

Clinical Correlates of Mental Health Issues in Outpatients with Inflammatory Bowel Disease under Routine Care.

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Study funded by a research grant from Janssen Australia; adjudicated and administered by GESA

Background

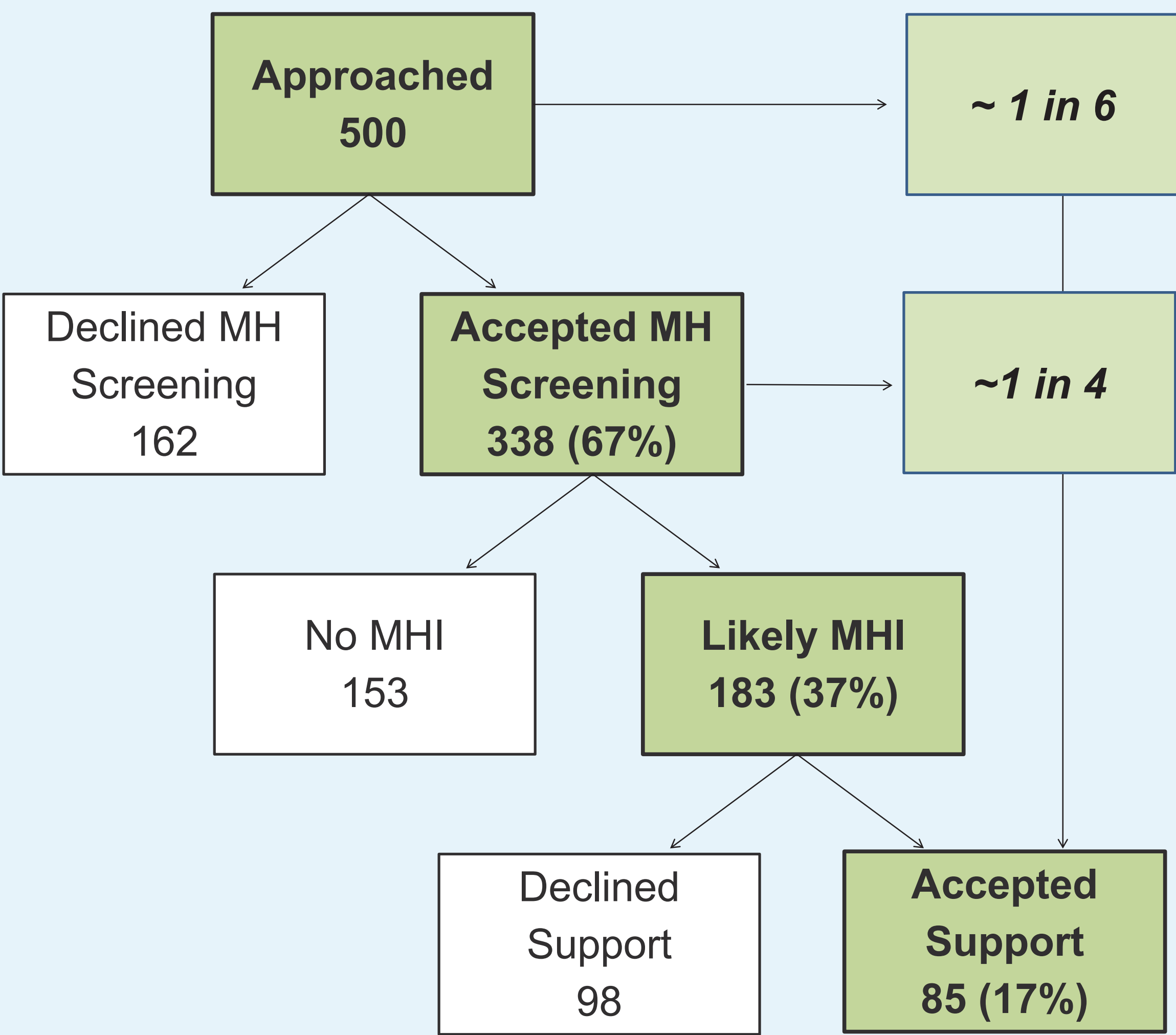
- People with Inflammatory Bowel Disease (IBD) commonly experience psychological problems such as anxiety and depression.
- There is evidence that these mental health issues (MHIs) are associated with reduced quality of life, increased hospitalisation and low medication adherence.
- Despite this, psychological support is not routinely provided to people with IBD in outpatient settings.
- Identifying factors that are associated with likely poor mental health may facilitate the targeting of appropriate psychological care. (see poster number P238 for data on associations with healthcare utilisation)

