

QUALITY OF LIFE STUDY OF ADULT POPULATION WITH INFLAMMATORY BOWEL DISEASE

Baráth B¹, Komlósi K², Karácsony I², Pakai A³, Grasselly M², Kozmann K⁴,
Boncz I⁴, Ferenczy M²

1. Markusovszky University Hospital, Szombathely, Hungary2. University of Pécs, Szombathely, Hungary
3. University of Pécs, Pécs, ZA, Hungary4. University of Pécs, Pécs, Hungary

OBJECTIVES

The goal is to understand impact of sociodemographic factors (gender, educational, residence) on patients' quality of life and to get an idea how certain factors (diagnosis, treatment type) affect the extent of their burden on disease and to assess patients' satisfaction with health care system.

METHODS

Cross-sectional, descriptive study was performed in December 2020-January 2021. Non-random expert sampling looked at patients over 18 years diagnosed with IBD (n=321). Exclusion criteria if patient has not received clear diagnosis of his disease or if has history of other autoimmune diseases. Data was collected using self-edited demographic questionnaires and standard questionnaires (Sickness Burden Index, S-IBDQ, Patient Satisfaction Questionnaire). Descriptive statistical analysis and two-sample T-test were used with Microsoft Excel 2010 (p <0.05).

RESULTS

There is no significant difference between quality of life (p=0.835) and burden of illness (p=0.481) of rural and urban populations, nor does educational attainment affect quality of life (p=0.971). Quality of life (p=0.129) and burden of disease (p=0.883) of patient diagnosed with ulcerative colitis (n=144) are not significantly worse than those of crohn's patients (n=177). Those receiving biologic therapy have significantly higher disease burden (p = 0.005) than those receiving conventional treatment, but their quality of life is not better (p = 0.525). Quality of life assessment (p<0.001), burden of illness (p<0.001) and satisfaction (p=0.001) of patients in long-term remission are significantly better than those with relapse. The mean score for the 75-point satisfaction study was 56.82 (SD: 15.19).

CONCLUSIONS

All important areas of fillers' lives are limited, but this is much less intensely felt in group of patients where permanent remission is achieved. Literature research shows that psychological leadership is important during treatment as finding an effective combination of medicines. To improve patients' quality of life, it can be done with complex treatment plan with help of multidisciplinary group.

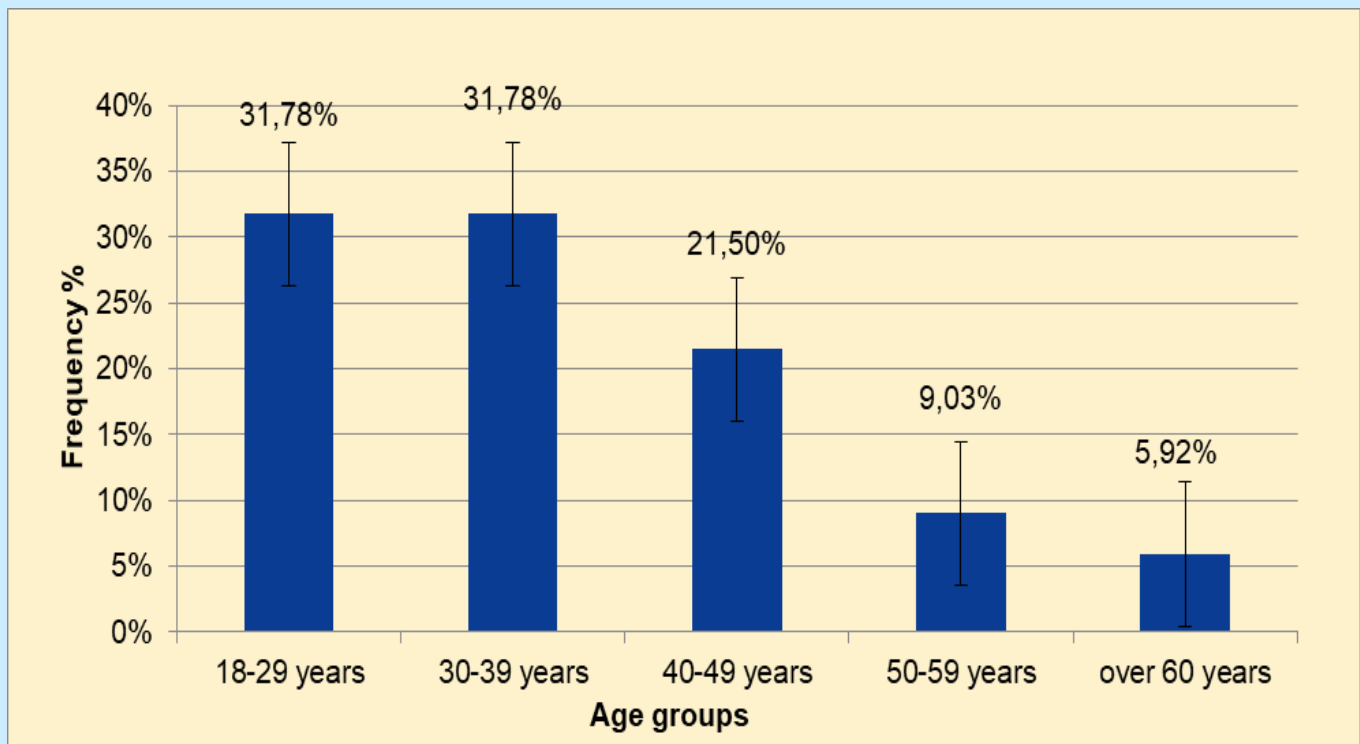


Figure 1. Age distribution by age group (N=321)

