nerva® x SUNSHINE COAST GUT CLINIC

# Pilot study: Sunshine Coast Gut Clinic

## Meaningful results at scale – 82% reported clinically significant improvement.

### Overview

In a targeted clinical pilot, Sunshine Coast Gut Clinic evaluated the integration of Nerva's digital gut-directed hypnotherapy (GDH) program into routine care for patients with IBS and functional gastrointestinal symptoms. The goal was to assess feasibility, patient adherence, and symptom outcomes when GDH was delivered alongside dietary and specialist gastrointestinal care.

The pilot achieved strong engagement and program adherence and clinically meaningful symptom improvement. It also provided the clinic's multidisciplinary team with valuable insights into how brain-gut therapies can be effectively embedded within standard care pathways.

### About the pilot clinic

Sunshine Coast Gut Clinic offers specialized, evidence-based care for people with digestive health issues, from IBS and bloating to food intolerances and chronic gut disorders.

The team takes a holistic and personalized approach, drawing on the latest clinical guidance to help patients better understand their symptoms and find long-term relief. Through one-on-one consultations, tailored programs, and patient education, the clinic supports sustainable gut health outcomes across all ages.

## Key takeaways

The Sunshine Coast Gut Clinic pilot demonstrated that integrating Nerva drives meaningful patient outcomes:

- **The clinic positioned Nerva as a first-line brain-gut therapy** to reduce symptom severity before initiating restrictive diets.
- **They reinforced consistent clinical messaging around the brain-gut axis** – improving patient understanding and buy-in.
- **The team achieved high engagement and adherence** through structured onboarding and integration into daily routines.
- **They enabled scalable, guideline-aligned care** – with 82% of patients reporting clinically significant improvement.

## Background

The role of the gut-brain axis in functional gastrointestinal disorders is well-established, with mounting evidence supporting the bidirectional influence of cognitive, emotional, and autonomic processes on gastrointestinal symptom expression. As a result, clinical guidelines now advocate for integrated care models that combine dietary, pharmacological, and psychological interventions[1].

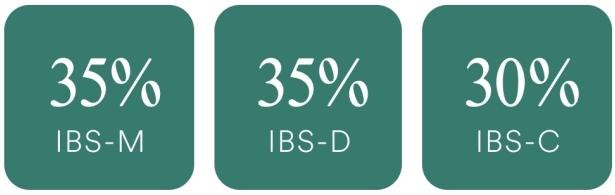
However, the psychological component remains one of the most difficult to implement in practice due to limited access to GI-specialist psychologists, long waitlists, and high out-of-pocket costs for patients.

Nerva addresses this gap by offering an on-demand six-week protocol delivered via a mobile phone app. The program is designed to modulate visceral hypersensitivity, regulate autonomic nervous system function, and target cognitive-affective contributors to IBS symptom severity. Its digital format allows for scalable, guideline-aligned delivery of gut-brain therapy within standard care settings.

## Pilot participants

The pilot cohort at Sunshine Coast Gut Clinic consisted of patients diagnosed with or presenting symptoms consistent with disorders of gut-brain interaction (DGBIs).

Subtype distribution included:




While all patients experienced functional gastrointestinal symptoms, many also presented with comorbid conditions that can complicate symptom expression and management.

**In total, 75% of participants reported anxiety or stress, 35% reported depression or sleep disturbances, and 25% reported chronic pain.**

These findings underscore the need for integrative, multidisciplinary models of care that can address both somatic and psychological drivers of symptom severity.

## High adherence – high impact

Despite the common challenge of drop-off in digital therapeutic programs, Sunshine Coast Gut Clinic recorded one of the highest completion rates in Nerva's network to date – 65% of patients completed the full six-week program.

### Clinical outcomes

**82%** of completing patients reported a clinically significant improvement in symptoms based on pre–post self-report measures.

**Most frequently improved** domains included abdominal pain, bowel irregularity (diarrhea and constipation), and global symptom control.