Methods

- Potential participants were recruited from the IBD Service of a large tertiary hospital (from >1200 outpatients) in South Australia.
- Recruitment was via post and in person at scheduled outpatient appointments, between September 2015 – September 2016.
- Potential participants were provided with study information and screening questionnaires; completion of measures signified consent.
- Mental health issues were screened using the Hospital Anxiety and Depression Scale (HADS) and the Kessler 6 Item measure of psychological distress (K6).
- Medication adherence by Morisky Medication Adherence Scale (MMAS-8).
- Quality of life by the Assessment of Quality of Life measure (AQoL-8D).
- Psychological therapy and support were discussed and offered to patients where scores indicated likely MHIs; formal assessment and targeted therapy was arranged for those who accepted.
- Disease-related and demographic data were gathered from medical records.

Results

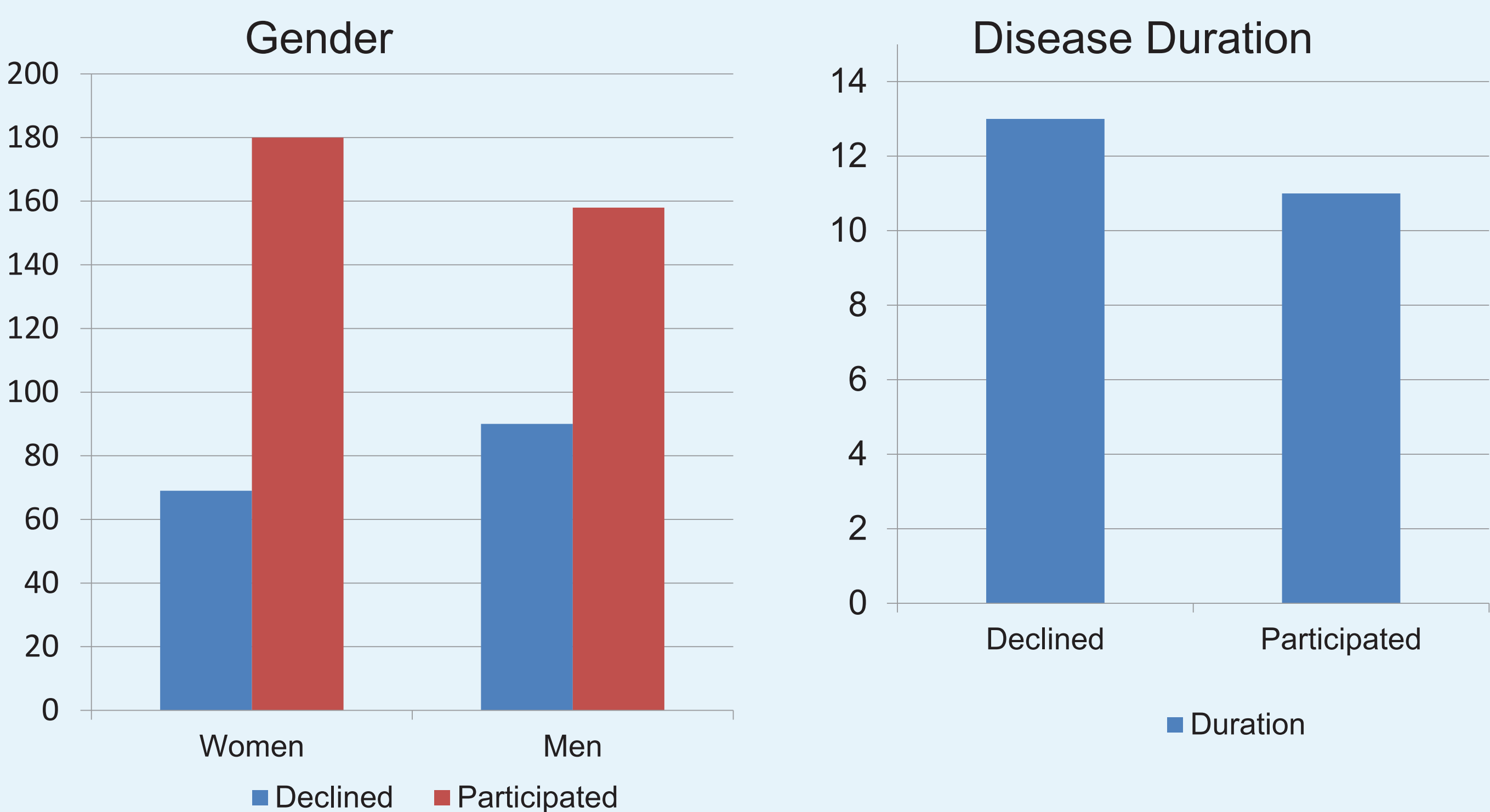
Participant Flowchart



- Demographics of participants: 50.6% male, 70.8% Crohn's disease, mean age 40 years, mean disease duration 11 years, 43% in clinical remission, 9.8% current smokers.

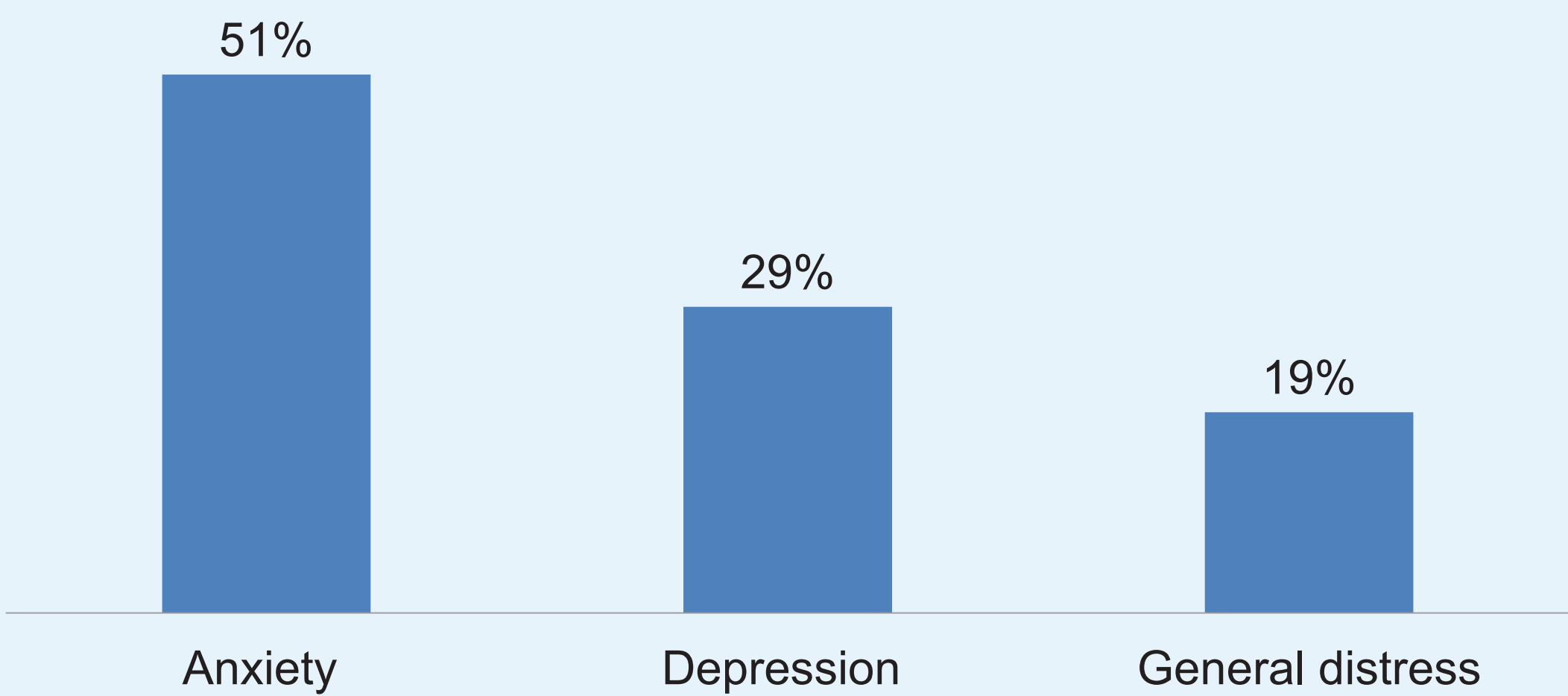
Predictors of Participation in Mental Health Screening

