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I had a brief but very helpful visit at the UNC Center for Functional GI and Motility Disorders last month. It was a great opportunity for me to learn about the treatment of FGID's in the US. I will never forget the practical training in the biopsychosocial approach to the most common disabling functional disorders in medicine that I received at UNC.

During my stay, I observed wonderful humanistic interviews in clinic, as well as the integration of psychotherapy into GI services. It was fascinating and I feel it would be useful for all medical students of different sectors, and subspecialties to experience these observations as part of their education.

I have been practicing with FGIDs, mainly IBS patients, since 2006, and our most important practical and educational materials came from the UNC Center for Functional GI & Motility Disorders. Although professor Drossman and professor Whitehead were main sources of practice and education for our group, I still had a lot of questions in mind about working with these patients. Questions like - How much education is necessary for the patient? When should we prescribe medication? When is it possible to taper medications?

I had the chance to join and observe Dr. Drossman and his physician assistant Christine Dalton in their clinic and I found many answers to my questions. Sometimes refractoriness of disorders, stubbornness or difficult problems, limitation of medications in these groups, slowness of responses and patients' severe suffering makes practicing very hard and challenging. It can therefore cause disappointment in physicians working with FGIDs. This issue was difficult for me before visiting UNC.

Pharmacotherapy for FGIDs is a dilemma. The majority of patients could benefit from antidepressants but many have negative attitude toward pharmacotherapy or medication intolerances. The integration of different skills for education and managing the patients requires a holistic attitude and biopsychosocial approach. I think medical practitioners can find an excellent example of an integrative care model of the biopsychosocial approach by working in Dr. Drossman's clinic.

Another valuable experience in UNC clinic was taking part in psychotherapy observation sessions with Dr. Weinland. I observed professional classic sessions of therapies, which are very helpful for all psychotherapists. To be honest, I would have loved to have video tapes to teach others how to conduct psychotherapy as well!

Two important research projects attracted me, during my observation. The first one was about Narcotic Bowel Syndrome (NBS) that is likely a common FGID in my country because of a high prevalence of opioid abuse and dependency. The other research project was a Seroquel study for refractory IBS cases that was very interesting for me because we have had experience with Olanzapine in a randomized clinical trial for IBS patient in our clinic in Esfahan. Both of these inspired me to perform some more research in our clinical research centers. I wish I could have conducted a research project under the supervision of UNC.

I will never forget the fascinating lecture Dr. Drossman gave at Duke University about FAPS (functional abdominal pain syndrome). It contained the fundamental and advanced discussion about one of the most difficult functional disorders for patients and physicians. I found it beneficial and well laid out.

Finally, my short experience at UNC was very stimulating and informative. I would like to thank everybody for their help in making my visit interesting and educational. In particular, am grateful to Sarah Barrett, Jennifer Layton and Dr. Stephan Weinland for their kind supports, which made me feel like a member of the UNC FGID Center Family.

Thank you to everyone who was involved in my visit.