

# Therapist telephone-delivered CBT and web-based CBT compared with treatment as usual in refractory irritable bowel syndrome: the ACTIB three-arm RCT

Hazel Everitt,<sup>1\*</sup> Sabine Landau,<sup>2</sup> Paul Little,<sup>1</sup>  
Felicity L Bishop,<sup>3</sup> Gillian O'Reilly,<sup>1</sup> Alice Sibelli,<sup>4</sup>  
Rachel Holland,<sup>2</sup> Stephanie Hughes,<sup>1</sup> Sula Windgassen,<sup>4</sup>  
Paul McCrone,<sup>5</sup> Kim Goldsmith,<sup>2</sup> Nicholas Coleman,<sup>6</sup>  
Robert Logan,<sup>7</sup> Trudie Chalder<sup>8</sup> and Rona Moss-Morris<sup>4</sup>

<sup>1</sup>Primary Care and Population Sciences, University of Southampton, Southampton, UK

<sup>2</sup>Biostatistics, Institute of Psychiatry, Psychology & Neuroscience, King's College London, London, UK

<sup>3</sup>Centre for Applications of Health Psychology, University of Southampton, Southampton, UK

<sup>4</sup>Health Psychology Section, Institute of Psychiatry, Psychology & Neuroscience, King's College London, London, UK

<sup>5</sup>Institute of Psychiatry, Psychology & Neuroscience, King's College London, London, UK

<sup>6</sup>Department of Gastroenterology, Southampton University Hospital, Southampton, UK

<sup>7</sup>Department of Gastroenterology, King's College Hospital, London, UK

<sup>8</sup>Academic Department of Psychological Medicine, King's College London, London, UK

\*Corresponding author [hae1@soton.ac.uk](mailto:hae1@soton.ac.uk)

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London NHS Foundation Trust and the University of East Anglia outside the submitted work. The patient manual is background IP developed by Rona Moss-Morris and Trudie Chalder in previous work. The therapist manual was developed for the Assessing Cognitive-behavioural Therapy in Irritable Bowel (ACTIB) trial. These manuals were made available only once the 12-month ACTIB follow-up was complete. Sabine Landau reports support via the Biomedical Research Centre for Mental Health at South London and Maudsley NHS Foundation Trust and King's College London.

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## Plain English summary

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## Plain English summary

Irritable bowel syndrome (IBS) is a common bowel disorder causing pain, bloating and diarrhoea or constipation, which can affect quality of life. Treatment relies on a positive diagnosis, reassurance, lifestyle advice and drug therapies. However, many patients suffer ongoing distressing symptoms.

Guidelines recommend cognitive-behavioural therapy (CBT) for patients with ongoing IBS symptoms. However, access to therapy is limited because of cost and therapist availability. We previously developed web-based CBT (WCBT), which is more accessible, less expensive and requires less therapist time than traditional therapist telephone-delivered CBT (TCBT). The aim of the current trial was to assess the clinical effectiveness and cost-effectiveness of these two approaches. Participants were randomly assigned to TCBT, WCBT or treatment as usual (TAU).

The TCBT group received a CBT manual and six 1-hour telephone CBT sessions with trained therapists over 9 weeks and two booster sessions at 4 and 8 months. The WCBT group received access to the interactive CBT website with eight online sessions at home over 9 weeks, with similar content to the therapist CBT, and received three 30-minute therapist telephone-delivered CBT sessions and two boosters at 4 and 8 months.

There were 558 adults with ongoing IBS symptoms who took part from 74 general practice surgeries and three hospital clinics in London and the south of England. The main study outcomes were the IBS Symptom Severity Score and the Work and Social Adjustment Scale, which measures people's ability to function and live their lives. The results of these were collected at the start of the study and at 3, 6 and 12 months.

Significant improvement in symptoms was found in the two therapy groups compared with TAU at 3, 6 and 12 months. Cost-effectiveness and wider benefits (e.g. ability to cope and mood) also showed positive results, indicating that sustained improvements in IBS symptoms are possible at an acceptable cost.



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