- Gender and disease duration predicted participation in screening: Women were 62% more likely than men to participate, while patients with shorter disease duration were more likely to participate than those with longer disease duration:



Outcomes of Mental Health Screening

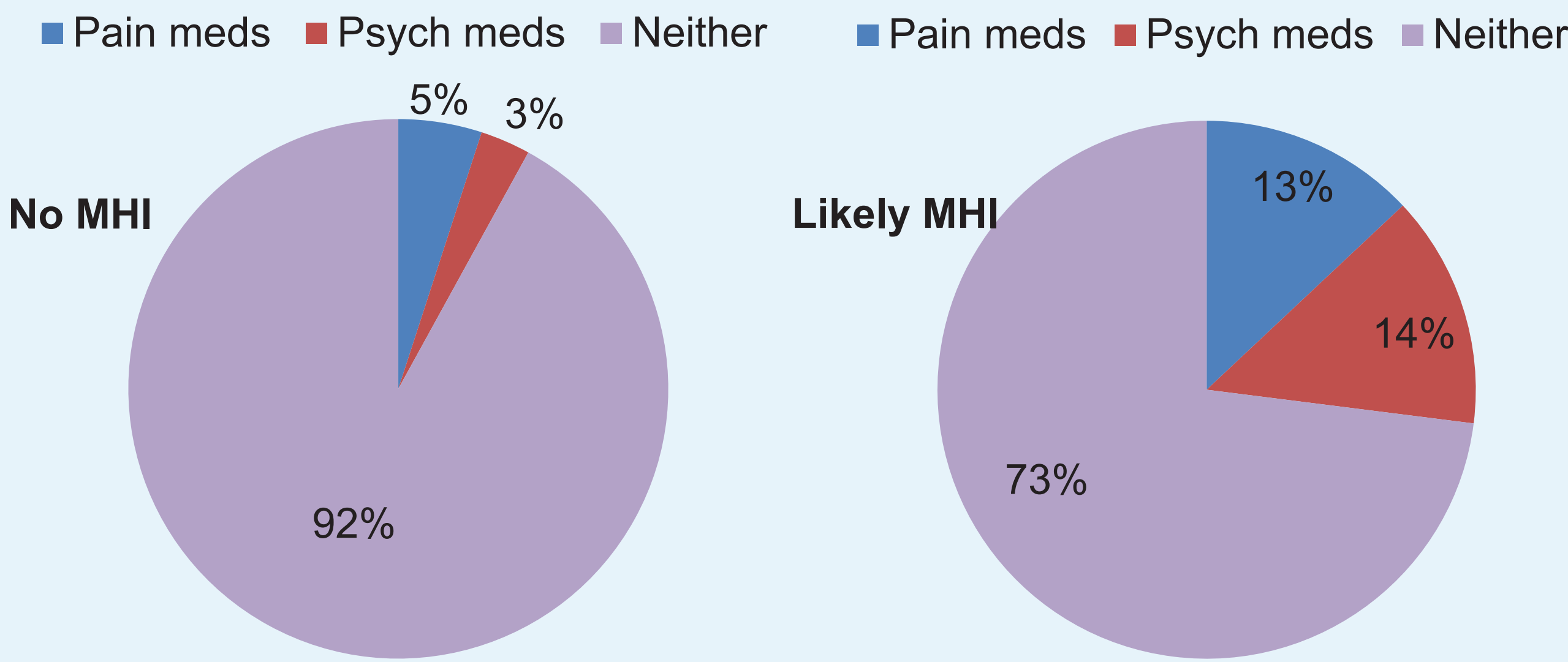
- Likely MHIs were prevalent in the cohort, with 54% of participants scoring within the clinical range on at least one screening questionnaire. Anxiety was the most commonly found issue, in 51% of participants



Correlates of Likely Mental Health Issues

	No MHI n=153	Likely MHI n=183	Odds Ratio	p-value
Disease activity				
Remission	53%	43%		.07
Mild	37%	39%	1.28	.305
Moderate/severe	10%	18%	2.22	.024*
Medications				
IBD	92%	86%	.54	.09
All pain meds	5%	13%	3.01	.014*
Opioids only	1%	7%	5.32	.030*
All psych meds	3%	14%	6.04	.001**
Mean physical quality of life	86.82	73.72	.93	.000***
Mean mental quality of life	78.42	55.93	.88	.000***
Mean total quality of life	81.32	61.53	.88	.000***
Mean medication adherence	6.43	5.51	.76	.000***

