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).

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.