INFLAMMATORY BOWEL DISEASE (IBD): A SYSTEMATIC REVIEW

THE DIAGNOSTIC ACCURACY OF FAECAL CALPROTECTIN

5-ASA cannot be used. So, when corticoid therapy does not induce clinical response, all patients were on corticoid therapy at least for one week before 5-ASA was reintroduced in 4 patients with worsening of symptoms in all of them. 339 (95%) had already received 5-ASA. Intestinal toxicity of 5-ASA was worsened by the patient's compliance, disturbed relationship with the physician and absence of appropriate fight or flight behavior, which in turn diminishes the chances on therapeutic success and amelioration of quality of life. The aim of this study was to assess the disease-related behavior of IBD patients with a decreased quality of life.

Methods: This patient empowerment study has been performed in collaboration with the Dutch patients' association of Crohn's disease and Ulcerative Colitis (CCUVN). Patients were asked to complete anonymously an online patient based questionnaire, which was created by a working group of the CCUVN. The questionnaire comprised questions concerning the disease, the impact of the disease and limitations they experience as a consequence of this disease. Statistical analysis was performed using chi-square tests.

Results: In total 1067 patients completed the questionnaire, 617 (57.6%) Crohn's Disease (CD), 450 (42.2%) ulcerative colitis (UC), 46.8% had < 8 yrs duration of disease, the majority of patients was female (65.5%) and the mean age was 43 yrs (SD 13.97). 531 patients (49.8%) responded to have a decreased quality of life. Regarding patients' disease-related behavior: patients with a decreased quality of life more often try to relax and to avoid stress and anxiousness (p<0.007). A decreased quality of life influences patients' experience of their ability to do the activities they would like to do in life (p<0.01). The disease is limiting patients in both professional aspects of life, work (31.4%) and school (12.9%), as well as in family aspects (26.7%), eating (33.6%) and social activities like going out (34%), holidays (38%) and playing sports (37.7%). Therapy adherence is not influenced by a worse quality of life (p=0.244), although use of medication and adverse side effects itself were in fact associated with a worse quality of life (p<0.01). A decrease in quality of life does not disturb the relationship with the treating physician (p=0.676).

Conclusions: In this large patient empowerment study patients do show avoidance behavior as a consequence of a decreased quality of life, but not as complete avoidance as expected. Surprisingly, therapy adherence and relationship with the physician are not influenced by the decreased quality of life.