- Patients with moderate to severe disease activity were twice as likely as those in remission to score within the clinical range (indicating a likely mental health issue) on the psychological screening questionnaires.
- Patients who were taking analgesia and/or psychiatric medications were five times more likely to score within the clinical range (compared to those not on these types of medication):



Correlates of Accepting Psychological Support

	Declined n=98	Accepted n=85	Odds Ratio	p-value
Mean age (years)	35.42	40.39	1.03	.041*
Mean anxiety (HADS)	10.71	12.11	1.09	.045*
Mean depression (HADS)	7.71	8.65	1.06	.18
Mean general distress (K6)	15.90	18.62	1.11	.003**
Mean physical quality of life	74.99	70.48	.98	.09
Mean mental quality of life	55.64	50.69	.97	.08
Mean total quality of life	61.99	56.72	.93	.042*
Mean medication adherence	5.51	5.20	.93	.41

- Older patients were more likely to accept support when it was offered.
- Patients with higher levels of anxiety and general distress, and lower quality of life, were more likely to accept psychological support.

Conclusions

- Mental health issues are prevalent in people with IBD, and psychological screening and intervention is well accepted.
- Greater access to psychological care appears warranted and can be easily integrated into an established IBD service.
- There are some easily recognised clinical factors that predict likely mental health issues; however, need for support is widespread.
- The effect of integrating psychological support in routine care needs to be further evaluated for clinical IBD, mental health and economic outcomes.

Mental Health Issues and Healthcare Utilisation in Outpatients with Inflammatory Bowel Disease.

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Background

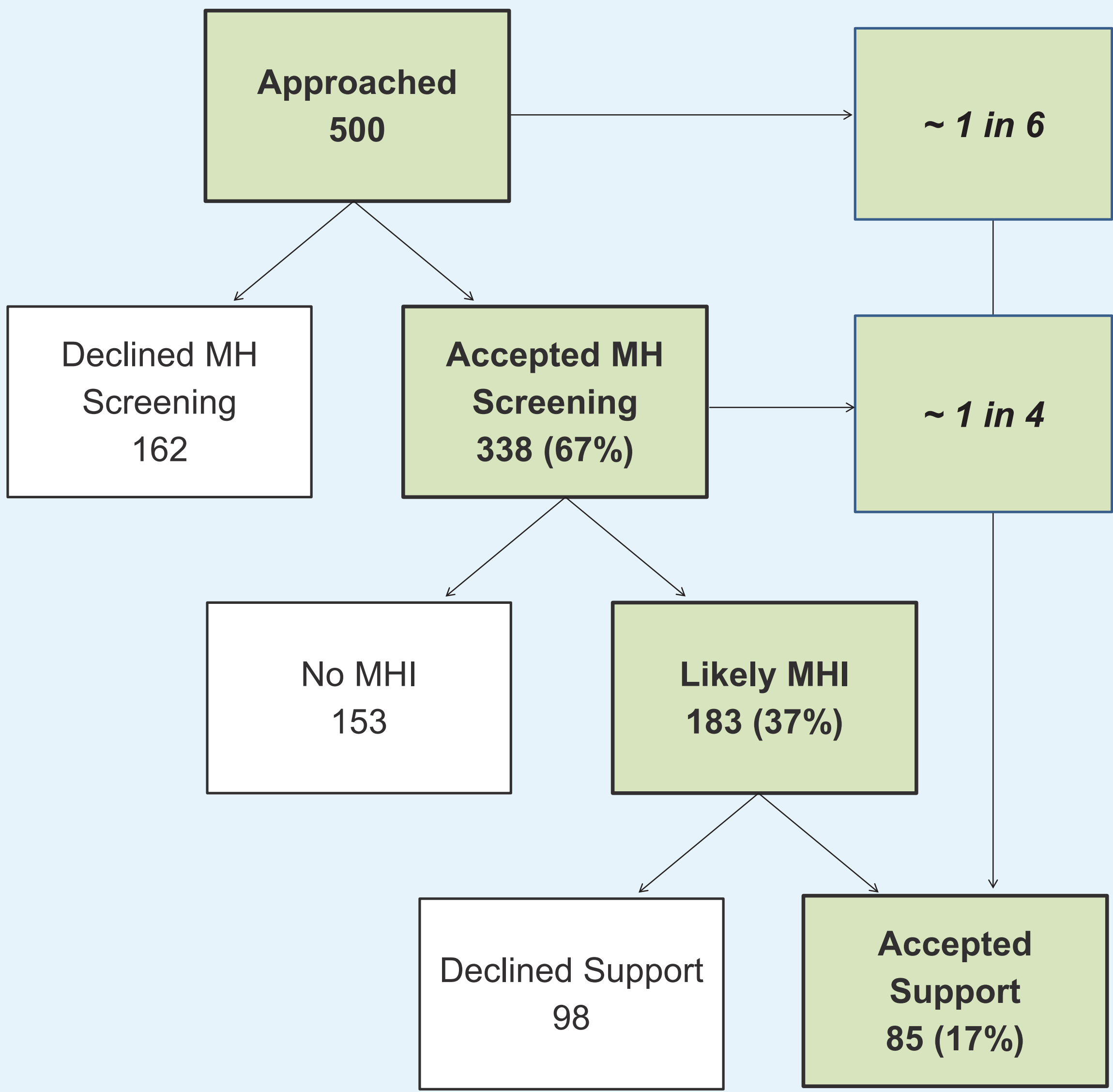
- People with Inflammatory Bowel Disease (IBD) commonly experience anxiety and depression.
- Mental health issues are known to be risk factors for increased hospitalisation, low medication adherence and continued smoking.
- Despite this, psychological intervention and support are not routinely provided to people with IBD in outpatient settings.
- In order to know whether specifically addressing mental health issues (MHIs) in people with IBD might decrease healthcare utilisation (HCU) it is necessary to get baseline data informing:
 1. The prevalence of MHIs in the cohort;
 2. The acceptability and practicality of MH screening in routine care;
 3. The likely uptake of MH support and intervention; and
 4. Whether MHIs correlate with “excess” HCU.
- Here we report on intake data from a prospective study evaluating twelve month data (see poster number P170 for data on correlates of MHIs in IBD outpatients).

