the Concern Group

Unfortunately, it's really frustrating for the average journey of somebody with IBS.

The only way to find out if somebody has IBS is to exclude other conditions first, and that can lead to really difficult messages or misunderstandings where people think that IBS is therefore, not a real condition. It can get really misunderstood.

In reality, IBS is very real. However, there are no tests that we can prove showing that difficulty is there.

**"There are really good evidence-based care paths recommended in clinical guidelines."**

Yet, we know that the gut isn't functioning as it should, as well as that it has a considerable impact on somebody's lifestyle: what they do or don't do as a result and how they think about things. It places increasing and frustrating restrictions on somebody's life. All of those things can deteriorate your mood, how you feel about things, how you live your life.

It is a myth that there are no treatments out there - there are really good evidence-based care paths recommended in clinical guidelines. We have fantastic clinical protocols in those guidelines, including Melissa Hunt's evidence-based CBT protocol.

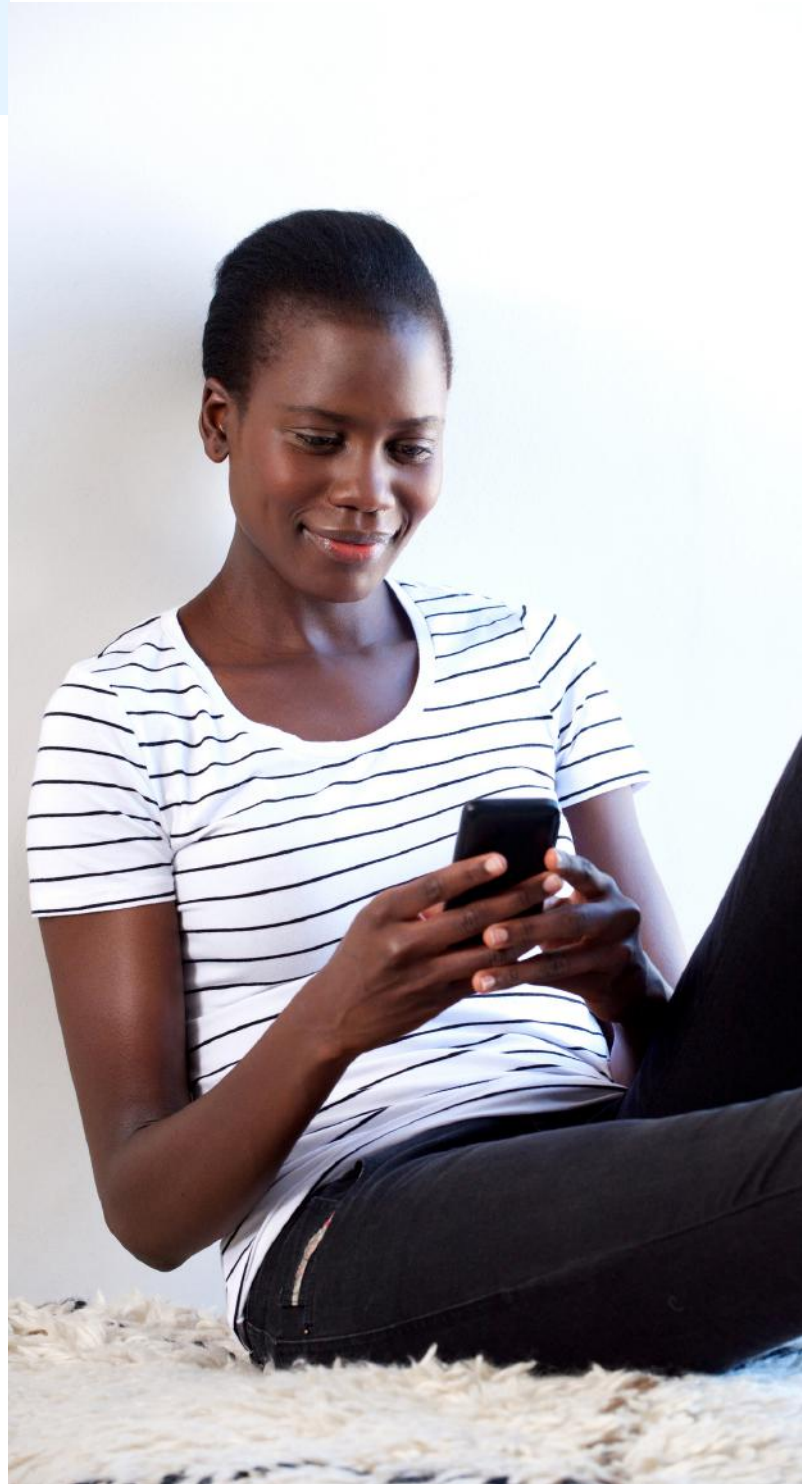
Stress works two ways - not only does IBS cause stress; stress then makes IBS worse. It's not all in the head - it's about how to break that cycle.

