GASTROINTESTINAL DISORDERS – Patient-Reported Outcomes & Patient Preference Studies

PG40

**PATIENTS’ PERCEPTION OF ADHERENCE TO THERAPY IN ULCERATIVE COLITIS: RESULTS OF A SURVEY TO SECULARIZED CENTERS**

Castiglione P1, Colombo GL2, Valentino MC2, Di Matteo S2, Bruno GM3

1Università Degli Studi di Napoli Federico II, Napoli, Italy, 2Università di Pavia, Milan, Italy, 3ASL Varese - Sanitá, Research, Milan, Italy

**OBJECTIVES:** Patients with ulcerative colitis reported that the complexity of the treatment regimen, the amount and frequency of administration of the therapy are key elements in influencing non-adherence to therapy.

**METHODS:** The objective of this work was to evaluate the perception of patients with ulcerative colitis compared to adherence to treatment, through a questionnaire distributed by clinicians of some Italian hospitals to patients with ulcerative colitis.

**RESULTS:** The survey involved 1064 patients, selected at random from a total of 1567 patients, suffering from UC for an average of 48 years, with 50% males and 50% females. More than 50% of patients perceived a disease duration of less than 10 years and about 35% less than 5 years (median 8 years). There is a prevalence of cases of ulcerative left colon (43%) followed by pancolitis (40%) and proctitis (17%). The 73% denied having adherence issues; the perception of adequate intake of therapy is almost complete: only 19% admit to not be adherent. The main reason for non-adherence to treatment, regardless of the formulation prescribed, remains forgetfulness (48%), followed by the fact of feeling good (20%). In this respect there is a significant difference depending on whether the disease is in the active phase (47%) or in remission (67%).

**CONCLUSIONS:** There is a strong adherence by patients, discordant from the literature. When referring to the non-adherence to the therapy in the patients of our study, this result appears instead in line with what reported in literature. Direct consequence of a failure or suboptimal adherence to treatment involves more than the disease in the risk of recurrence of the disease, since patients often interrupt chronic medication because they feel good, even a simultaneous increase in costs borne by patients and health care system.

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**HEALTH-RELATED QUALITY OF LIFE IN PATIENTS WITH INFLAMMATORY BOWEL DISEASE IN POLAND (APPLICATION OF THE EQ-5D AND SELF-ASSESSMENT OF THE DISEASE):**

Petryszyn P1, Zachariasz A2, Ekk-Cierniakowski P2, Well M3

1Wrocław Medical University, Wrocław, Poland, 2Warsaw School of Economics, Warsaw, Poland, 3Warsaw School of Economics, Wrocław, Poland

**OBJECTIVES:** The EQ-5D is a standardized, non-disease-specific instrument for describing and valuing patients’ health-related quality of life (HRQoL). The aim of this study was to measure HRQoL with the use of the EQ-5D and to compare it with the self-assessment of the disease (SAS) performed by 34 patients suffering from inflammatory bowel disease (IBD).

**METHODS:** An online survey was performed. After having given informed consent and in order to gain experience with time-trade-off (TTO) method, patients randomly chose two EQ-5D health states and assigned them appropriate utilities. Then, they were asked to assess their own health state by the means of EQ-5D, Visual analogue scale (VAS) and TTO. Results: 169 patients (76M, 93F) completed EQ-5D, VAS and TTO. Mean age of respondents was 29.8±9.89 years (range: 18 to 61); 73 patients suffered from ulcerative colitis (UC) and 84 from Crohn’s disease (CD). In 40 patients the diagnosis was made within one year, 91 patients were 1-9 years and 38 at least 10 years since diagnosis. 43 patients had an IBD activity score (FAI) ≤0.50, 50% of patients with UC had at least moderate deterioration in domains: mobility, self-care, usual activities, pain/discomfort and anxiety/depression. Mean EQ-5D value (using Polish TTO norms) was 0.78 (95th CI: 0.62-0.87) and mean VAS was 79.3±16.1. 19.1% of patients rated their health state significantly worse than the self-assessment of the disease (SAS). 70.6% of IBD patients stated their health worse than 6 months ago. The significant correlation between EQ-5D and self-assessment of the disease was noted (mean value 0.83, r=0.279, p<0.001).

**CONCLUSIONS:** There was no statistically significant difference in any of the subgroup analyses in any of the subgroup analyses (CD vs. UC: 0.821 vs. 0.839, p=0.338; UC vs. CD: 0.792 vs. 0.839, p=0.77). There was a significant correlation between EQ-5D and self-assessment of the disease (mean value 0.83, r=0.279, p<0.001). There was no statistically significant difference in any of the subgroup analyses in any of the subgroup analyses (CD vs. UC: 0.821 vs. 0.839, p=0.333; UC vs. CD: 0.792 vs. 0.839, p=0.77). There was a significant correlation between EQ-5D and self-assessment of the disease (mean value 0.83, r=0.279, p<0.001). There was no statistically significant difference in any of the subgroup analyses in any of the subgroup analyses (CD vs. UC: 0.821 vs. 0.839, p=0.333; UC vs. CD: 0.792 vs. 0.839, p=0.77). There was a significant correlation between EQ-5D and self-assessment of the disease (mean value 0.83, r=0.279, p<0.001).