Methods

- Potential participants were recruited from the IBD Service of a large tertiary hospital in South Australia (from >1200 outpatients) between September 2015 – September 2016.
- Potential participants were provided with study information and screening questionnaires; completion of measures signified consent.
- Mental health was screened using the Hospital Anxiety and Depression Scale (HADS) and the Kessler 6 Item measure of psychological distress (K6).
- Medication adherence by Morisky Medication Adherence Scale (MMAS-8).
- Quality of life (QoL) by the Assessment of QoL measure (AQoL-8D).
- Psychological support offered to patients where scores indicated likely MHIs.
- Demographic and HCU data for the 12 months prior to screening were collected by electronic, state-wide hospital records.
- HCU variables included numbers of hospital emergency presentations, outpatient appointments (IBD-related and non-IBD related), inpatient admissions, endoscopic procedures, radiological procedures, ambulatory appointments and IBD nurse support contacts.
- For the purpose of analysis, an index of total HCU was computed (t-HCU), comprising number of presentations to emergency, ward admissions, endoscopic and radiological procedures, outpatient appointments and cancellations/no-shows.

Results

Participant Flowchart

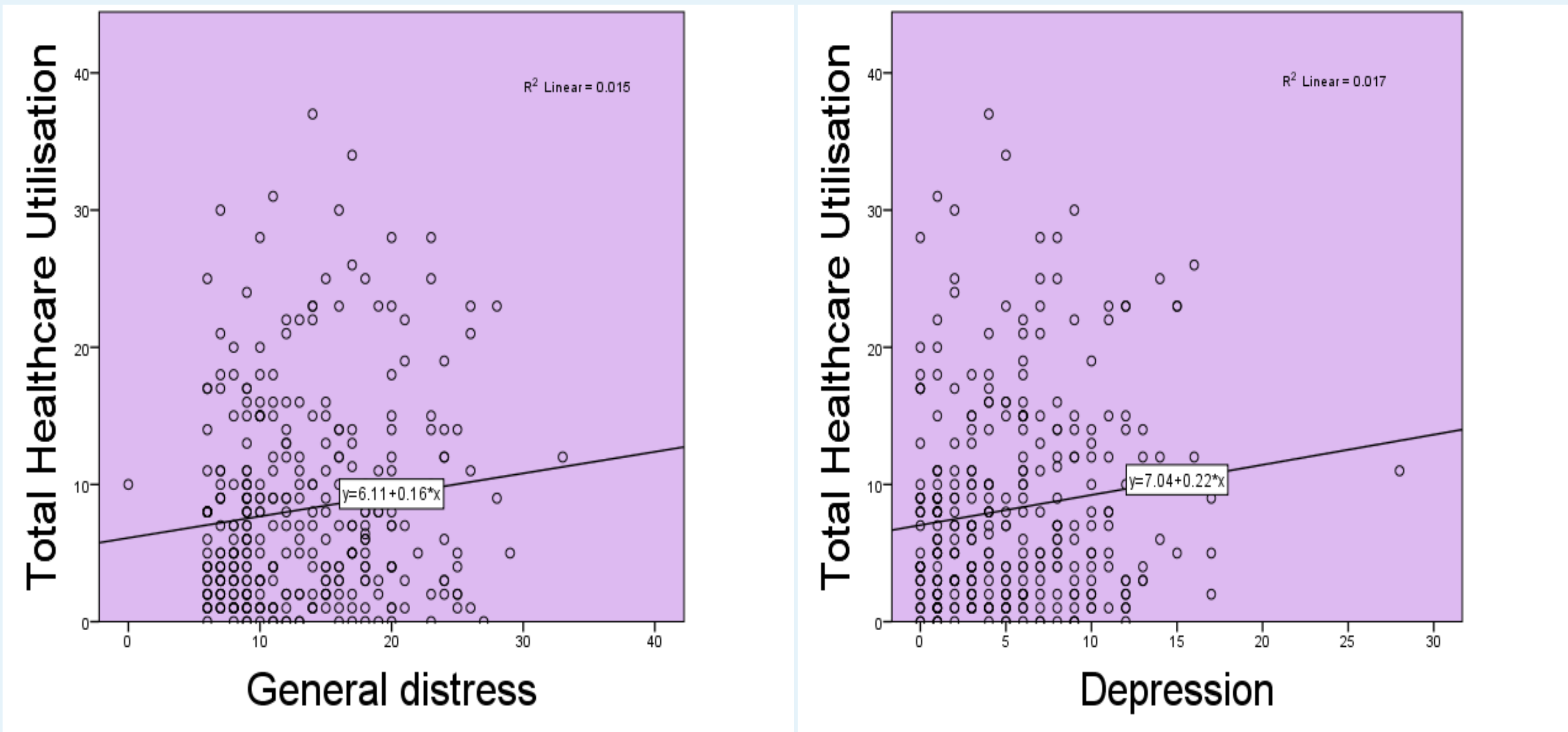


- Participant demographics: 50.6% male, 70.8% Crohn’s disease, mean age 40 years, mean disease duration 11 years, 43% in clinical remission, 9.8% current smokers.
- MHIs were highly prevalent with 54% of participants scoring within the clinical range on the HADS and/or the K6.
- The approach was easily integrated and managed within routine care and was acceptable to patients with 67% of those approached participating in MH screening.
- 46% of participants with likely MHIs (scoring within the clinical range) went on to take up psychological support and intervention.