IIRS	Women	Men	Colitis	Crohn	Biological	Other
n	245	76	144	177	76	245
Average	43,47	36,63	41,69	41,98	46,71	40,34
SD	17,69	15,98	17,2	17,83	17,51	17,29
Min	13	15	13	13	13	13
Max	86	77	83	86	86	83
Median	43	34,5	41,5	40	49,5	39
Modus	48	24	20	57	55	20
1,96SE	2,21	3,59	2,8	2,62	3,93	2,16
Lower CI	41,25	33,03	38,88	39,35	42,77	38,18
Higher CI	45,68	40,22	44,51	44,61	50,64	42,51
Variance	313,25	255,54	295,87	318,17	306,92	298,96
F-test	0,15		0,32		0,43	
T-test	0,002*		0,883		0,005*	

Table 1. IIRS (Illnes Intrusiveness Rating Scale) Relationship between gender, type of disease (Colitis ulcerosa- Crohn), and therapy (N=321)

IBDQ	Women	Men	Colitis	Crohn	Biological	Other
n	245	76	144	177	76	245
Average	43,72	46,73	43,38	45,28	43,65	44,67
SD	11,32	10,33	11,49	10,83	12,63	10,67
Min	16	24	16	16	16	16
Max	70	67	65	70	70	65
Median	45	48	43	47	45,5	46
Modus	41	42	51	50	56	41
1,96SE	1,41	2,32	1,87	1,59	2,84	1,33
Lower CI	42,3	44,4	41,51	43,69	40,81	43,34
Higher CI	45,14	19,06	45,26	46,88	46,49	46,01
Variance	128,34	108,86	132,16	117,44	159,86	114,01
F-test	0,17		0,22		0,02	
T-test	0,039*		0,129		0,525	

Table 3. IBDQ (Inflammatory Bowel Disease Questionnaire) Relationship between gender, type of disease (Colitis ulcerosa- Crohn), and therapy (N=321)

Patient satisfaction	Women	Men	Colitis	Crohn	Biological	Other
n	245	76	144	177	76	245
Average	57,46	54,82	57,98	55,9	59,72	55,94
SD	15,12	15,35	13,94	16,12	14,13	15,43
Min	15	20	21	15	15	18
Max	75	75	75	75	75	75
Median	61	58,5	61	60	65	59
Modus	75	62	75	75	74	75
1,96SE	1,89	3,45	2,27	2,37	3,17	1,93
Lower CI	55,56	51,37	55,7	53,52	56,64	54,01
Higher CI	59,35	58,28	60,25	58,28	62,9	57,87
Variance	228,83	235,82	194,39	260,12	199,77	238,16
F-test	0,42		0,03		0,18	
T-test	0,187		0,215		0,058*	

Table 5. Relationship between patient satisfaction, gender, type of disease (Colitis ulcerosa- Crohn), and therapy (N=321)

