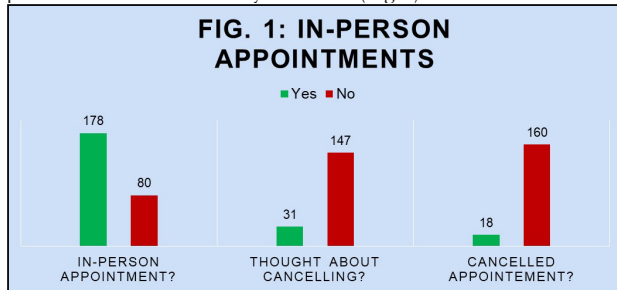


(18.4%) or SARS-CoV2 infection risk (6%). For the majority of patients (96.5%) these contacts were sufficient. In person follow-up consultation was scheduled for 178 patients. From those, 31 considered cancelling their consultation due to the pandemic and 18 effectively cancelled (Fig 1).



Half of the population (51.6%) received intravenous therapy at the day clinic. Telephonic pre-admission screening the day before was done for all patients and well received in most of them (98.5%). During the first wave, endoscopy was planned in 31.5% of the responding patients. A minority (11.1%) postponed or cancelled

endoscopic appointments. From those, 55.6% reported that the main reason was fear of the coronavirus.

Ninety-four (39.2%) of responders had a telephonic consultation during the first wave. Different aspects regarding satisfaction and acceptance of telemedicine were also assessed (Fig 2–3).

For further follow-up, 60.2% preferred balanced combination of telephonic and face-to-face consultations.

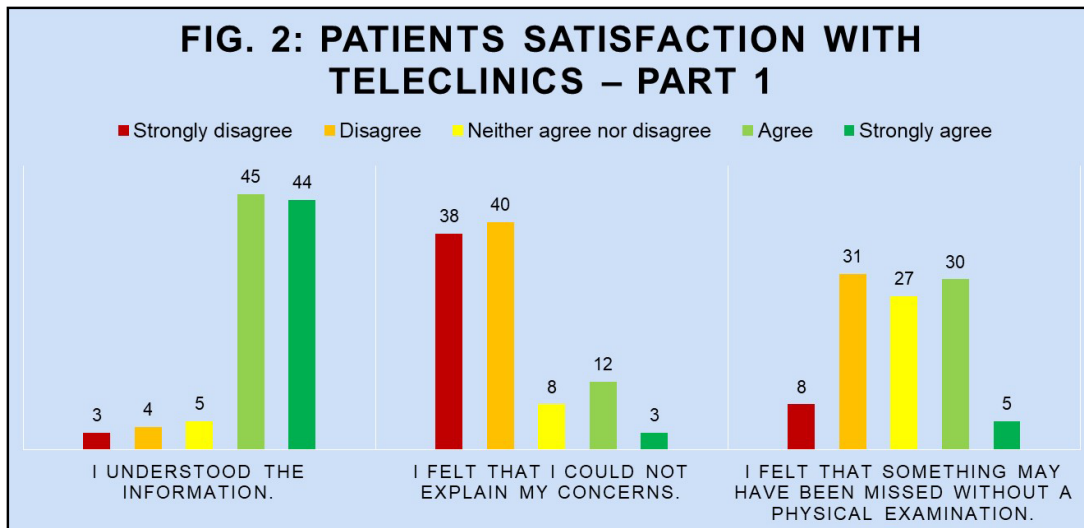
**Conclusion:** Remote ways of care delivery were generally well received during the first wave of the pandemic. Only a minority of patients cancelled appointments without discussion with the medical team. The most frequent patient concerns were about medications and appointments. The challenges in continuity of care during the pandemic created a window for new ways of care delivery in the future.

**N07**

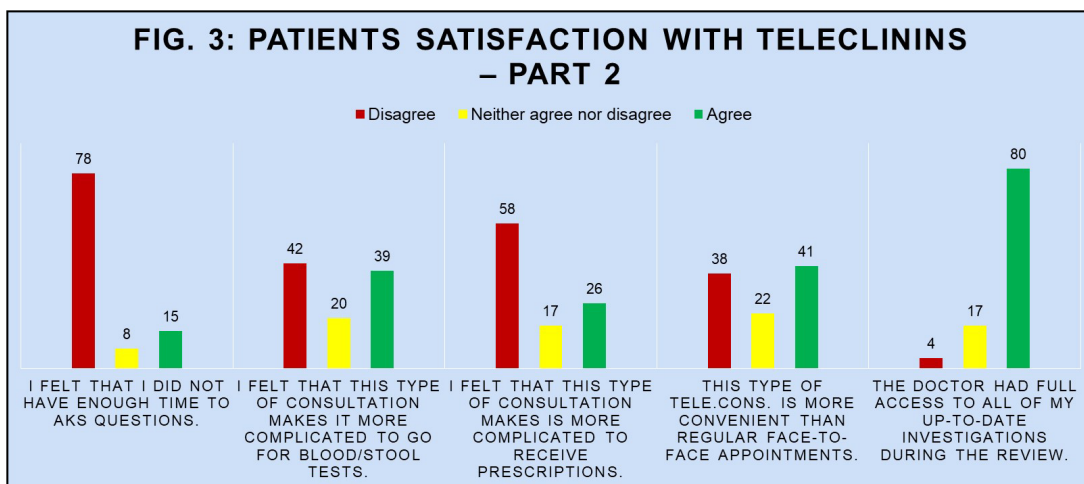
**A qualitative study of the impact of inflammatory bowel disease on partners**

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**Abstract N06**



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**Background:** Inflammatory Bowel Disease (IBD) not only impacts the quality of life of the patient, but also affects their family members. Studies to date have provided an understanding of impact of IBD and IBD implications for people with IBD. However, little is known about the impact of IBD on their family members. Therefore, the current study aimed to explore the lived experience of people with IBD and their family members regarding the impacts of IBD on family members and their coping methods.

