

A self help guidebook on irritable bowel syndrome reduces primary care consultations

Research question What can self help do for patients with irritable bowel syndrome?

Answer A self help guidebook makes people feel better, and reduces consultations

Why did the authors do the study? Irritable bowel syndrome is common, hard to treat, and costly. These authors wanted to find out if simple interventions such as a self help guidebook or group sessions with other patients would help

What did they do? They held focus groups with patients and incorporated the findings into a self help guidebook on irritable bowel syndrome, which they then tested in a randomised controlled trial with three arms. In the first, 141 patients received the self help guidebook. In the second, 139 patients received the self help guidebook and were also offered a single group session with other patients. In the control group, 140 patients continued usual care with their general practitioner.

The authors assessed patients at the start of the trial and again after one year. They abstracted data on primary care consultations from patient records and used two validated seven point scales to assess patients' global impression of their illness, and any subjective improvement. Patients also completed visual analogue scales of their symptoms, a validated quality of life questionnaire, and two well established health questionnaires—the SF-36 and the GHQ-28.

The authors used intention to treat analysis to compare the three groups at the end of the trial. They don't mention any attempts at blinding. They did not do a sample size calculation.

What did they find? Patients who received the self help guidebook had a mean of 1.56 (95% CI 1.15 to 1.98) fewer primary care consultations during the trial year than those who did not. They also reported a slightly greater global improvement in their illness than controls; a mean of half a point (0.23 to 0.79) on a seven point scale. The guidebook had no consistent impact on specific symptoms, global impression of illness severity, quality of life, general health, or use of alternative treatments. But patients who had the guidebook reported 0.22 (0.01 to 0.42, $P = 0.038$) fewer hospital visits during the year. The self help group session made no additional difference to any outcome.

What does it mean? A comprehensive self help guide seems to make a measurable difference to patients with irritable bowel syndrome. They go to the doctor less often, and the guidebook makes them feel a little better, even though these authors could find no improvement in specific symptoms. This guidebook included information about lifestyle, diet, drug, and alternative treatments, and was developed using best evidence and patients' opinions. Adding a single group session for extra support did not work in this trial, possibly because only 59 of the 139 patients offered a session went along. Further investigation by the authors suggests that patients don't like to discuss their bowel habit with strangers.

At the very least, the self help guidebook did no harm and probably did some good. Crude costings suggest a saving of around £73 (€107, \$135) per patient per year.

Robinson A, et al. A randomised controlled trial of self-help interventions in patients with a primary care diagnosis of irritable bowel syndrome. *Gut* 2006;55:643-8

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Editor's choice

A good read

If you're looking for a couple of slim volumes to read on your travels this summer, look no further. Here are two books to divert, improve, and inform. Firstly, *Testing Treatments* by Imogen Evans, Hazel Thornton, and Iain Chalmers is, according to our reviewer Ike Iheanacho, "a terrific little book" (p 1516). Its premise is that "knowledgeable ignorance" is something to aspire to. We should embrace uncertainty and stop feeling that we need to pretend that we know all the answers. Instead, say the authors, we should be rigorously questioning whether what we and others do is truly effective, since logic and good intentions are not enough. Sure Start, the UK government's programme for children in socially deprived communities, is a case in point: a study in this week's *BMJ* finds that, although it helps some children, it may actually be harming those most in need. The government ruled out a randomised trial at the start of the programme so we may never know whether it works, which is a pity.

On a more positive note (and before I get on to my next good read), we are seeing more well done surgical trials in the *BMJ*. This week, Isam Astroschi and colleagues report their randomised trial of open versus endoscopic surgery for carpal tunnel syndrome (p 1473). The problem here has been postoperative pain and time taken off work, with the assumption that endoscopic surgery would cause less of both. Improving on the design of previous trials, Astroschi and colleagues found less postoperative pain but little improvement in time off work. In his editorial this week (p 1463), Brent Graham concludes that the problem now in carpal tunnel is not which surgery to choose but being sure you've got the right diagnosis. Which leads me to my next good read—*Clinical Thinking* by Chris Del Mar, Jenny Doust, and Paul Glasziou—which we will review in the *BMJ* shortly.

Chapter 4, on diagnosis, is especially good, exploring why clinicians make diagnostic errors, the role of intuition, and how to teach diagnostic reasoning. As J A Ryle wrote in 1948 (quoted at the start of the chapter), "the three main tasks of the clinician are diagnosis, prognosis and treatment. Of these, diagnosis is by far the most important for upon it the success of the other two depend." But the evidence base for diagnosis is far less mature than for treatment. A few weeks ago in an editorial, Peter Rothwell exhorted us all to focus more effort on basic observational research, which would, among other things, support better diagnosis. We'd like to see such studies in the *BMJ*, and we publish one such as an Online First this week. In their rural general practice, Jennifer du Toit and colleagues investigated all patients more than 45 years old who developed new rectal bleeding. One in 10 had colon cancer, and the authors conclude that all such patients should be investigated. I hope Peter Rothwell will agree that this is a useful clinical message, and that, if neither of the two books I've listed appeals to you, you'll send us your own recommendations for a good read this summer.

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