One of the age-old challenges is having enough therapists to meet the demand. We try to delay the treatment gap from the point of somebody recognising a problem, going through all the tests, and then being able to get that evidence-based treatment.

CBT can help in a range of ways, and that's why the idea that having IBS means 'it's all in your head' is so wrong, because we have a body clock in all our cells, we have a nervous system that communicates and this communication starts from our gut.

It's vital that we have treatments that can help the person feel more in control of their IBS, rather than their IBS controlling them. That's just the kinds of tools there are within Zemedi. They aim to help put the person back into control.

One of the important things, when we move evidence-based protocols into digital health formats, is ensuring a user-friendly format while adhering to that evidence base. With Zemedi, it's there, and there's support to make sure that people feel empowered to feel better and to be heard.





# MYTH 3:

## STRESS CAUSES IBS

### Dr. Melissa Hunt

Associate Director of Clinical Training,  
University of Pennsylvania

So does stress cause IBS? No, because if that was true, everyone on the planet would have IBS - everyone is stressed, at least at times. However, we do know that for people who are prone to GI distress, stress can definitely make things worse. That's because the brain is the master controller of the entire body.

Things that happen in the brain affect everything else. Perceived stress is going to cause a massive cascade of neuroendocrine and neurochemical responses, they're going to have a direct impact on the functioning of the gut. but it also works in the opposite direction.

Having IBS is stressful, and people start to have strings of catastrophic thoughts about the symptoms themselves. They often wonder if the doctors have missed something or if something else is wrong. Perhaps, even life-threatening.

People worry a lot about the social and occupational consequences of having GI symptoms: they get very afraid of faecal incontinence and they start avoiding various situations.

That massively reduces the quality of life and increases how stressful it is just to do something that should be pleasant, like go out with your mates to a restaurant or a bar, have dinner and drinks with your friends.

If you're terrified that something that you eat is going to make you terribly sick, or that you're going to have to spend half your time in the bathroom, or that people are going to think you're odd or weird or anti-social if you have to excuse yourself.

**"Having IBS is stressful, and people start to have catastrophic thoughts about the symptoms."**

That makes everything in life harder and more stressful, and that, again, feeds back into what we call visceral hypersensitivity, which is where the brain becomes super-sensitized to all the signals from the gut.

This is an unfortunate feed-forward loop, where the more you worry about it, the more you focus on it, the louder those neurological signals become, and then you worry about it even more. It's an awful cycle.

What cognitive behavioural therapy can do through a combination of relaxation training, decatastrophizing, and exposure therapy (which is going out and facing the situations that make you anxious), is quieten these signals.

The inappropriate brain-gut loop that has started amplifying and magnifying all those signals can be turned down, so that the individual is much more comfortable, less symptomatic and able to live their life again.

# CASE STUDY: COGNITIVE BEHAVIOURAL THERAPY

There's one particular individual, who was a very high-level, data-driven, analytic person, was out on disability leave because of his IBS when he started working with me.

He was incredibly frustrated by the things he had gone through in the medical community, felt invalidated and trivialised by doctors who were telling him it was "just IBS". He wasn't even leaving his home except for appointments.

Teaching him deep breathing and relaxation training in the first session gave him a sense that he had a little bit more control over what was happening in his gut.

He then started to lean into some of those sensations to de-catastrophise them.

By the end of our sessions, he was back at work full-time; he had a beautiful baby daughter who he was taking care of; he had renovated his basement.

He was back to living his life fully. He had learned to relax, to stop catastrophising those sensations, to re-engage in the things that he had been avoiding, and to be able to talk frankly to people in his life without being anxious about what people were going to think, and about what those sensations were going to lead to.





# MYTH 4: IBS IS A STOMACH ACHE

**Dr. Anton Emmanuel**

Professor in Neuro-gastroenterology, UCL  
Honorary Consultant Gastroenterologist, UCH NHS

When somebody's life gets disrupted with IBS symptoms, the impact of what begins as a gut symptom is made on many other aspects of function. Whether it's a concern about food, discomfort, the frequency of using the bathroom, or having to always know where the bathroom is - all those things have a debilitating impact on life as a whole.