**Methods:** Twelve participants, including six people with IBD with their six partners, were purposively selected, no other family members (parents / children, sibling) came forward to participate in the study. The in-depth, semi-structured online interviews were conducted via Skype, Zoom, or Microsoft Teams between February-June 2020. Interviews were audio-recorded, transcribed verbatim, and analysed using inductive thematic analysis by Braun and Clarke.

**Results:** Four main themes emerged during the analysis under the central theme "our relationship with IBD, for better or worse". IBD affected the partners in terms of their own relationship, relationship with others, everyday life, and emotional and mental well-being. The theme "our relationship" showed the impact of IBD on the relationship between a couple, including the intimate relationship, family planning, role change as partner and carer, and the importance of honest communication. IBD also affected wider relationships with family, children, and social life, but teamwork could mediate negative impact in relationships. Emotional well-being was impacted by living in constant fear and guilt. Humour and knowledge of IBD reduced negative impacts. IBD impacts on everyday life (diet, finances, and travel) for both patients and partners. Planning for uncertain situations was helpful to reduce restrictions.

**Conclusion:** The study provides an understanding of IBD impact on partners and the coping strategies from patients and partners' perspectives. There are wide-ranging implications for health and social care professionals caring for people with IBD and their families. Social support has been recognised as a vital buffering mechanism in facilitating an individual's adjustment to IBD. Healthcare professionals and researchers may integrate a bio-psycho-social approach into their work with IBD family members. There is a need to develop interventions to help family members of IBD patients to better cope with the illness and to have a more fulfilling life.

## N08

### Construction of an explanatory model for quality of life in outpatients with ulcerative colitis

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**Background:** Previous studies have reported explanatory models of health-related quality of life (HRQoL) in patients with Crohn disease or inflammatory bowel disease. However, no model for HRQoL has been developed that is specialised for patients with ulcerative colitis (UC). In this study, we aimed to develop and evaluate

a predictive explanatory model for HRQoL among outpatients with UC in Japan.

**Methods:** We conducted a cross-sectional survey between December 2019 and July 2020 at a clinic in Japan. HRQoL was evaluated using the 32-item Inflammatory Bowel Disease Questionnaire (IBDQ-32). We extracted explanatory variables of HRQoL, including disease activity, psychological symptoms, and social support, from previous studies and created an explanatory model based on the conceptual model of Wilson & Cleary (1995). The relationship between explanatory variables and the IBDQ-32 total score was examined using the Spearman's rank correlation coefficient, Mann-Whitney test, or Kruskal-Wallis test. We conducted multiple regression analysis and path analysis to examine the effect of explanatory variables on IBDQ-32 total score.

**Results:** We included a total of 203 patients with UC. Variables that were significantly associated with the IBDQ-32 total score were partial Mayo Score, presence or absence of treatment side effects, Hospital Anxiety and Depression Scale (HADS) score, and having/not having an adviser when patients were severely ill-conditioned. HADS had the largest negative effect on IBDQ-32 total score ( $\beta = -0.474$ ), followed by partial Mayo Score ( $\beta = -0.408$ ), presence/absence of treatment side effects ( $\beta = -0.116$ ), having/not having an adviser when patients were ill-conditioned ( $\beta = 0.081$ ). Having an adviser or not when ill-conditioned had an indirect effect on patients' IBDQ-32 total score via HADS ( $\beta = -0.111$ ). We verified the final model, which included IBDQ-32 total score and the above four explanatory variables (adjusted  $R^2 = 0.501$ , GFI = 0.996, AGFI = 0.970, CFI = 1.000, RMSEA = 0.010, AIC = 28.043).

**Conclusion:** Psychological symptoms had the most direct effect on HRQoL in patients with UC and acted as a mediator in the relationship between social support and HRQoL. Nursing interventions to improve HRQoL in patients with UC should consider the effect of psychological symptoms and support when patients are severely ill-conditioned.

## N09

### Sexuality as lived incompleteness: exploring intimacy and sexuality experiences of people living with inflammatory bowel disease

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**Background:** Sexual function in those living with Inflammatory Bowel Disease (IBD) is known to be affected by their condition, with impact on their psychosocial well-being. Little is known about the causality of low sexual functions scores and their contribution to low quality of life reports. The aim of this study was to explore how intimacy and sexuality is experienced in the context of IBD.

**Methods:** This was a phenomenological study guided by van Manen's methodology. Data were collected from 43 participants from interviews and narrative accounts submitted via Google Forms. Reflection on four existential domains (body, relationships, space and time) and thematic analysis were used to interpret the data.

**Results:** Four themes were generated from data analysis: Otherness of the sick body, Interrupted connectedness, Missing out on life