Mindfulness-based cognitive therapy for functional gastrointestinal symptoms among people with general anxiety disorder: a randomized control trial in a Chinese population
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Background and objectives:
Functional gastrointestinal(GI) symptoms are common among people with general anxiety disorder(GAD). While traditionally treated by symptomatic medications, response to medications are often inadequate. While functional GI symptoms may be improved by cognitive-behavioral therapy(CBT) and hypnosis, efficacy of mindfulness-based interventions in treating these symptoms is inconclusive. This study aims to examine the efficacy of mindfulness-based cognitive therapy (MBCT) in Chinese patients with General anxiety disorder

Methods:
One-hundred-and-eighty-two adult Chinese patients (aged 21 to 65) with GAD and were on stable dose of medications for anxiety for preceding 2 months before intervention were randomly allocated to one of the three arms in 1:1:1 ratio (MBCT, psychoeducation using CBT principles, and usual care) by random numbers generated by an independent statistician. Patients with potentially life-threatening illnesses, who were actively receiving counselling or with previous experience with meditation, mindful practices were excluded. Allocation was concealed from patients till first appointment. investigators who collected/analyzed the data were blinded to patients’ allocation.
Demographic data and data from a number of validated instruments measuring functional GI symptoms were collected. Data was collected at baseline, at 2 months, at 5 months, at 8 months and at 11 months for MBCT and psychoeducation group. Data for usual care group was only collected at baseline, at 2 months and at 5 months due to a change in the healthcare system. The proportion of participants in each arm suffering from functional GI symptoms and the proportional of patients improved with interventions were compared using Chi-Square Test at each time-point

Results:
There was no statistically significant difference in the proportion of patients suffering from various GI symptoms in these 3 arms over various time points. The proportion of patients improved were not statistically significant different between the three arms at 2 months and 5 months; however, a greater proportion of patients in psychoeducation group improved at 11 months when compared with MBCT group (p=0.037)

Discussion and Conclusion:
This is an essentially negative study in which MBCT was not shown to be more effective in improving functional GI symptoms when compared with psychoeducation. More high-quality studies are needed.