Individuals then limit themselves in diet, they start to avoid trivial activities like school runs, going to the shops or restaurants. When you imagine yourself in that position for a split second, you realise how life-limiting it is.

It's bad enough having a symptom, it's worse when it has such a significant impact on you. Let's be honest, we'd like doctors to be more empathic, thoughtful and kind to their patients. At the same time, we know that IBS doesn't necessarily engender that with most colleagues. A colonoscopy is normally used to reassure them and get them out of the waiting line. That leaves patients feeling very vulnerable and isolated.



Aside from having all these limiting symptoms with an impact on quality of life, individuals with IBS get negated by their medical professionals.

This is why there's a real appeal to working with people remotely through apps like Zemedly. The adherence to therapy is very strong when it's accessible by patients in their own time and their own way, without coming to the hospital and being slightly ignored or marginalised compared to the other patients.

We've begun to exploit that willingness of some patients to work on their own but with the right professional support and guidance. And that's where Zemedly really comes into its own.

# WHEN WILL DIGITAL CARE APPS BE AVAILABLE TO NHS PATIENTS?

In day-to-day practice, I have been suggesting to patients to use apps and provide feedback to us already on an individual basis.

We are strong believers in the idea of self-help, not the type where we step out of the process, but the type where we help

individuals find things that work for them while using professional support.

Gathering the real-life evidence on the efficacy of the product is the way forward that will persuade the health system to allow us to offer this to patients in a more widespread way.



"It's bad enough having a symptom, it's worse when it has such a significant impact on you."

# QUESTIONS & ANSWERS

## Can IBS come and go throughout your life or is it always there, just more or less severe?

### Dr. Anton Emmanuel:

The whole purpose of good therapy for IBS is not to cure it - if only we could.

It's more about trying to get people to recognise the symptoms early, and help them identify:

1. What the early symptoms are; and
2. To find things which work for them, bearing in mind that what causes a flareup one time, may not necessarily be the cause of it next time around.

Trying to make individuals understand what the particular circumstances of their symptoms are, and create a constellation between triggers and symptoms is key.

Then we would help the patient navigate through the specific toolkit that works for them.

That's why we aim to get self-help early on in IBS - to try and minimise the burden of it becoming more invasive.

### Dr. Melissa Hunt:

Very similarly it works for anxiety - people come in and say "I don't want to be anxious anymore". Well, if you're alive, you will be anxious - that's part of who we are. It works the same way with GI symptoms.

When people come to me saying they just don't want to have any GI symptoms, I say it's just unrealistic. Everybody has GI symptoms from time to time - the goal is just not to freak out when you have an initial onset of GI symptoms and manage it effectively moving forward, learning how to manage stress

effectively as well, so that it doesn't derail your life. It is a relapsing condition - some people get migraines, some get back pain, some get breakouts on their skin when they feel vulnerable. Others get gut distress, and that's totally fine.

You may be one of the people for whom stress manifests in the gut, but it doesn't mean it has to derail your life. That's really the goal of treatment - to help people manage it effectively, so that it has less impact on the quality of life.



## Is there a certain age group for which IBS is most common?

**Dr. Anton Emmanuel:**

The largest group of patients are in their 20s. Over 60% of patients are under the age of 30 at the first symptom onset. That's often explained by the fact that this is when people's perceived stress levels are highest, but I think it's more complicated than that.

I think it's about the point at which one becomes aware of one's gut symptoms,

and as these are lifelong conditions we are talking about, people tend to have symptoms for many years before they present themselves as patients. You try to self-manage, you try to work out whether it's your diet or lifestyle and so on.

Mostly, for patients in the UK, it's women under 30 who first experience symptoms.



## Is there any connection to gut health issues and menopause?

### Dr. Jossy Onwude:

Yes, there is a relationship between gut health issues and menopause. As women transition through menopause, their oestrogen hormone begins to decline.

Oestrogen helps to regulate the stress hormone cortisol – the ‘fight or flight’ hormone, triggered by stress. As such, as oestrogen begins to decline, things get a lot more stressful and women tend to feel as though they are not coping as well as they were before. Cortisol also has the effect of slowing down the digestion of food. This can lead to numerous digestive and gut imbalances.

Oestrogen has a direct impact on the hormone cortisol, also known as the stress hormone. When the level of oestrogen is high, cortisol is low, keeping your blood sugar and pressure at the appropriate reading.

