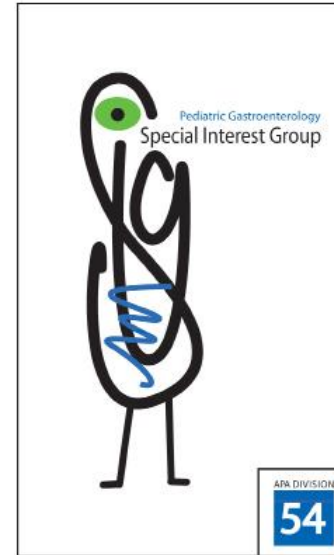


Welcome to Peds GI SIG



Agenda

- Welcome
- Review of SIG Accomplishments
- Introduce new PG SIG Co-Chairs
- Open positions
- Technology updates
- MAL-Educations updates
- MAL-Clinical updates
- MAL-Research updates
- Student research award winner presentation
- Panel Presentation: Clinical Pearls of Wisdom

Accomplishments 2020-2022

- Awarded 3-year SIG Renewal
- Standardized board position roles
- Added a new board position: Technology Manager
- Membership Survey – Get to know our members and how we can meet your needs!

Meet Your New Co-Chairs!



Bonney Reed, PhD

Title: Assistant Professor of Pediatrics, Division of GI

Institution: Emory University School of Medicine and Children's Pediatric Institute

Clinical Areas: Inflammatory bowel diseases and family interventions

Research Interests: Psychophysiological factors associated with mental and physical outcomes in patients with IBD



Margo Szabo, PhD

Title: Pediatric Psychologist

Institution: Children's Hospital of Philadelphia

Clinical Areas: Disorders of Gut-Brain Interaction, Eosinophilic Esophagitis, Celiac Disease

