



## LETTER TO THE EDITOR

## Reply to Drs. Walmsley and Casey letter



Dear Sir,

We thank Drs. Walmsley and Casey for their response<sup>1</sup> to our study.<sup>2</sup> We are happy to note that they underscore the need for more patient-centred medical care. According to a recent review,<sup>3</sup> research should focus more on the patients' perspective of their symptoms, since they tend to view their symptoms differently from the way physicians do. This is one of the main reasons for the development of the patient-based version of the SCCAI.<sup>2</sup> Patients' self-assessment of ulcerative colitis (UC) disease activity can give complementary information to medical specialists. Moreover, it will contribute to patients' autonomy, self-management and quality of life.

We appreciate the comments that Drs. Walmsley and Casey raised<sup>1</sup> to our findings with regard to the P-SCCAI.<sup>2</sup> Firstly, they pointed out that the original SCCAI is designed to assess UC patients with intact colons. We included 21 (14%) patients with more than one operation of whom 14 (9.4%) had a pouch. However, it is a misunderstanding that there were UC patients with an ileostoma (see also Table 1 of our original article<sup>2</sup> indicating 0 stomas). The remaining 7 patients had undergone surgeries such as a hemicolectomy. Consequently, most of our patients (86%) had an intact colon. It is of interest to note, that we still found a high level of agreement between the P-SCCAI and SCCAI.

Secondly, Drs. Walmsley and Casey highlighted the 72 hour time frame of the original SCCAI. Since our patient population had a relatively stable disease course we chose for a recall period of seven days (without use of a diary). For the sake of comparison, physicians also made use of the same recall period. Our results show that the P-SCCAI correlates highly with the SCCAI in this relatively stable group of patients (i.e. out-patients). Indeed, hospitalized patients will have a more fluctuating disease activity. Due to these rapid changes, a time frame of three days would likely be more appropriate for this patient group.

We read the pilot study including 35 patients of Drs. Walmsley and Casey with great interest and were delighted that they also found a high level of agreement on the SCCAI between patients and physicians.

Our study and the study by Drs. Walmsley and Casey are the first steps in the development of a patient-based version of the SCCAI. More studies are needed to investigate its validity and reliability. As mentioned in the limitations section of our original article,<sup>2</sup> future research is needed that constructively replicates our study incorporating more heterogeneous patient groups including those with mild and severe UC. It would be interesting to investigate potential differences between the use of the SCCAI and P-SCCAI with varying time frames (e.g., three versus seven days), and amongst UC patients with and without intact colons.

## References

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2. Bennebroek Evertsz F, Nieuwkerk PT, Stokkers PCF, Ponsioen CY, Bockting CLH, Sanderman R, et al. The Patient Simple Clinical Colitis Activity Index (PSCCAI) can detect ulcerative colitis (UC) disease activity in remission: a comparison of the P-SCCAI with clinician-based SCCAI and biological markers. *J Crohns Colitis* 2013;7:890–900 (this issue).
3. Travis SPL, Higgins DR, Orchard T, Van Der Woude CJ, Panaccione R, Bitton A, et al. Review article: defining remission in ulcerative colitis. *Aliment Pharmacol Ther* 2011;34:113–24.

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27 June 2013