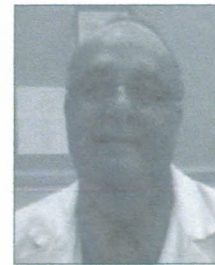




# HYPNOTHERAPY AND FAMILY MEDICINE

HOW HYPNOTHERAPY CAN COMPLEMENT CLINICAL WORK IN FAMILY MEDICINE

by: Sherry M. Hood and Fred Janke



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*both full time and part time hypnotherapy courses. In August 2009 Sherry was appointed Clinical Lecturer in the Department of Family Medicine, University of Alberta. Her hypnotherapy course became a medical elective for post graduate residents from The University of Alberta in December 2010. A pilot study through The University of Alberta was conducted using Sherry's smoking cessation intervention. A two year study using her same smoking cessation intervention is planned for the future.*

*Dr. Janke completed his medical education at the University of Calgary in 1982 and has been practicing in Sylvan Lake, Alberta as a family physician since 1984.*

*He became involved with the University of Alberta as site director in Red Deer for a new rural stream family medicine program in the year 2000. Since then he has become increasingly involved with teaching family medicine at the post-graduate level. He became the "Rural Program Director" for the Department of Family Medicine in 2008 and more recently, in October 2011, took on a broader position as "Director of Rural and Regional Health" for the Faculty of Medicine. Although he is full time faculty his clinical work remains in Sylvan Lake.*

*In April 2012, Dr. Fred Janke and Sherry Hood were given the opportunity to present at a national conference for rural physicians held at Whistler, British Columbia, Canada. This was unique because the topic of hypnosis and hypnotherapy is rarely seen on the program of conferences for medical professionals. It was an opportunity to present how hypnotherapy could complement clinical care.*

The objectives of the presentation were as follows: To understand the basic premises behind hypnosis/hypnotherapy;

To be able to outline a variety of clinical conditions for which there is good evidence supporting the use of hypnotherapy;

To understand criteria with which to identify reputable hypnotherapists;

To understand ways of accessing hypnotherapy in smaller communities via referral, telephone and Skype.

As noted the first objective was to present a basic understanding of what hypnosis is and what it is not. Following a very simplistic introduction into the basics of hypnosis, some of the more recent research on hypnosis and brain physiology was provided. Brain imaging studies using either Positron Emission Tomography (PET) or Magnetic Resonance Imaging (MRI) have shown where in the brain, neuronal activity may be taking place during hypnotic states or, alternatively, may be blocked or inactivated. Imaging studies show that the brain is affected by hypnosis in the same location in which the actual experience might take place. For example, kinesthetic suggestion would take place in the area of the brain related to the same kinesthetic input. The actual location may vary depending on the actual hypnotic experience taking place. The importance of this work is twofold: 1) Brain activity related to hypnotherapy is in quite a different location than where imagination takes place and so is something much more profound than simple imagination; 2) It provides evidence of real changes in the brain related to hypnosis.<sup>1-4</sup>

Four main areas of clinical hypnotherapy were covered

during this presentation: 1) the use of hypnotherapy in surgery; 2) hypnotherapy as an adjunct to pain management; 3) addressing psychiatric conditions; and 4) addressing focused areas of therapy such as smoking cessation.

The use of hypnosis in surgical management was reviewed in detail. Although hypnosis has been used in surgery for almost 200 hundred years, there has been only minimal interest and research until quite recently. By comparison there have been many more pharmacological advances in anesthesia and analgesia. Contemporary clinical investigations have shown that the combination of analgesia and hypnosis is superior to conventional pharmacologic anesthesia.<sup>5</sup> Hypnosis can enhance conscious sedation. All of these techniques are used regularly for surgical cases at the University Hospital at Liege, Belgium.<sup>6,7</sup> Cost analyses show that adjunct hypnotherapy used with conscious sedation reduces overall costs.<sup>8</sup> In fact, using hypnotherapy even for outpatient interventional radiology procedures can reduce costs by half.<sup>9</sup> Perioperative hypnotherapy can significantly reduce costs by decreasing postoperative stays, particularly amongst children.<sup>10</sup> There are reduced post-surgical costs related to less nausea and emesis as well as less analgesia required when hypnotherapy is used peri-operatively.<sup>10</sup> At Liege, in a high quality prospective study, Faymonville demonstrated that patients who experienced hypnotherapy for surgery had significantly lower pain scores, required less opioids and experienced less postoperative nausea.<sup>12</sup>

There is a BBC documentary available on hypnosis and surgery.<sup>13</sup> A small clip of this documentary was used in the presentation showing dental surgery taking place in Glasgow, Scotland. Dr. Mike Gow and Dr. Avid Faquir used the technique of anesthetic glove to provide local anesthesia in a patient undergoing oral surgery for a dental implant drilling directly into the maxilla.<sup>14</sup> For individuals who have never seen hypnotherapy used in a clinical situation, this video clip had a profound influence.