Research Interests: Psychosocial factors impacting adjustment to GI disorders,



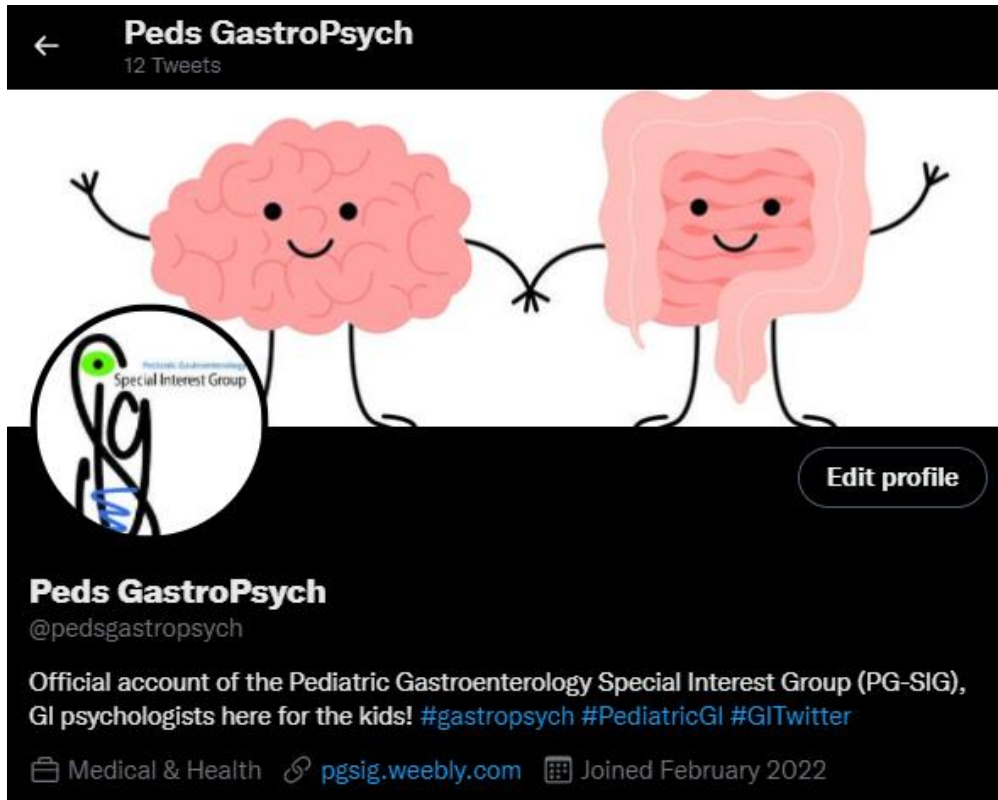
Open Board Positions

Co-Chair Elects

- 2 positions
- Term: 6 years
 - 2 years as Chair-elect
 - 2 years as Chair
 - 2 years as past Chair
- Lead PG-SIG annual meetings and quarterly board meetings
- Coordinate with SPP
- Appoint board positions and collaborate with board to develop new programs, activities, and positions
- Email letter of interest to:
 - Margo Szabo: szabom@chop.edu
 - Bonney Reed: ebreed@emory.edu

Technology Updates

Jessica Buzenski



Follow us on Twitter! @pedsgastropsych

- Check in for updates
- Tag us in relevant posts
- Watch for account take overs and live tweets like this week at #SPPAC2022

Website: <https://pgsig.weebly.com/>

- SIG activities
- Training and Research opportunities
- Resources
- Board member info

Education Updates

Kelly Rodriguez (MAL) and Ari Romano-Verthelyi (Student Rep)



Journal Club

Meets virtually on **first Mondays from 12:00-1:00 EST every other month** *alternating with Clinical Case Conference*

Discuss recent articles of interest to members of the PG-SIG (recent articles for discussion were published in *Journal of Pediatric Psychology*, *Journal of Pediatric Gastroenterology and Nutrition*)

Students/trainees are welcome! Feel free to forward email with article and virtual meeting link posted to PG-SIG listserv



Peer Mentorship Group- *New!*

Group for trainees (e.g., undergrads, externs, interns, postdocs) with an interest in Pediatric GI Psychology.

Trainees meet annually in the early Fall to provide **peer support and mentorship**, such as considerations when applying for externship, internship, and fellowship



Pediatric GI Training Opportunities Directory

List of **internship and postdoctoral training sites** offering pediatric GI-specific rotations and/or GI experience.

Updates to this directory will be completed annually. Please watch for announcements on the PG-SIG listserv about the update process.

Clinical Updates

Linda Nicolotti (MAL) and Marissa Koven (Student Rep)

Pediatric Clinical Case Conference

- Alternating with Journal Club every other month on the 1st Monday from 12:00-1:00 ET
- An evidence-based clinical case and supporting literature will be presented, followed by discussion on a range of psychogastro topics
- Led by Dr. Linda Nicolotti (MAL Clinical) and Marissa Koven (Clinical Student Representative)

Psychogastroenterology Pediatric Case Conference Series

- A collaboration between PG-SIG MAL-Clinical and the Rome Foundation
- Commences April 13 and runs monthly through September 2022 on the 2nd Wednesday from 6:00-7:00 PM ET
- Six expert-led case presentations on psychogastro topics
- Pre-registration is required; CE credits are available.
- <https://romefoundation.clickfunnels.com/optin1646931554956>



Research Updates

Shayna Coburn (MAL) and Caroline Roberts (Student Rep)

