



Hypnotherapy for non-cardiac chest pain: long-term follow-up

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dysfunction was responsible for the poor outcome in our cirrhotic patients is attractive but not sufficiently supported by our data. Indeed, the statistical analysis excluded the possibility that a drop in the ejection fraction (EF) or any other echocardiographic variable, except E/A ratio, was associated with death. Moreover, none of the patients had cardiac symptoms and no death was caused by evident cardiac failure. Nevertheless, we hope that this subject will be investigated further in a larger group of patients.

We agree with Abeles and colleagues that the most important message of our study is that cardiac function should be carefully assessed in critically ill patients with cirrhosis. This concept has recently been corroborated by other investigations, which showed that a relatively insufficient cardiac output was associated with the development of renal failure in cirrhotic patients with spontaneous bacterial peritonitis.⁵ The prevalence of diastolic dysfunction in cirrhosis should be re-evaluated with more accurate methods such as colour M-mode echocardiography and Doppler tissue imaging, which are independent of the load conditions.

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Hypnotherapy for non-cardiac chest pain: long-term follow-up

We have been researching the effects of hypnotherapy in gastroenterology for many years and recently reported in *Gut*¹ that a course of 12 sessions of hypnotherapy seems to be beneficial in the treatment of non-cardiac chest pain. In a study on 28 patients comparing the effects of either hypnotherapy or a similar duration of supportive listening combined with placebo medication (control group), the active treatment resulted in a much better outcome. Of the 15 patients randomised to hypnotherapy, 12 (80%) responded to treatment, as judged by either a complete or moderate improvement in their chest pain, compared with 3/13 (23%) controls ($p = 0.008$). A similar trend was observed for general wellbeing, which was regarded as a marker of quality of life, where 11 (73%) of the hypnotherapy

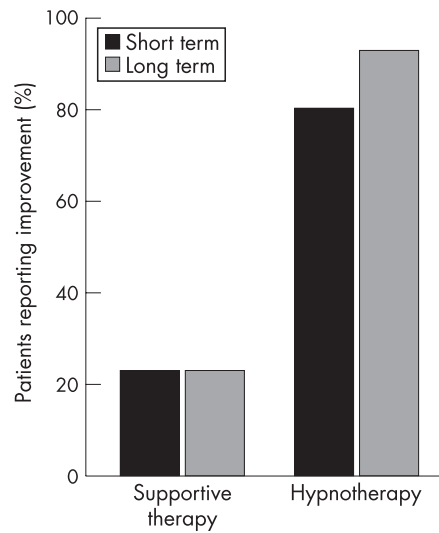


Figure 1 Percentage of patients reporting a global improvement in chest pain with either hypnotherapy ($n = 15$) or supportive therapy ($n = 13$).

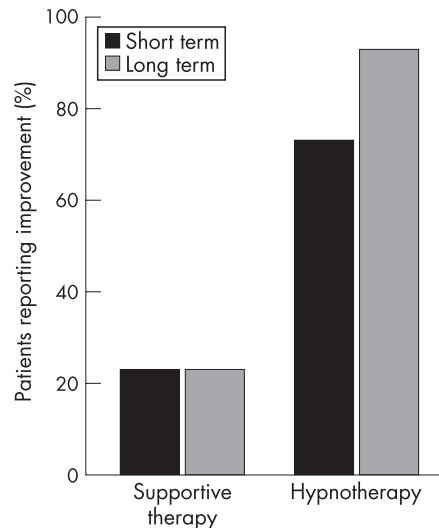


Figure 2 Percentage of patients reporting an improvement in quality of life with either hypnotherapy ($n = 15$) or supportive therapy ($n = 13$).

patients improved compared with 3 (23%) controls ($p = 0.023$).

Unfortunately, it is impossible to undertake a double blind trial of a treatment such as hypnotherapy and the choice of control treatment is difficult as it is not possible to provide "sham" hypnotherapy. The only realistic alternative is to use some form of supportive treatment for a similar length of time and we have found that this, combined with placebo medication, provides a reasonably robust alternative. Obviously, this does not overcome any differences in expectation between the two treatments in the short term, but if the beneficial effects were sustained after hypnotherapy this would suggest that any observed improvement is indeed genuine. Furthermore, hypnotherapy would only be a viable option for more widespread use if the

patients remained well over a long period of time without the need for continuing sessions

In our non-cardiac chest pain study efficacy was only reported at the end of 17 weeks' treatment. We have now had the opportunity to follow up all members of this cohort of patients for at least 2 years (mean 2.8 years) after stopping treatment and would like to report these data. In the 15 patients who received hypnotherapy there has been further improvement, with 14 (93%) now classified as responders compared with 3/13 (23%) controls ($p = 0.001$) (fig 1). The quality of life has also improved in 14 (93%) of the hypnotherapy group compared with 3 (23%) controls ($p = 0.001$) (fig 2).

Thus not only do the beneficial effects of hypnotherapy for non-cardiac chest pain persist for at least 2 years, but patients do seem to carry on improving once treatment has been completed. This outcome is in accord with our previous observations in irritable bowel syndrome² and functional dyspepsia,³ where we have also reported long-term benefit and a tendency for continued improvement after stopping treatment. All these results suggest that incorporating hypnotherapy into the provision of care for functional gastrointestinal disorders is worthy of serious consideration.⁴

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BOOK REVIEWS

Gastroenterology and Liver Disease

Edited by Richard G Long, Brian B Scott. St Louis: Elsevier Mosby, 2005, £38.99 (softcover), pp 350. ISBN 0-72343252-X

I have to be honest and say up front that I have often wondered whether there is a continuing role for a traditional textbook in gastroenterology. Surely most junior doctors access all the information they require via web-based learning? Who has time to sit down and browse a textbook in between shifts, particularly given that the information contained within it will gradually be going out of date from before the time of publication? Traditional texts are often written by "experts" and therefore out of touch with the needs of a trainee. Finally, modern