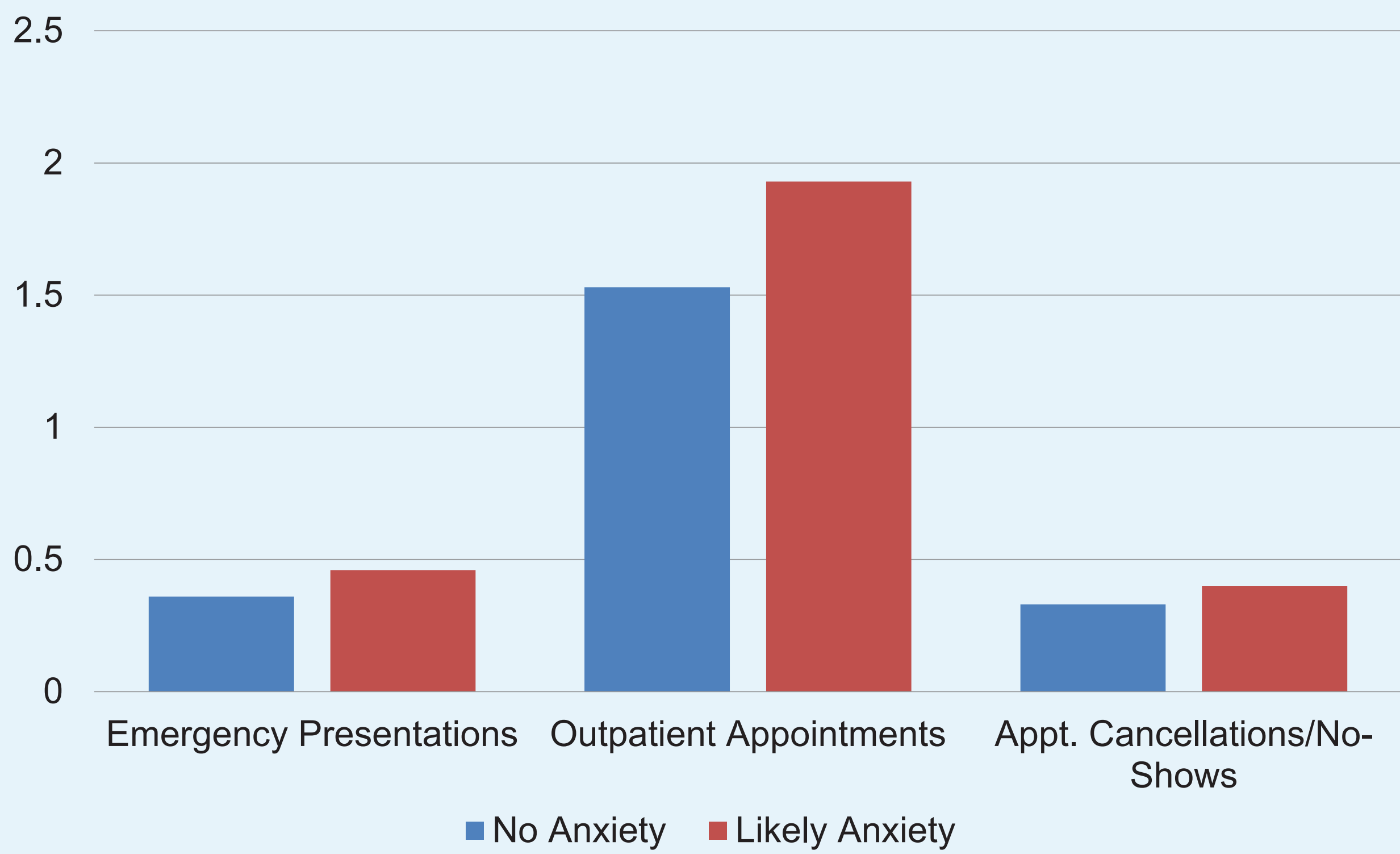
Correlates of Mental Health Issues and Healthcare Utilisation

	1	2	3	4	5	6	7	8
1. Anxiety	-							
2. Depression	.684***	-						
3. General distress	.824***	.779***	-					
4. Quality of life	-.708***	-.787***	-.801***	-				
5. Total-HCU	.096	.131*	.124*	-.203**	-			
6. Emergency	.124*	.061	.154**	-.146**	.554**	-		
7. Outpatient appts	.119*	.086	.118*	-.162**	.473**	.139*	-	
8. Cancel/DNA	.155**	.110*	.168**	-.088	.068	.034	.040	-

- There were small, signification relationships between total healthcare utilisation and levels of general distress and depression (but not anxiety):



- Anxiety, the most commonly reported mental health issue, was significantly related to a number of healthcare utilisation variables – the higher the anxiety, the greater the number of presentations to emergency department, outpatient appointments and cancellations/no-shows:



- Further, depression was significantly related to an increased number of appointment cancellations/no-shows.
- General distress was significantly related to higher numbers of emergency presentations, outpatient appointments, and cancellations/no-shows.

Conclusions

- Mental health issues are highly prevalent in people with IBD.
- Screening for mental health issues is practical and acceptable in outpatient care, and psychological intervention is likely to be taken up when offered.
- There is some evidence that mental health issues are associated with greater healthcare utilisation in patients with IBD.
- In particular, anxiety and general distress are associated with greater numbers of emergency department presentations, outpatient appointments, and cancellations/no-shows at appointments. Depression is also associated with more cancelations/no-shows at appointments.
- Our data suggest that gains in HCU efficiency may be made by integrating effective psychological care into routine IBD outpatient practice.