Hypnotherapy has also shown its usefulness in treating burn patients. A randomized control trial (the highest form of evidence) compared hypnotherapy with other stress

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reduction strategies as an adjunct to regular analgesia when changing burn dressings. Visual analogue scores for anxiety and pain control were significantly improved using hypnotherapy.<sup>15</sup>

Hypnotherapy interventions have been shown to consistently decrease pain associated with a variety of chronic pain conditions such as cancer pain, chronic low back pain, fibromyalgia, temporomandibular pain and mixed chronic pain conditions. Studies have compared hypnotherapy with no treatment, medication or other non-hypnotic interventions such as physical therapy and have found hypnotherapy to be complementary.<sup>16,17</sup>

Another recurrent pain condition is headache; studies investigating hypnotherapy are generally quite dated which makes them less useful. The criteria for headache diagnosis have become much more stringent and one type of headache may respond quite differently to hypnotherapy than another type of headache. The rigor of some of these older studies is also inferior. There is one excellent study published in 1987 involving children with classic juvenile migraine. Subjects were used as their own controls going through three phases of the study: placebo/propranolol/self-hypnosis. With self-hypnosis the mean number of migraines per child dropped by 60 percent, and in general there was a reduction in the severity of migraine headaches.<sup>18</sup>

The use of hypnotherapy in the condition of irritable bowel syndrome is perhaps one of the most studied uses of hypnotherapy. One review showed that there is a median response rate of 86 percent with a decrease in overall symptoms of 50 percent. In addition there is an improvement in overall function.<sup>19</sup> The therapeutic gains obtained through hypnotherapy are generally well maintained as shown by a study that followed patients for a year after treatment.<sup>20</sup> In fact, the group of patients who had received hypnotherapy seemed to continue improvement over time post-intervention compared to patient groups treated more conventionally.

Cancer patients also benefit from hypnotherapy in a variety of ways. One study showed a decrease in the use of analgesia, a decrease in nausea and vomiting and a decrease in anxiety related to medical procedures and interventions.<sup>21</sup> There can be other benefits as shown by a study in which there was a significant reduction in hot flashes in breast cancer survivors using hypnotherapy compared to conventional therapy.<sup>22</sup>

One powerful place for the use of clinical hypnotherapy is in maternity care including labour and delivery. Hypnotherapy has a role to play in decreasing the amount and intensity of pain during labour. In so doing, hypnotherapy decreases the amount of analgesic medications, which leads to better newborn outcomes. Improvement in newborn assessments is shown by better APGAR scores (an acronym standing for Appearance, Pulse, Grimace, Activity, Respiration and is a simple and repeatable method to quickly assess the health of the newborn). Hypnotherapy has been shown to shorten the stages of labour and has been shown to

decrease the amount of augmentation of labour through the use of oxytocin (a hormone that is used to stimulate uterine contractions). Of note: there is a reduction of C-section rates. Hypnotherapy also improves post-partum recovery including reductions in breast pain, nausea, headache and possibly reduces the incidence of post-partum depression.<sup>23,24</sup> Of particular importance is that hypnosis may be instrumental in halting pre-term labour. One small pilot study done in Halifax, Nova Scotia, showed a 55 percent success rate in prolonging pregnancy.<sup>25</sup>

Hypnotherapy can be useful throughout maternity care, not just in labour and delivery. It is useful to help control back pain and abdominal discomfort and can help with pre-labour anxiety. Especially useful, hypnotherapy can help control the nausea and vomiting of pregnancy. The severe form of this, hyperemesis gravidarum, often requires hospitalization for fluid and electrolyte imbalances and may require many medications to control. Hypnotherapy has shown some encouraging results in this area but more rigorous studies are needed.<sup>26</sup>

Anxieties and phobias respond well to hypnotherapy. For example, David Kraft presents quite a complete literature review on the subject of hypnotherapy and agoraphobia and social phobia.<sup>27</sup> More contemporary studies in the area of insomnia, generalized anxiety and obsessive compulsive disorders would be very useful. Small often-flawed studies show a trend that hypnotherapy can be a useful adjunct to cognitive behavioural therapy, however we need randomized control trials (RCTs) confirming this.

There have been RCTs investigating the use of hypnotherapy in depression. One recent meta-analysis (2009) combining these RCTs showed a significant positive effect.<sup>28</sup>

Because of the lack of high quality studies, the evidence regarding the use of hypnotherapy in smoking cessation remains controversial. As suggested in our last article, Cochrane reviews suggest that there is insufficient evidence to recommend hypnotherapy as an intervention for smoking cessation.<sup>29</sup> The authors specifically comment on the fact that there are too many different techniques used to adequately study the effectiveness in any rigorous manner. On the flip side, there are concerns about the adverse effects from some of the medications used. Recent publications suggest serious concerns with using varenicline in the presence of cardiovascular disease with varenicline.<sup>30</sup> The adverse effects of medications makes alternatives much more attractive. A very small pilot study completed by the authors would suggest that a single intensive hypnotherapy session would be at least as successful as the pharmacological interventions available.<sup>31</sup> The hope is to go on to a larger prospective cohort study.

The use of hypnotherapy in pediatrics is quite successful because of the high degree of suggestibility in children. As mentioned above, hypnotherapy can significantly reduce stress around medical procedures and decrease length of hospital stays postoperatively.<sup>32</sup> Hypnotherapy can reduce the



distress and negative memories around cancer treatment.<sup>33</sup> Some conditions more specific to childhood such as enuresis seem to be amenable to treatment by hypnotherapy,<sup>34</sup> although a Cochrane review again suggests that further rigorous research is needed.<sup>35</sup>

Overall the presentation was very well received. Attendees were quite engaged asking many questions and many stayed afterward to talk further. A number of resources including the *Little Book of Change* by Daniel Cleary<sup>36</sup>, a hypnosis CD on Stress Reduction recorded by Sherry Hood, a previous article published in *Family Health Magazine* and previous articles from *Unlimited Human* were made available. Providing more such sessions at other medical conferences will be one way to advance the use of hypnotherapy into the mainstream of clinical use.

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