LETTER TO THE EDITOR

The use of hypnosis in gastroscopy

EDITOR—As an endoscopist who routinely uses hypnosis in lieu of sedation for gastroscopy, I was intrigued by Conlong and Rees' study comparing the use of hypnosis in gastroscopy with intravenous sedation.¹ Unfortunately, their paper only serves to prove the point that a study is only as good as the question being asked. And, in this case, they asked the wrong question.

It has already been established that gastroscopy can be carried out safely and effectively without intravenous sedation.² The advantages of doing so have been cited on many occasions. However, many endoscopists remain reluctant to do so. If more endoscopists are to consider carrying out gastroscopy without sedation, the question that needs to be asked is whether or not using hypnosis confers any advantages over endoscopy *without* sedation.

This was, indeed, a secondary question in Conlong and Rees' paper, and they do describe a significant reduction in the level of agitation, at least, of hypnotised patients.

However, I believe that their study fails to adequately assess hypnosis as it contains a number of methodological flaws, particularly as regards hypnotic technique.

The authors chose a singularly uninspired induction technique. In the time allowed, they could have introduced many more sensory modalities, thus increasing the likelihood of achieving a deeper level of trance.

They also failed to use patient-generated "special place" imagery, which has repeatedly been shown to be highly effective in reducing pain perception and anxiety during medical procedures.³

By using a single blind trial design, they ignored the contextual and relational aspect of hypnosis and left the endoscopist unable to reinforce and maintain trance throughout the procedure. (I believe that the confidence and trust instilled by the hypnotist-endoscopist contributes significantly to the depth of trance achieved by the patient.)

Finally—and most significantly in light of their conclusion—they failed to include any suggestions for amnesia at the end of the procedure. Hypnotic amnesia does *not* happen spontaneously, so it hardly seems reasonable to claim that hypnosis was ineffective at inducing amnesia when it was not even suggested. I therefore dispute their claim that sedated patients were "significantly more amnesic" because they did not, in fact, compare midazolam-induced amnesia with anything!

The disturbing thing about this paper is that, as people tend to read only abstracts (or even just "blipverts" in the back of the *BMJ*), the conclusion that has filtered down to the general audience (at least, if my training days in Leeds are at all representative) is that "hypnosis is no good for endoscopy". And that, I am sure Conlong and Rees would agree, is an unfortunate—and erroneous—conclusion.

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- 1 Conlong P, Rees W. The use of hypnosis in gastroscopy: a comparison with intravenous sedation. *Postgrad Med J* 1999;75:223–5.
- 2 Al-Atrakchi HA. Upper gastrointestinal endoscopy without sedation: a prospective study of 2000 examinations. *Gastrointest Endosc* 1989;35:79–81.
- 3 Lang EV, Joyce JS, Spiegel D, *et al.* Self-hypnotic relaxation during interventional radiological procedures: effects on pain perception and intravenous drug use. *Int J Clin Exp Hypn* 1996; XLIV:106–19.
- 4 Minerva. *BMJ* 1999;318:952.

DIARY

Falk Symposia

12–13 October 2000: Biology of bile acids in health and disease (Den Haag, The Netherlands)

4 November 2000: Chronic inflammatory bowel diseases—progress and controversies at the turn of the century (Bucharest, Romania)

Details: Falk Foundation eV—Congress Division, Leinenweberstr 5, PO Box 6529, D-79041 Freiburg, Germany (tel: +49 (0) 761 130340, fax: +49 (0) 761 1303459, email: symposia@falkfoundation.de).

Royal College of Physicians of Edinburgh

7–8 October 2000: Stroke treatment and service delivery (consensus conference)

Details: Education, Audit, and Research Department, Royal College of Physicians of Edinburgh, 9 Queen Street, Edinburgh EH2 1JQ, UK (tel: +44 (0) 131 225 7324, fax: +44 (0) 131 220 4393, web site: www.rcpe.ac.uk).

Royal College of Physicians of Edinburgh/Scottish Intercollegiate Guidelines Network

3 November 2000: Symposium on clinical effectiveness, clinical guidelines and clinical standards

Details: Mrs Anne Fairbairn, Coordinator for Research and EBM, Royal College of Physicians of Edinburgh, 9 Queen Street, Edinburgh EH2 1JQ, UK (email: a.fairbairn@rcpe.ac.uk).

St Mark's Hospital & Academic Institute

16–18 October 2000: Frontiers in colorectal disease (lecture course)

Details: The Administrator, St Mark's Academic Institute, St Mark's Hospital, Northwick Park, Harrow, Middlesex HA1 3UJ, UK (tel: +44 (0) 20 8235 4046/8, fax: +44 (0) 20 8235 4039, email: e.power@ic.ac.uk; web site: www.stmarkshospital.org.uk).

6th European Forum on Quality Improvement in Health Care

29–31 March 2001: Bologna, Italy

Details: BMA/BMJ Conference Unit, BMA House, Tavistock Square, London WC1H 9JP, UK (tel: +44 (0) 20 7383 6409, fax: +44 (0) 20 7383 6869, email: Quality@bma.org.uk, web site: quality.bmjpg.com).

Imperial College School of Medicine, Division of Paediatrics, Obstetrics & Gynaecology

Courses and symposia of interest to paediatricians and to general practitioners.

12 October 2000: Maternal health and the child

16 October 2000: Menopause, HRT, and the general practice team (for GPs, gynaecology nurses, and nurse practitioners)

18 October 2000: Adolescent medicine—the teenage years

20 October 2000: Women and children with HIV and AIDS

30 October 2000: Key issues for the care of women with gynaecological cancers (for nurses)

1 November 2000: Coping with emergencies in schools

3 November 2000: Update in neonatology for nurses

13–17 November 2000: Revision course for DCH

22 November 2000: Paediatric gastroenterology

23 November 2000: Update on serious paediatric infections and abnormal immune responses

27 November–1 December 2000: Neonatal courses for senior paediatricians

Details: Symposium Office, Imperial College School of Medicine, Queen Charlotte's & Chelsea Hospital, Goldhawk Road, London W6 0XG, UK (tel: +44 (0) 20 8383 3904, fax: +44 (0) 20 8383 8555, email: sympreg@ic.ac.uk, web site: www.med.ic.ac.uk/dp/dpsh).