

nerva®

Patient case study: Managing IBS-M adolescent with a nutrition- first, multimodal approach

A teenager's pain and restrictive eating began to ease once Tracy Thompson at Enjoy Nutrition introduced an age-appropriate phased intervention.



“The patient was already fearful of food, so my priority was to normalize her diet and support her growth.”

Tracy Thompson, Dietitian

78%

Improvement in abdominal pain following Nerva.

Key takeaways

- **Dietary restriction in adolescents requires a long-term, nutritionally focused framework** – avoid narrowing food choices without clear evidence of intolerance.
- **Autonomic dysregulation and stress should be considered when GI symptoms plateau**, despite appropriate dietary intervention.
- **Early integration of gut-brain hypnotherapy provides a low-barrier management tool** that reduces symptom vigilance and reframes clinical focus.
- **A multimodal model** – combining dietary liberalization, bowel regulation, and brain-gut therapy – strengthens adherence and supports durable outcomes.
- **Recent research in adolescents** confirms that digital gut-directed hypnotherapy can significantly improve both gastrointestinal and psychological outcomes.¹

Clinical context: Avoiding restriction in a teenager with IBS-M

A young teenager presented to Tracy after months of debilitating abdominal pain, daily diarrhea, and growing food fears. Despite thorough GP investigations – including ultrasound, celiac screening, and stool testing – no red flags were identified. With her mother's support, she had already begun trialing a self-directed low FODMAP diet, with the patient skipping meals and narrowing food choices.

Tracy immediately recognized the risks of restriction in adolescence, a critical growth period.

“Dietary prescription should always be made with a long-term eye – you could be shaping nutritional habits for life.”

Tracy's goal was to protect nutrition adequacy and reduce fear, while also addressing stress and the mind-gut connection. The patient's temporary symptom improvement while on vacation, combined with

fluctuating patterns linked to routine and anxiety, reinforced the need for a broader management strategy.

Intervention: A phased, nutrition-first plan

Rather than pushing further dietary elimination, Tracy emphasized a return to balance.

“My first step is never about jumping straight to a low FODMAP. Instead, I look at dietary quality, fiber, hydration, sleep – the whole picture.”

She guided the family through a structured FODMAP challenge process, identifying only a few true triggers while encouraging dietary diversity. At the same time, she introduced Nerva as a core management tool:

“IBS isn't just about food. Explaining how the gut and nervous system interact gave her something new to focus on – and it worked.”

Over time, the patient happily engaged more with food and expanded her diet. Sleep also improved significantly, with Nerva often used at night to calm her system.

“She was already fearful of food, so my first priority was to normalize her diet and make sure she could grow and thrive before focusing on restrictions.”

Outcomes: Less pain, better sleep, and renewed food confidence

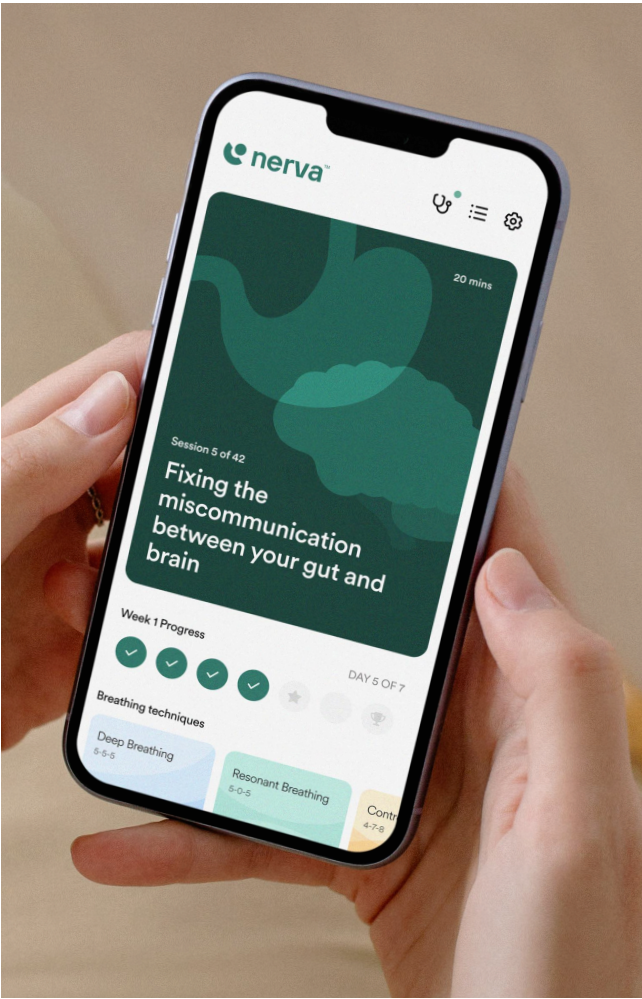
Symptoms	Baseline results	After intervention
Abdominal bloating	59	26
Passage of wind	21	4
Satisfaction stool consistency	4	41
Abdominal pain	80	18
Nausea	25	10
Overall GI issues	75	29
Depression	2	1

