

CORRESPONDENCE

**Inflammatory Bowel Disease: Crohn’s Disease and Ulcerative Colitis**

by Prof. Dr. med. Jan Wehkamp, Prof. Dr. med. Martin Götz, Prof. Dr. med. Klaus Herrlinger, Prof. Dr. med. Wolfgang Steurer, and Prof. Dr. med. Eduard F. Stange in issue 5/2016

**Psychosomatic Aspects**

In the detailed and otherwise comprehensive CME article on inflammatory bowel diseases by Wehkamp et al., the psychosomatic aspect is unfortunately completely missing (1). This is despite numerous studies that show there is a correlation between disease severity, and perhaps also incidence or recurrence, with measured values of depression and anxiety (2–4).

Psychosomatic therapies should therefore be integrated into a holistic therapy concept, if only because good psychosocial treatment during every serious and chronic illness can favorably affect the patients’ quality of life.

Although this evidence mainly comes from pediatric studies, the conclusion of Levine et al. (3) still seems relevant: “Even if somatic-affective symptoms stem from inflammation, referral to psychotherapy can improve symptoms more rapidly”.

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**Conflict of interest statement**  
The author declares that no conflict of interest exists.

**In Reply:**

We would like to thank Dr. Pommer for his comments on our article (1), in which we in fact could not discuss either important psychosomatic aspects of chronic in-

flammatory bowel disease or other complementary methods, due to space limitations. Regarding these issues, we would like to refer to a detailed chapter in a recently published book (2).

Despite the mentioned correlations, a primary pathogenic role for psychological factors has not been proven, although previously suspected.

Undoubtedly, these diseases often present serious limitations to the patients’ quality of life, and psychological intervention for coping with this situation is very helpful for many patients. Therefore, psychotherapeutic interdisciplinary co-treatment in these cases undeniably makes sense, and it is both recommended and practiced by us.

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Prof. Wehkamp has served as a paid consultant for MSD, Takeda, Novartis, Shire, Abbvie, and Ardeypharm. He has received reimbursement of meeting participation fees and of travel and accommodation expenses from Takeda. He has received payment for lecturing at continuing medical education events from the Falk Foundation, Abbvie, Takeda, MSD, Roche, Ferring, and Shire. He has received third-party research funding for carrying out clinical trials on behalf of Amgen, Novartis, Falk Pharma, and Abbvie. He is a member of the board of Defensin Therapeutics.

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