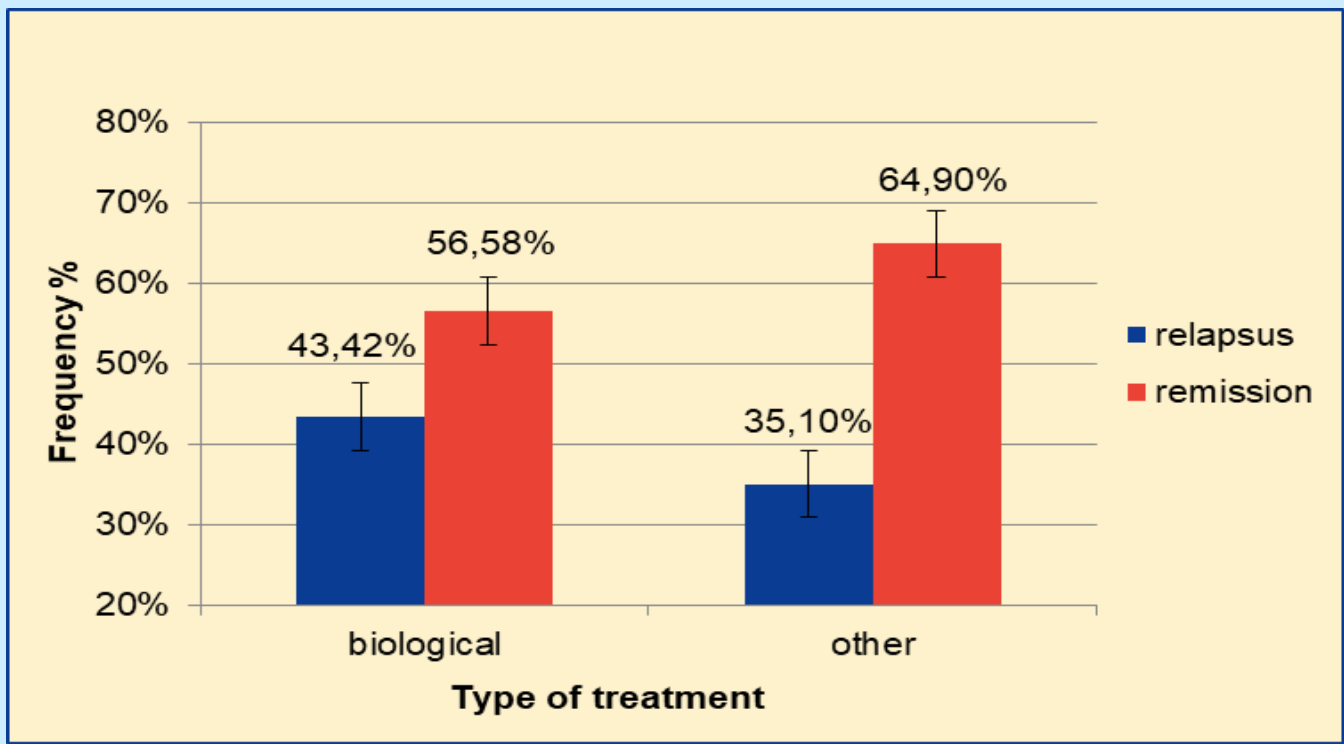


Figure 2. Representation of the treatment type and disease activity (N=321)

IIRS	Relapsus	Remission	Village/Town	Big city/capitol	Vocational/Maturity	OKJ/College/University
n	119	202	209	112	141	180
Average	50	37,05	42,35	40,91	43,04	40,92
SD	17,25	15,86	17,5	17,6	17,92	17,19
Min	18	13	13	13	15	13
Max	86	82	85	86	85	86
Median	50	35	41	39,5	41	40
Modus	57	26	20	26	31	36
1,96SE	3,1	2,1	2,37	3,26	2,95	2,51
Lower CI	46,89	34,8	39,98	37,65	40,08	38,4
Higher CI	53,1	39,24	44,73	44,17	46	43,43
Variance	297,88	251,82	306,51	309,97	321,46	295,83
F-test	0,14		0,46		0,29	
T-test	0,000*		0,481		0,282	

Table 2. IIRS (Illnes Intrusiveness Rating Scale) association between disease activity, place of resident and education (N=321)

IBDQ	Relapsus	Remission	Village/Town	Big city/capitol	Vocational/Maturity	OKJ/College/University
n	119	202	209	112	141	180
Average	37,95	48,25	44,53	44,25	44,41	44,45
SD	11,15	9,25	11,19	11,15	11,36	11,02
Min	16	19	16	29	16	19
Max	63	70	70	67	70	67
Median	39	50	46	45,5	46	46
Modus	41	51	42	50	41	50
1,96SE	2	1,27	1,51	2,06	1,87	0,82
Lower CI	35,95	56,97	43,01	42,19	42,53	42,84
Higher CI	39,96	49,52	46,04	46,32	46,28	46,06
Variance	124,53	85,7	125,23	124,35	129,18	121,62
F-test	0,01		0,48		0,35	
T-test	0,000*		0,835		0,971	

Table 4. IBDQ (Inflammatory Bowel Disease Questionnaire) association between disease activity, place of resident and education (N=321)

Patient satisfaction	Relapsus	Remission	Village/Town	Big city/capitol	Vocational/Maturity	OKJ/College/University
n	119	202	209	112	141	180
Average	53,31	58,91	56,98	56,57	57,26	56,5
SD	15,59	14,06	15,33	15,01	15,73	14,8
Min	15	18	15	18	15	18
Max	75	75	75	75	75	75
Median	55	62	61	59	62	58
Modus	71	75	75	75	70	75
1,96SE	2,8	2,01	2,07	2,78	2,59	2,16
Lower CI	50,5	56,9	54,9	53,79	54,67	54,33
Higher CI	56,11	60,93	59,05	59,35	59,86	58,66
Variance	243,13	213,34	235,02	225,45	247,61	219,05
F-test	0,2		0,4		0,21	
T-test	0,001*		0,818		0,653	

Table 6. Relationship between patient satisfaction, disease activity, place of residence and education (N=321)

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Corresponding author:

Dr. Imre BONCZ, MD, MSc, PhD, Habil
University of Pécs, Faculty of Health Sciences, Hungary
Institute for Health Insurance
E-mail: imre.boncz@etk.pte.hu



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