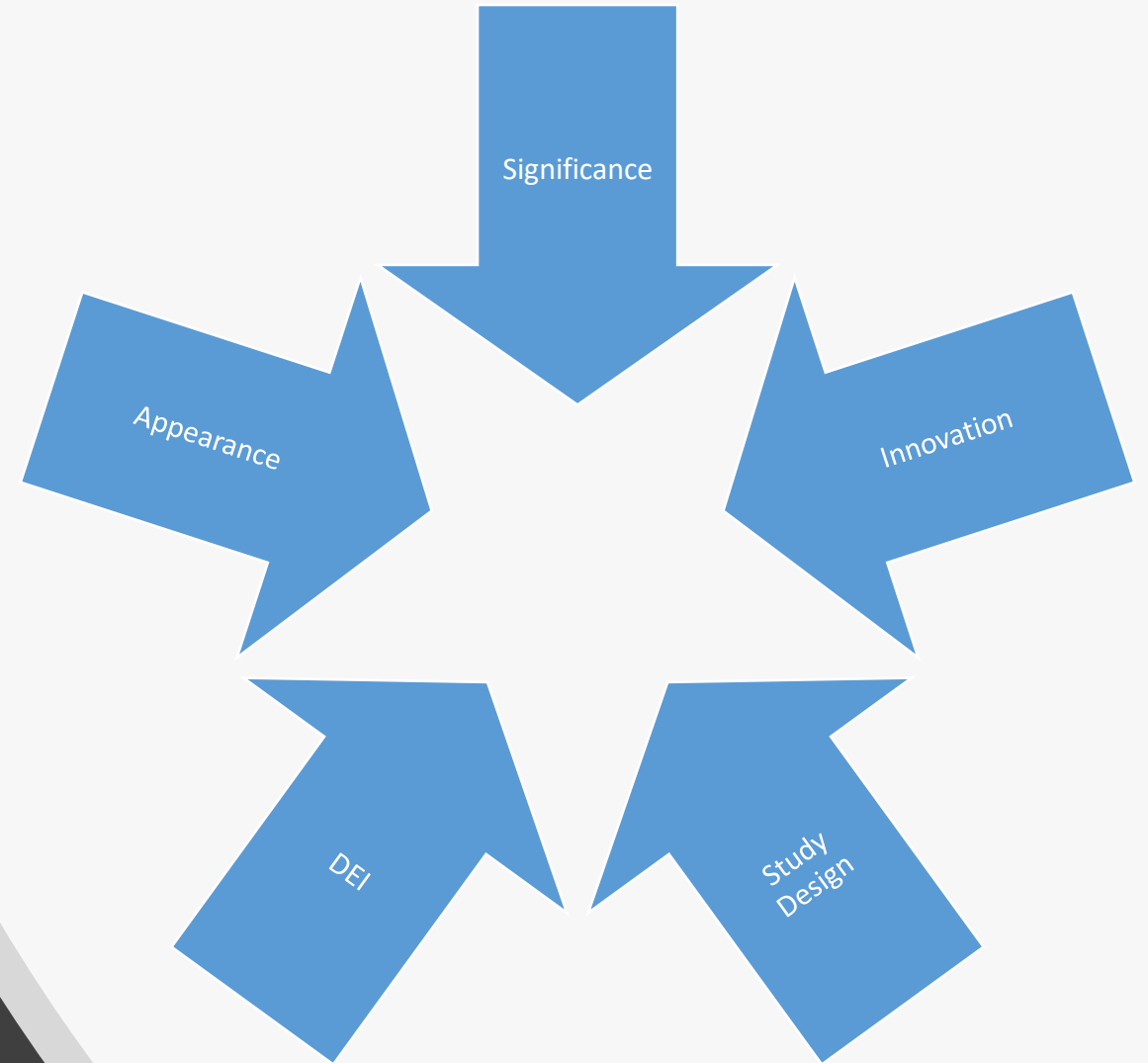
Please complete member survey!

Research resource preferences

- Preferences
 - Archive of published articles and studies
 - Study recruitment
 - Sign-ups for collaboration
- Access
 - Website
 - Social media
 - Newsletter/emails etc.?



Student Poster Award



PG-SIG Student Poster Award

Helen Bedree, B.A.
DePaul University

A point of intervention: Depressive symptoms mediate the relationships among sleep and gastrointestinal symptoms in youth with disorders of gut-brain interaction

PG-SIG Student Poster Award

Regina Mitossis, PsyD
Graduate Institute of
Professional
Psychology –
University of Hartford

Psychological adjustment and
treatment adherence among youth
newly diagnosed with Celiac Disease

A point of intervention:

Depressive symptoms mediate the relationships among sleep and gastrointestinal symptoms in youth with disorders of gut-brain interaction



BACKGROUND: Sleep problems among youth with chronic abdominal pain and adults with disorders of gut-brain interaction (DGBIs) are linked with worsening somatic symptoms, including pain. Further, mood plays an integral role; depressive symptoms often co-occur with both sleep impairment and chronic gastrointestinal (GI) disorders and emerging evidence indicates that mood mediates the sleep-pain relation in adolescents with chronic pain.