*Symptom severity scores rated on a scale of 0–100

As the plan progressed, the teenager reported fewer symptoms and a new sense of control. Most notably, abdominal pain decreased by **78%**, while abdominal bloating was reduced by **56%**.

Her most significant outcome was an **81%** improvement in the passage of wind, which greatly eased her daily discomfort. Nausea also improved by **60%**, and stool consistency shifted toward normalization.

“She started out worried after every meal. Then she became more confident, more curious, and even developed a real interest in cooking. That’s a huge shift for someone who was once so fearful and restricted.”



The cautious challenge process confirmed that onion remained a trigger, while most other foods were tolerated. Lactose could be managed with lactase when eating socially, giving the patient more flexibility.

“Sometimes it’s not about removing foods but giving families tools they can use in real life.”

Provider insights: Supporting adolescent IBS management with balance

- **Ensure nutritional adequacy to support growth before restriction** – adolescents are a unique population requiring different considerations.
- **Introduce gut-brain hypnotherapy early** – it can reduce anxiety, improve sleep, and create space for dietary expansion.



- **Educate families with clear, practical strategies** – simple tools like lactase or FODMAP enzymes can ease social eating without driving fear.
- **Balance reassurance with structure** – confidence grows when young patients understand that IBS is influenced by more than food alone.

“Helping her understand IBS isn’t just about FODMAPs – it’s about the effect of day to day stressors on gut function, nutrition, sleep, and the nervous system – made the biggest difference.”

Why this matters for clinical care

This case shows how phased care can deliver relief without over-restriction for this unique patient population. By protecting nutrition adequacy, normalizing food, and introducing gut-brain hypnotherapy, Tracy supported long-term wellbeing, while also highlighting the importance of accessible brain-gut tools for younger patients.

Importantly, guidelines from **ESPGHAN** and **NASPGHAN** now recommend hypnotherapy as a management option for adolescents with disorders of gut-brain interaction.² Similar evidence from Monash University was shared in 2024 by Nerva co-creator Dr. Simone Peters. It demonstrated significant improvements in abdominal pain, bloating, stool consistency, and psychological outcomes in adolescents with IBS.¹

1. Peters S, Gibson P, Halmos E. App-delivered gut-directed hypnotherapy program, Nerva, improves gastrointestinal symptoms and psychological outcomes in pediatric populations: a retrospective audit. *J Pediatr Gastroenterol Nutr.* 2025. doi:10.1002/jpn.3.70070.
2. Vandenplas Y, van Tilburg MAL, Robin SG, et al. Pediatric functional abdominal pain disorders: Joint ESPGHAN/NASPGHAN guidelines. *J Pediatr Gastroenterol Nutr.* 2023;77(3):371-386. doi:10.1097/MPG.0000000000003825.

Make brain-gut support part of your care model

Whether you see just a few patients each week or 10+ who could benefit from brain-gut support, Nerva’s digital program can be seamlessly integrated into your existing approach.

The best way to get patients started is via the online referral form: it’s quick, easy, and adds no administrative burden. Plus, your patients receive a **25% discount on 1-year subscriptions** when referred via the form.

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