

## 2012 Canadian Digestive Diseases Week (CDDW) and the Annual Canadian Association for the Study of the Liver (CASL) Winter Meeting

### Patients Believe Stress is an Important Factor in Inflammatory Bowel Disease

**Montreal** - Patients with inflammatory bowel disease (IBD) often strongly believe psychological stress is a significant factor in the pathogenesis of their disease or in flares, two sets of investigators reported at the 2012 CDDW/CASL meeting. Their findings highlight differences in IBD perception between patients and their physicians that may have an impact on disease management and outcomes such as coping or disability.

In an Internet survey of 775 adults with ulcerative colitis (UC) in Canada, the United Kingdom and four European countries, 40% attributed most of their disease flares to stress (Solomon D et al, Abstract A98). Among 475 healthcare providers (not necessarily those treating the patient respondents), stress was perceived as far less likely a cause than disease course or poor adherence to preventive therapy. Diet was considered to have little influence on flares (Table 1).

**TABLE 1 | Differing Perceptions**

Cause of UC Flare	Patient Perception	Physician Perception
Stress	40%	19%
Natural disease course	27%	51%
Changes from regular diet	21%	1%
Not taking preventive therapy during UC remission	13%	26%
Most Bothersome Aspect of UC	Patient Perception	Physician Perception
Urgency	30%	36%
Pain	25%	11%
Blood in stools	19%	19%
Number of stools/day	14%	34%
Pill burden	10%	0%
Impact on Quality of Life	Patient Perception	Physician Perception
Symptoms mostly/ completely controlled	26%	43%
Symptoms present but do not interfere with life	19%	22%
Symptoms cause some disruption to QOL	34%	20%
Symptoms regularly reduce QOL	21%	15%

Percentages may not total 100% due to rounding or data aggregation.

Adapted from Solomon D et al. As presented at 2012 CDDW/CASL, Abstract A98.

As part of an ongoing cohort study, investigators at the University of Manitoba asked patients with UC or Crohn's disease to fill in a questionnaire assessing understanding of their illness, at two time points 30 months apart (Carr R et al, Abstract A148). There were 327 and 298 responses at each assessment, respectively. When first asked what they perceived as the cause of their inflammatory bowel disease (IBD), 70% of patients agreed stress/worry was foremost (mean rating on a 1-5 scale, 3.74), followed by diet (46%, 3.15), heredity (38%, 2.98), germ or virus (30%, 2.87), and altered immunity (28%, 2.88). Patients' answers were similar in the later assessment.

"[These findings have] implications for treatment, in that it may be helpful for some people to have a psychological component added to their treatment," said Rachel Carr, IBD Clinical and Research Centre, University of Manitoba, Winnipeg.

### Additional Differences in Perception

In the international survey, although patients and physicians agreed urgency was the most troublesome aspect of UC, patients were more likely to say pain was the next most bothersome aspect while physicians rated stool frequency as far more important (Table 1).

There was also a difference in their assessment of disease severity: 53% and 32% of patients rated their disease as "moderate" and "mild" while the majority of physicians reported the reverse proportions in their practices. In addition, 55% of patients said their UC had lowered their quality of life, while only 35% of physicians thought this was the case. Overall, this study found that healthcare providers may underestimate the impact of certain UC symptoms or disease burden on their patients. (Solomon D et al, Abstract A98).

Given that a patient's perception of their illness has been shown to influence outcomes, clinicians may improve disease management by helping patients identify ways to manage their stress and, in the larger scheme of things, endeavouring to better understand their patients' perceptions and experience with IBD. ●

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