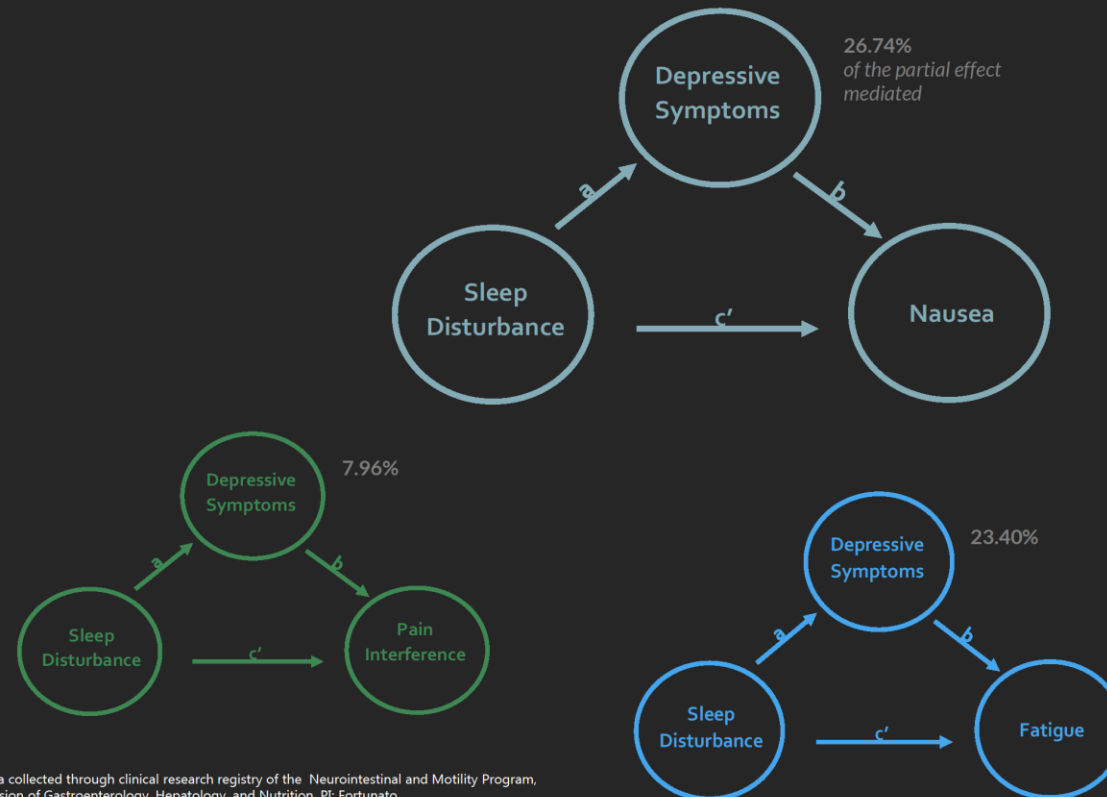
AIMS

- Examine relations between sleep and pain intensity, pain interference, nausea, and fatigue
- Examine potential mediating role of depressive symptoms in these associations

METHODS

1. 147 patients aged 8-18 years ($M_{age} = 13.98$, $SD = 3.22$; 67.35/30.61% female/male); 80.95% White/non-Hispanic) were recruited at a tertiary-care pediatric motility clinic
2. Measures: Pediatric Sleep Disturbance-Short Form 4a, Nausea Profile, & Pediatric PROMIS-25 Profile v 2.0
3. Analyses: Using PROCESS macro, the indirect effect was tested with 10,000 samples bootstrapping estimation procedures in four mediation models
4. Each model examined the predictive effect of sleep disturbance on nausea, fatigue, pain interference, and pain intensity, with depressive symptoms entered as a potential mediator