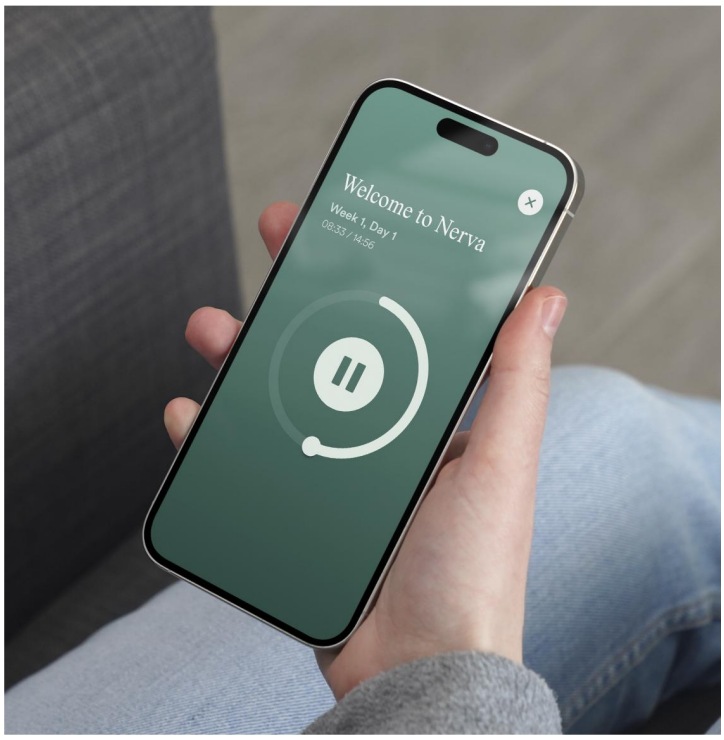
**Bloating** was more resistant but often perceived as less distressing due to improved symptom understanding.

These outcomes reflect published clinical trial data showing GDH's effectiveness in modulating symptom severity in IBS and other DGBIs[2].

## A team-based approach to integrated care

Throughout the pilot, the clinicians incorporated Nerva into their existing care pathways. Importantly, patients were not selected solely based on a formal IBS diagnosis – **an estimated 70% of participants had functional gut symptoms consistent with Rome IV criteria but had not been formally diagnosed.**

This broadened inclusion enabled earlier intervention and reduced reliance on restrictive dietary protocols. Nerva was introduced as a foundational tool for brain-gut modulation, used in conjunction with education, routine-building, and food-based strategies.




## Moving beyond low FODMAP as first-line care

Rather than initiating care with elimination diets, the team focused on foundational dietary corrections:

- Fiber adequacy and type
- Meal timing and regularity
- Elimination of gut irritants (eg caffeine, alcohol, poorly tolerated fats)

Nerva was introduced early as a complementary therapy to address gut-brain axis dysregulation. Restrictive diets were only considered after first-line strategies had been exhausted.

**"We get a lot of people coming in already doing a low FODMAP diet – and doing it poorly as they've tried to follow the diet themselves. They're still drinking three coffees a day, skipping meals, and having wine at night, so we have to address all of that. Nerva fits in right from the beginning, because it helps calm the gut-brain axis while we work on the basics."**

This approach not only improved symptoms but also helped prevent unnecessary dietary restriction and supported long-term gut health goals, such as expanding plant-based diversity and correcting fiber imbalances.

## Key success factors

The Sunshine Coast Gut Clinic pilot achieved stronger adherence and clinical outcomes. Several implementation factors likely contributed to this success:

### Structured patient onboarding

Patients were referred to Nerva during consultation, with clinicians guiding them to integrate the program into consistent behavioural routines – most commonly as part of an evening wind-down. This structured approach aligned the therapy with patients' existing habits and supported adherence. **The pilot achieved a 65% program completion rate – significantly above the Nerva network average of 39%.**

### Therapeutic positioning within a multidisciplinary model

Nerva was embedded within a comprehensive care plan that included dietary guidance, lifestyle education, and symptom monitoring. It was never positioned as a stand-alone treatment, but rather as a tool for targeting gut-brain axis dysregulation. This integrated framing enhanced its clinical relevance and helped patients view it as a necessary part of evidence-based care.

