



Integrated psychological care in outpatients with inflammatory bowel disease

AUTHOR(S)

T Lores, C Goess, C Hrycek, R Grafton, J Hughes, L Cronin, Antonina Mikocka-Walus, A Chur-Hansen, A L Burke, K L Collins, J M Andrews

PUBLICATION DATE

01-02-2017

HANDLE

[10536/DRO/DU:30095934](#)

Downloaded from Deakin University's Figshare repository

Deakin University CRICOS Provider Code: 00113B

intervals over a 8 weeks period. The included patients had to fill in a usability questionnaire made of simple questions and Linkert scales at the first and the last FC measurement. Two global scores were calculated integrating the different aspects of usability: the System Usability Scale (SUS: 0–100) and the Global Usability Score (GUS: 0–85). FC was also centrally measured by ELISA.

Results: 58 patients were recruited, including 18 ulcerative colitis (UC) and 40 Crohn's disease (CD), 30 females. Median (IQR) age was 35 yrs (27–40), median (IQR) HBI in CD was 0 (0–4), median (IQR) Clinical Mayo in UC was 0 (0–1). Over the 58 included patients, 42 performed at least one FC measurement and 27 performed all the FC requested measurements. The median (IQR) GUS (0–85) at the first and last use were 74 (69–80) and 77 (68–83), respectively; the median (IQR) SUS (0–100) at the first and last use were 85 (78–90) and 81 (70–88), respectively. Adherence to the planned measurements and usability of the tool were higher in females and in less severe disease. The inter-class correlation coefficient between home-based and centrally measured FC was 0.85.

Conclusions: Around three quarters of the patients who declared themselves motivated to use home-based test of FC measurement actually did it, but only half of them fully adhered to the planned measurements. Usability scores for the home-based test were high. There was a very good correlation with the centrally measured FC by ELISA.

P170

Integrated psychological care in outpatients with inflammatory bowel disease

T. Lores^{*1}, C. Goess¹, C. Hrycek², R. Grafton¹, J. Hughes¹, L. Cronin¹, A. Mikocka-Walus³, A. Chur-Hansen⁴, A.L. Burke⁵, K.L. Collins⁵, J.M. Andrews¹

¹Royal Adelaide Hospital, Gastroenterology, Adelaide, Australia;

²Royal Adelaide Hospital, Department of General Medicine, Adelaide, Australia; ³University of York, Heslington, United Kingdom;

⁴University of Adelaide, Adelaide, Australia; ⁵Royal Adelaide Hospital, Psychology, Adelaide, Australia

Background: Psychological issues are prevalent in people with Inflammatory Bowel Disease (IBD). Anxiety and depression are associated with reduced quality of life and may even worsen disease course and impede medical management. However, psychological support is not routinely provided to people with IBD in outpatient settings. Here the need for and acceptability of integrating psychological support was examined.

Methods: Potential participants were recruited in the IBD service of a large tertiary hospital via post and in-person at scheduled outpatient appointments. Screening data were gathered by questionnaire: mental health with the Hospital Anxiety and Depression Scale (HADS) and the Kessler 6 Scale (K6), medication adherence with the Morisky Medication Adherence Scale (MMAS-8) and quality of life by the Assessment of Quality of Life measure (AQoL-8D). Psychological therapy was offered where scores indicated likely need.

Results: 500 patients were approached: 67% participated in psychological screening, 38% scored within clinical ranges, and 17% accepted psychological support. Gender was a significant predictor of participation in screening; women were 62% more likely to participate than men. Analgesia and/or mental health medication significantly increased the likelihood of scoring within the clinical range nearly fivefold (analgesia OR=5.32, p=0.030; psych OR=6.04, p=0.001). Significant predictors of accepting psychological intervention included older age (OR=1.03, p=0.041), anxiety (OR=1.09,

p=0.045), general distress (OR=1.11, p=0.003) and lower quality of life (OR=0.93, p=0.042).

In addition, there were small-to-moderate negative, correlations between medication adherence and anxiety (r=-0.323, p=0.000), depression (r=-0.200, p=0.000) and general distress (r=-0.250, p=0.000). There were also large, negative correlations between overall quality of life and anxiety (r=-0.708, p=0.000), depression (r=-0.787, p=0.000) and general distress (r=-0.801, p=0.000). Anxiety, depression and general distress were not related to IBD disease activity.

Conclusions: Psychological issues were prevalent in patients with IBD and were associated with lower quality of life and reduced medication adherence. Integrating psychological screening into outpatient care was widely accepted, although women were more likely to participate. Furthermore, high proportions of patients reported clinical levels of distress (irrespective of IBD activity) and accepted psychological screening and intervention in routine IBD care. Follow-up data are currently being collected to determine whether targeted psychological care improves mental health, physical health and/or health-care utilisation.

P171

Reliable assessment of ultrasound parameters during transabdominal ultrasonography in inflammatory bowel disease

M. Bittl^{*1,2}, F. Petersen^{1,2}, C. Maaser^{1,2}, S. Rath³, A. Roessler³, I. Fischer⁴, D. Bettenworth⁵, T. Kucharzik^{1,2}

¹Klinikum Lüneburg, Gastroenterology, Lüneburg, Germany;

²University of Hamburg, Department of Gastroenterology, Lüneburg Hospital, Germany; ³Company AbbVie; ⁴University of Tübingen, Department of Biostatistics, Tübingen, Germany; ⁵University of Münster, Department of Gastroenterology, Münster, Germany

Background: The inflammatory activity of chronic inflammatory bowel disease (IBD) may effectively be controlled by means of intestinal ultrasound (IUS). Although IUS is considered to be safe and inexpensive, it is criticised for being dependent on the examiner. The aim of this study was to evaluate whether ultrasound parameters are interpreted in the same way by examiners with experience in this diagnostic procedure.

Methods: 40 participants (38 IBD specialists, including 27 gastroenterologists with professional experience between <5 years and >10 years) from nationwide IBD centres were included. Using a standardised questionnaire, the participants assessed 20 ultrasound images and videos of IBD patients. In addition, all study participants independently performed “simulator” investigations of 3 IBD-specific pathologica (Schallware simulator, Germany). Overall, the participants all received the same questions for the exact assessment of US image recordings. The questions related to both the assessment of the technical image quality, the methodology of imaging and the evaluation of specific parameters such as bowel wall thickness, vascularisation, etc. were used as reference results for the consensus of a group of experts (n=3). The parameters were evaluated according to the correspondence between the cases and the conformity of the participants. Mann-Whitney U test and Kappa coefficient were used for the statistical evaluation.

Results: The inter-observer variability, as measured by the kappa coefficient, determined moderate agreement between 0.36 to 0.59 with regard to all parameters assessed by the participants. The evaluation of the specific IBD activity parameters revealed a good match with an average of 60.9%. The relevant parameters for an IBD as