Depressive symptoms partially explain the link between worse sleep and somatic symptoms among youth with DGBIs



Data collected through clinical research registry of the Neurointestinal and Motility Program, Division of Gastroenterology, Hepatology, and Nutrition, PI: Fortunato

RESULTS

- Participants reported moderate sleep disturbance (T -score $M = 60.32$, $SD = 9.37$)
- Mediation analyses revealed that depressive symptoms partially mediated the significant, respective relationships between sleep disruption and greater nausea, fatigue, and pain-specific functional disability. Sleep was significantly associated with pain intensity but depressive symptoms did not mediate this relationship

	Indirect Effect B	SE	95% CI
Nausea	0.22	0.09	0.04, 0.41
Fatigue	0.12	0.05	0.02, 0.24
Pain-specific disability	0.05	0.03	0.01, 0.11
Pain intensity	0.01	0.01	-0.0005, 0.02

DISCUSSION

- Youth with complex DGBIs report moderately low sleep quality, which worsens GI and extra-GI symptoms like pain-related disability
- Depressive symptoms can exacerbate this relationship; targeting depressive symptoms in treatment may treat somatic symptoms and reduce functional disability
- Future research should explore these relationships with objective sleep assessments

Helen Bedree¹, MA, Susan T. Tran¹, PhD, John Fortunato^{2,3}, MD, Marissa Koven⁴, MA, Sarah Jae Wershil⁴, Bonnie Essner^{2,3}, PhD

¹DePaul University

²Ann & Robert H Lurie Children's Hospital of Chicago

³Northwestern University Feinberg School of Medicine

⁴George Washington University

Psychological Adjustment and Treatment Adherence Among Youth Newly Diagnosed with Celiac Disease

Regina M. Mitossis PsyD¹, Anne E. Pidano PhD¹, Katherine Vance RD²,
 Lourdes Dale PhD³, Bella Zeisler MD^{2,4}, Brandon Reed PhD⁵, Bradley Jerson PhD^{2,4}
¹Graduate Institute of Professional Psychology – Univ. of Hartford, ²Connecticut Children’s Medical Center,
³Univ. of Florida College of Med – Jacksonville, FL, ⁴UCONN School of Med, ⁵VA San Diego Healthcare System



INTRO

- Celiac Disease (CD) affects 1% of the world’s population and is often diagnosed in childhood
- Because CD requires significant lifestyle change of strict adherence to a gluten free diet (GFD), there’s greater appreciation of how this diagnosis affects youth mental health and variables that could influence GFD adherence
- This was a pilot study assessing health-related quality of life (HRQoL), anxiety, depression, and personal illness beliefs, and their relation to GFD adherence among youth

METHODS

- Youth (ages 10-17) newly diagnosed with CD and their caregivers recruited by a registered dietician within a specialty GI program
- Self- and Caregiver-proxy report measures completed via RedCAP at Baseline (n=23) & 3 Months Post Celiac Disease Teaching Session (n=18)
- **Health-Related QoL:** PedsQL 4.0 (Generic Core)
- **Anxiety & Depression:** Revised Child Anxiety and Depression Scale (RCADS)
- **Gluten Free Diet Adherence:** Celiac Disease Adherence Test (CDAT, Leffler, 2009; adapted for pediatrics by Coburn)
- **Personal Illness Beliefs and Perceived Threat of Celiac Disease:** Brief Illness Perception Questionnaire (BIPQ)

Youth with new celiac disease did not report

clinically significant depression, anxiety, or HRQoL impairments at diagnosis or 3 months later



Youth - "I'm fine, everything's fine"