### Consistent team messaging

The clinicians reinforced the scientific rationale for gut-directed hypnotherapy, providing consistent explanations of how the therapy modulates autonomic function and stress reactivity. This alignment minimized confusion and helped overcome the stigma associated with the term 'hypnotherapy'.

### Objective clinical outcomes across GI symptoms

According to IBS-VAS scoring, **82% of patients who completed the program achieved clinically significant improvement** (defined as ≥30% reduction) in at least one GI symptom.

**Notable reductions were seen in abdominal pain – from 55mm to 31mm –** with final scores across all symptom domains falling below the Nerva network average.

This suggests a robust clinical response and possibly higher patient engagement or suitability within this pilot cohort.

### Emotional benefit validated by PHQ-4 outcomes

Patients began the program with mild psychological symptom severity based on PHQ-4 scores – slightly below the Nerva average. Despite the low baseline, post-intervention scores were consistently lower across all domains, indicating measurable emotional improvement. These findings demonstrate that Nerva may confer psychological benefit even in patients with subclinical or low-to-moderate distress.

### Low reliance on restrictive dietary protocols

The team moved away from the low FODMAP diet as a first-line intervention. Instead, Nerva was introduced early to support nervous system regulation while foundational dietary strategies were implemented.

Restrictive diets were only considered after these measures had been exhausted. As Cherie Stanley noted, many patients arrived already following poorly implemented low FODMAP diets. This approach prevented unnecessary restriction and aligned better with long-term gut health goals.

## Addressing patient-level barriers

While overall engagement was high, several patient-level barriers were observed. A small number of patients declined participation due to the term 'hypnotherapy', which was associated with stigma or misunderstanding, particularly among those from faith-based backgrounds. Others reported difficulty connecting with the app narrator's voice, which impacted their willingness to engage.

These barriers are consistent with known challenges in delivering mind-body therapies and highlight the importance of clinician-led framing, live app demonstrations, and reframing the therapy in physiological terms. **To support greater accessibility and uptake, Nerva is expanding its capabilities to improve adherence and meet diverse patient needs – including broader program variety and voice customization.**

## Practical outcomes – clinical confidence

The pilot provided strong evidence for embedding Nerva within real-world clinical workflows. The Sunshine Coast Gut Clinic team reported increased confidence in offering brain-gut therapies as part of standard care, even for patients without a formal IBS diagnosis.

## Join the growing number of clinics using Nerva

Talk to us about running a Nerva pilot study in your clinic – it's a simple, supported way to see how digital gut-directed hypnotherapy fits into your care model.

We'll help you get set up, identify suitable patients, and interpret outcomes, all without adding extra burden to your team.

If you're interested in seeing how Nerva can support your patients for free and complement your multidisciplinary approach, we'd love to talk.

**Get in touch to learn more and book a time that works for you.**

nervahealth.com/clinicians

References

1. Hung, K. W., Lalman, D. A., Kaza, A., Watson, R., Chang, L., & Muratt, J. K. (2025). AGA Institute Quality Indicator Development for Irritable Bowel Syndrome. Gastroenterology.
2. Anderson, Ellen J. BNutSc, MDiet1,2; Peters, Simone L. BSc (Psychophysiology) (Hons), PhD1; Gibson, Peter R. MBBS(Hons), MD1,2; Halmos, Emma P. BNutDiet, PGradDipBSc, PhD1,2. Comparison of Digitally Delivered Gut-Directed Hypnotherapy Program With an Active Control for Irritable Bowel Syndrome. The American Journal of Gastroenterology 120(2):pp 440-448, February 2025. | DOI: 10.14309/ajg.0000000000002921