

Nurses presentations

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Nurses poster presentations

N01

Factors related to self-medication with corticosteroids, aminosalicylates or analgesics and reasons given by patients with ulcerative colitis from Spain

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Background: Self-medication, when agreed with the treating physician, is an essential component of self-care. We describe the associated factors and the reasons related to the practice of self-medication with steroids, aminosalicylates (AS) or analgesics in patients with ulcerative colitis (UC) in Spain.

Methods: Information was anonymously provided by patients through a web-based cross-sectional survey developed by 3 inflammatory bowel disease (IBD) experts from the Spanish working group on IBD (GETECCU), one nurse from the Spanish nursing working group on IBD (GETEII) and two patients from the Spanish confederation of associations of patients with IBD (ACCU). Participants voluntarily answered to the survey based on their own experiences from February to April 2019. Reasons for self-medication are described as frequencies and associated factors through logistic regression models.

Results: A total of 546 patients (61% women, mean age 40 years old) responded. Of these, 36 (7%) patients self-medicated with corticosteroids, and was associated with higher number of UC self-reported flares during the past year [OR 7 (95% CI: 1–32), $p < 0.001$] and follow-up by a general gastroenterologist instead of in an IBD unit [OR 0.08 (0.01–0.5), $p = 0.007$]. Self-medication with AS was reported by 90 patients (16%) [oral 20 (22%) and topic 70 (78%)], and was associated with treatment with topical AS [OR 3 (95% CI: 2–4), $p < 0.001$]. Finally, 320 patients (59%) self-medicated with analgesics and this was associated with female gender [OR 2 (95% CI: 1–3), $p < 0.001$], need of intravenous (IV) biological therapy [OR 3 (95% CI: 2–5) $p < 0.001$] and emergency room visits within the past year [OR 3 (95% CI: 2–4), $p < 0.001$]. The main reasons for self-medication were 'need for quick relief of symptoms', 'fear of worsening' and, for AS, 'agreed with the doctor' (Table 1).

Conclusion: Self-medication in UC is not a common practice, but most of the times it is not agreed with the treating physician. Self-medication with analgesics was more frequent, probably reflecting a need of self-care. Female sex, number of flares, IV treatment, and need of emergency room care were factors associated to self-medication. This project was endorsed by GETECCU, GETEII, ACCU and funded by MSD Spain.

N02

The IBD-BOOST programme: developing a digital self-management intervention for symptoms of fatigue, pain and urgency in inflammatory bowel disease

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Background: Fatigue, pain and urgency are among the most commonly reported and burdensome symptoms of inflammatory bowel disease (IBD). A disconnect between symptoms and inflammation has been documented and medical management does not always adequately resolve symptoms. Extensive research shows the relationship between IBD symptoms and psychosocial factors. This poster describes the development of a facilitator-supported, theory-driven, tailored web-based intervention for fatigue, pain and urgency in IBD. **Methods:** The Medical Research Council (MRC) guidance and the person-based approach were used to guide intervention development. Literature reviews of psychosocial factors related to fatigue, pain and urgency in IBD and trials of behavioural

Abstract N01 Table 1. Reasons for self-medication reported by patients. Figures are numbers and (%).

	Steroids (n=36)	Aminosalicylates (n=90)	Analgesics (n=320)
Need for quick relief of symptoms, n (%)	20 (56)	37 (41)	173 (64)
Agreed with the doctor, n (%)	8 (22)	43 (48)	96 (35)
The doctor prescribed it to the patient in other occasions, n (%)	9 (25)	34, (38)	83 (30)
Fear of worsening, n (%)	17 (47)	32 (36)	38 (14)
Difficulty for getting an early medical appointment, n (%)	9 (25)	17 (19)	40 (15)
Lack of time in the medical consultation, n (%)	1 (3)	3 (3)	13 (5)
Being on vacation, n (%)	5 (14)	3 (3)	14 (5)
Common practice between patients; they don't consider necessary to consult with the doctor, n (%)	4 (11)	5 (6)	27 (10)
Read it on the Internet, n (%)	0	5 (6)	1 (0.4)
Other, n (%)	0	1 (1)	14 (5)

interventions were used to create a cognitive-behavioural model of symptom perpetuation and impact. The model was tested and refined in large cross-sectional and qualitative studies to understand patients' experiences of these symptoms and intervention needs. The refined model was mapped onto an intervention logic model to define the psychosocial processes to target in intervention techniques. Patient feedback on the logic model and session content was obtained. Usability of the website was assessed using think-aloud methods and survey data were collected on session content, design and functionality.

Results: 87 people with IBD and 68 IBD nurses participated in Patient and Public Involvement activities for intervention development. Five interviews were carried out to develop guiding principles and two focus groups provided feedback on a logic model and session plan. 54 people with IBD and 45 IBD nurses completed an initial discovery online survey. Results indicated preferences to receive facilitator support via email/online-messages rather than telephone. Five focus groups included 68 IBD-nurses to assess barriers/facilitators in supporting the intervention. Desirable functionalities included diagrams/aids, email reminders and links to external resources. 31 people with IBD were included in feasibility and acceptability testing. The final intervention includes 8 core sessions with tasks and 4 symptom-specific sessions, and facilitator support of one 30-minute call and in-site messaging. Core to all sessions is understanding and 'breaking' personal 'vicious cycles' of symptom interference.

Conclusion: We have used a person-based approach and systematic application of theory, evidence and stakeholder involvement to guide intervention development. BOOST is the first web-based intervention with the primary aim of targeting fatigue, pain and urgency and improving the quality of life of people with IBD. This is now being tested in a large randomised controlled trial.

N03

Disease burden of patients with inflammatory bowel disease from the viewpoint of QOL and depression

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Background: Inflammatory bowel disease (IBD) can lead to a decreased quality of life (QOL), and mental care is necessary for patients with IBD. Disease burden (patient burden caused by a disease) attracts attention from the viewpoint of QOL and mental care. However, the relationship between QOL and depression in patients with IBD has not yet been adequately researched. Therefore, we aimed to examine disease burden and the relationship between QOL and depression in Japanese patients with IBD.

Methods: The present study enrolled 200 patients with ulcerative colitis (UC) and 31 patients with Crohn's disease (CD) who were treated in Aoyama Clinic between July 2018 and September 2018. We evaluated QOL using a 24-item questionnaire which we made originally based on previous studies. Next, we evaluated depression according to the Patient Health Questionnaire-9 (PHQ-9). Partial Mayo score of less than 2 points indicated UC remission, whereas the CDAI score of less than 150 points denoted CD remission. We analysed the difference in QOL and depression scores between UC and CD, the age or sex, the disease activity, and the time since diagnosis using chi-square test. The association between QOL and depression scores was analysed using Spearman's rank correlation coefficient. This study was approved by the Aoyama Clinic Ethical Review Board (2018-1).