Caregivers initially reported concerns for youth

mental health at diagnosis

but these decreased 3 months

later and they also felt less

threatened by celiac disease at that time



Caregiver Baseline



Follow-Up

These changes also appeared to

be related to increased youth &

caregiver reported GFD adherence



Example of gluten free diet adherence – arepas con queso

RESULTS

Paired samples t-tests examined mean differences in scores and between time points

Variables	Baseline M (SD)	Follow-Up M (SD)	T	Cohen's d
Caregiver Proxy Youth Anxiety	54.11 (11.30)	53.78 (11.71)	.18	0.04
Caregiver Proxy Youth Depres.	63.11 (13.23)	56.00 (11.21)	2.70*	0.64*
Caregiver Proxy HRQoL	65.34 (17.47)	75.24 (16.04)	-3.16**	-0.74*
Caregiver Perceived Threat	35.11 (5.27)	30.44 (7.18)	2.70*	0.64*
Youth Anxiety	45.44 (11.07)	43.56 (9.38)	1.87	0.44
Youth Depression	52.61 (9.00)	50.06 (11.30)	1.26	0.30
Youth HRQoL	72.22 (16.36)	75.60 (15.73)	-1.15	-0.27
Youth Perceived Threat	33.00 (8.06)	28.72 (7.79)	1.96	0.46
Caregiver Reported GFD Adherence	15.39 (4.47)	12.00 (3.55)	4.71**	1.11 ^b
Youth Reported GFD Adherence	16.83 (5.02)	13.83 (3.43)	2.36**	2.79 ^b

Note. Based on N = 18. *p < .05. **p < .01. a = medium effect. b = large effect

Correlational analyses between psych factors and GFD adherence as measured by Peds CDAT

Caregiver Proxy Anxiety .56*	Caregiver Proxy Depression .69***
Caregiver Proxy HRQoL -.54*	Caregiver Perceived Threat .57*
Youth Anxiety .18	Youth Depression .61*
Youth HRQoL -.37	Youth Perceived Threat .38

Note. Based on N = 18. *p < .05. **p < .01. ***p < .001

DISCUSSION

- Reassuring that the youth were reportedly functioning well at baseline and follow-up
- COVID-19 pandemic may have inadvertently positively impacted families newly diagnosed with CD
- Difficult to ascertain if improvement was due to time or celiac disease teaching
- Future research should include longer follow-ups, assess barriers to adherence, and seek to identify family strengths and protective factors that may serve to reinforce growth opportunities amid a new chronic illness diagnosis

Panel Presentation: Clinical Pearls of Wisdom

Hana Zickgraf, PhD

- Assistant Professor, University of South Alabama
- Topic: ARFID

Jaclyn Shepard, PsyD

- Associate Professor, University of Virginia
- Topic: Motility Disorders/Elimination

Jessica Buzenski, PhD

- Assistant Professor, Emory University
- Topic: Functional GI concerns/Gut-Brain Interaction

Panel Questions

1. What are your top 3 treatment goals and how are the goals determined (e.g. with patient/family; interdisciplinary team)?

2. What type of training is needed to best treat the presenting concern (e.g. enuresis, functional GI, AFRID)? – Resource, book, website, certification in a particular EBT, etc.

3. What is something that you recommend to other clinicians when working with this population? Is there something you wished you had known/done differently when you started?

Elimination Disorders Resources

Evidence-Based Practice

Christophersen, E. R., & Friman, P. C. (2010). *Elimination Disorders in Children and Adolescents*. Cambridge, MA: Hogrefe Publishing.

Low Kapalu, C., & Christophersen, E. (2022). Elimination Disorders in Children and Adolescents. In *Neuroscience and Biobehavioral Psychology*. <https://doi.org/10.1016/B978-0-12-818697-8.00066-2>

Shepard, J.A., & Cox, D.J. (2017). Elimination Disorders. In M. Roberts (Ed.), *Handbook of Pediatric Psychology* (pp. 442-451). New York, New York: The Guilford Press.

Shepard, J.A., Poler Jr., J.E., & Grabman, J.H. (2017). Evidence-based psychosocial treatments for pediatric elimination disorders. *Journal of Clinical Child & Adolescent Psychology*, 46, 767-797.

