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

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Background

• People with Inflammatory Bowel Disease (IBD) commonly experience psychological problems such as anxiety and depression.

• There is evidence that these mental health issues (MHi) 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 MHi; formal assessment and targeted therapy was arranged for those who accepted.

• Disease-related and demographic data were gathered from medical records.

Results

Participant Flowchart

- Approached 500
- Declined MH Screening 162 (32%)
- Accepted MH Screening 338 (67%)
- ~1 in 4
- No MHi 153
- Likely MHi 183 (37%)
- Declined Support 98
- Accepted Support 85 (17%)
- ~1 in 6

• 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 53% more likely to participate than those with longer disease duration:

Outcomes of Mental Health Screening

• Likely MHi 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

- 52% decreased anxiety
- 62% improved adherence
- 65% improved satisfaction with care
- 43% decreased depression scores
- 55.93% improved quality of life

Conclusion

- 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.

P170

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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).
- For the purpose of analysis, an index of total HCU was computed (t-HCU), comprising number of presentations to emergency, ward admissions, hospitalisation, low medication adherence and continued smoking.

Results

- Participant demographics: 50.0% 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.

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 cancellations/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.

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