CAN WE PREDICT ADHERENCE TO TREATMENT IN IBD PATIENTS?

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Introduction: Adherence is generally associated with improved treatment outcome in patients with IBD and is estimated to be between 30-60%. Capturing non-adherence in daily practice remains a challenge. Risk factors for non-adherence are still contradictory.

Aims: To identify risk factors for non-adherence in IBD patients

Patients and methods: All participants filled questionnaires including: demographic, clinical, socioeconomic data and accessibility to GI services. Psychological features were assessed using: Sense of Coherence, Hospital Anxiety and Depression Scale, IBD self efficacy scale and Brief Illness Perception questionnaires. Adherence to treatment was evaluated using Morisky (8 questions) score.

Results: This study included 224 patients; 64.3% females, median age 37 years (IQR 27-44). Out of them 70% had Crohn’s disease (CD), 25% Ulcerative colitis (UC) and 5% undetermined colitis. Third of UC and 20% of CD patients had an extensive disease. Seventy percent had at least 1 hospitalization, 33% underwent at least one operation and 50% were under biologic treatment. Backward multivariate regression analysis demonstrated that high adherence was associated with biologic treatment (OR 0.33; 95% CI 0.135-0.784, p=0.012) and depression (OR 0.1; 95% CI 0.26-0.415, p=0.001). Low adherence was associated with anxiety (OR 3.43; 95% CI 1.47-7.98, p=0.004) and past smoking (OR 6.95; 95% CI 1.59-30.42, p=0.010). The following parameters: type of disease, time from symptoms, age, gender, employment, use of 5–ASA, hospitalization and severity of disease score were associated with adherence in the univariate analysis but not in the multivariate analysis.

Conclusions: Either depression or anxiety strongly influence adherence status in IBD patients.