Autism Spectrum Disorder

Low Kapalu, C., Nadler, C., Brei, N., Slosky, L. (2019). Interdisciplinary treatment for children with elimination disorders. In R.D. Rieske (Ed.), *Handbook of Interdisciplinary Treatments for Autism Spectrum Disorder* (pp. 151-172). Cham: Springer.

von Gontard, A., Pirrung, M., Niemczyk, J., & Equit, M. (2015). Incontinence in children with autism spectrum disorder. *Journal of Pediatric Urology*, 11(5), 264.e1–264.e2647.

Quality of Life Measures

Cushing, C. C., Threlkeld, M., Martinez-Leo, B., Hall, J., Hossain, M., Dickie, B. H., Rymeski, B., Helmrath, M., Zeller, M. H., & Frischer, J. S. (2018). Initial development and validation of a fecal incontinence-specific quality of life measure. *Journal of Pediatric Surgery*, 53(6), 1148–1153.

Silverman, A. H., Berlin, K. S., Di Lorenzo, C., Nurko, S., Kamody, R. C., Ponnambalam, A., Mugie, S., Gorges, C., Sanghavi, R., & Sood, M. R. (2015). Measuring Health-Related Quality of Life With the Parental Opinions of Pediatric Constipation Questionnaire. *Journal of Pediatric Psychology*, 40(8), 814–824.

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jas8rw@virginia.edu



<http://mygogoband.com>



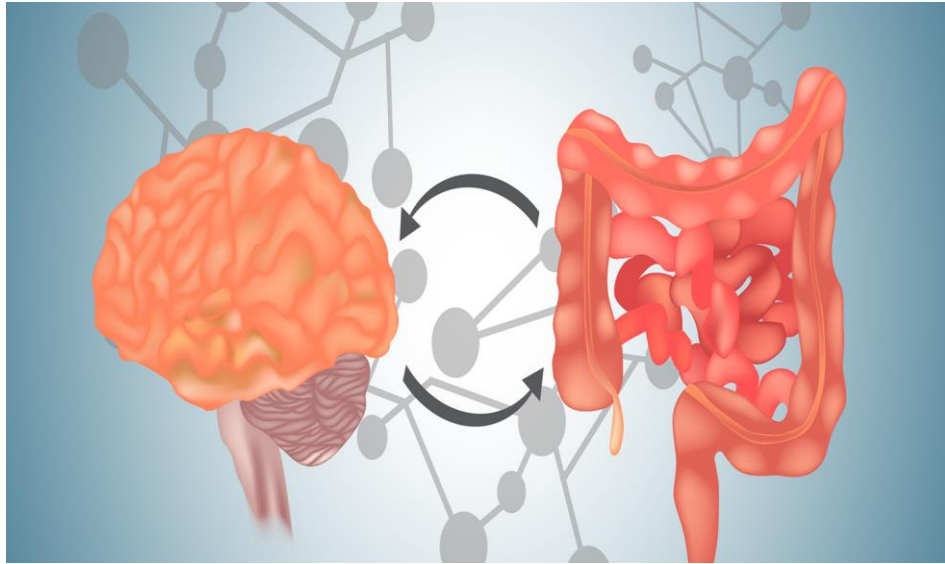
<https://woblwatch.com>



<http://bedwettingstore.com>

DGBIs

Disorders of Gut-Brain Interaction



Keefe et al., (2022). A Rome working team report on brain-gut behavior therapies for disorders of gut-brain interaction.

Reed, Buzenski, & van Tilburg, (2020). Implementing psychological therapies for gastrointestinal disorders in pediatrics.

<https://theromefoundation.org/rome-gi-psych-committee/>

Treatment goals

1. Validate and educate
2. Improve functioning
3. Alter pain perception

Determining goals

- Collaborative effort

Training

- CBT
- Gut directed hypnotherapy
- Biofeedback/relaxation training
- Technology

Recommendations

- Team approach



Questions?