However, as you go through menopause, the level of oestrogen in your body decreases, meaning that cortisol is not kept in check.

Adrenalin can easily be triggered in the body when the calming influence of oestrogen is missing. This switches digestive function off, and when the digestive system is not working at its optimum level, a range of digestive



problems can arise. Gas can build up, causing bloating; food can pass through without being fully broken down, causing constipation; acid can break down the mucous lining of the stomach wall, causing abdominal pain or indigestion.

## How does Zemedi use CBT?

### Elena Mustatea:

CBT is a programme of care - you learn certain things, you do certain exercises and use patient education within the programme, all developed through the best scientific care practices we know of today.

Patients get the right toolkit to manage their condition day-to-day, track their symptoms

and get a customised experience based on what works for them personally.

It's a programme that's there to help the individual - you can choose the exercises that resonate with you and help you personally and make you feel good. It's all about making your own care journey.

### Marie Chellingsworth:

One of the exciting things among all of the digital products out there, is being able to deliver the best available expert help whenever you need it. You can have the world-leading CBT or hypnotherapy treatment with a clinician, but as soon as you leave the room, they're no longer with you.

What we've done with Zemedi to really make it personalised and interactive, is that we made Professor Melissa Hunt, the world's leading expert on CBT for IBS, available 24/7 for each user through an engaging virtual coach, Mel. It's a source of support and guidance through a friendly chat interface that helps the user work through and recap on their symptoms, feelings and things that may help.

But then, it's not just about learning how to use the tools we provide in the app - it's about how you apply them into your life and how you live by them. And if you do start to go off-track, it's about how you get those

practices back into your routine. So the app is all about personalising the experience based on individual circumstances - if you have not being diagnosed with IBS, you can get the required information about what may be the problem, what test you may need to take and what information you will need to take to your GP and how to have your voice heard.

And if you have an IBS diagnosis, then it opens up different treatment elements in the toolkit with the flexibility required. All the tools are available to use at any time to help you calm a flareup when you need fast relief.

Everybody is on their own journey, and the app is there to provide the right tools at the right time to help you manage your symptoms, face the things you're avoiding and help you restructure the way you perceive your condition and its effect on your life.



## Can this help if the likely cause of the IBS is prescribed medication?

### Dr. Jossy Onwude:

In regards to post-infection IBS, there is no treatment specifically for PI-IBS.

Management of PI-IBS, like other types of IBS, is tailored to individual symptom severity and to the main symptoms.

Diet or lifestyle factors that seem to worsen symptoms should be addressed. This also applies to any psychological issues that may present, such as chronic stress. So yes, Zemedy can also help in the management of PI-IBS.



# GUT HEALTH: A PERSONAL PERSPECTIVE

**Jenna Farmer**

Founder of 'A Balanced Belly' blog



I've had gut health issues most of my life. You don't just go to the doctors immediately, you just fight through it. I got diagnosed with Crohn's disease when I was living abroad and was given some medication, but aside from that, I had no idea how to navigate a new life with a new illness.

That's why I started my blog - I just wanted to find other people to talk about what I could eat, how I could help with the tiredness, my sleep and my energy. A big part of it was mental health, as I was in complete anxiety and depression from just being diagnosed with a chronic illness.

Back then, I thought I'd go through the course of prescribed medication and that would be the end of it.

Eight years later, I realise that even if I had surgery, I would never see any improvements without certain lifestyle changes. I was still having IBS symptoms even when my Crohn's was under control. It's at that point when I realised that I had to take on so much more than pills.

That's where my journey began - I started to eat healthier, exercise and then, I discovered Zemed. You have days when you can't get out of bed, you can't do anything - and that's something you have to deal with every day. You have to keep on top of things.

With a busy schedule, it's easy to go off tracking symptoms and hypnotherapy exercises. You get into bad habits and can deteriorate from there. These exercises have to become a permanent part of your life. If you have IBS, it's vital to monitor your sleep, check in with your mental health, track exercise and diets.

**"It's not all in your head, and it's not going to necessarily go away, but a place to start is a shift in lifestyle."**

Although my doctors are amazing, they only look at data and test results rather than looking at the whole person.

That's why using apps like Zemed is really helpful - to take a more holistic approach and create space for yourself.

Many of us get in a vicious cycle when having a flareup. The flare mode in Zemed really helps me calm down, bring some perspective and stop me from beating myself up. It can make you feel like you can do this, and tomorrow is a new day.

# ACKNOWLEDGEMENTS

## EXPERT PANELISTS



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