

The impact of the COVID-19 pandemic on patients with ulcerative colitis: results from a global ulcerative colitis patient survey

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Introduction

- Previous studies have examined the effects of the COVID-19 pandemic on patients with IBD in individual countries¹⁻³
- However, it is important to understand the impact of the pandemic, and changes to the provision of care from a global perspective, specifically for patients with UC

Objective

- To investigate how the COVID-19 pandemic impacted patients with UC through a global patient survey assessing overall disease management, telehealth use, healthcare experience and perceived quality of care, emotional well-being, reliance on alternative support systems, and preferences for virtual/in-person interactions with doctors

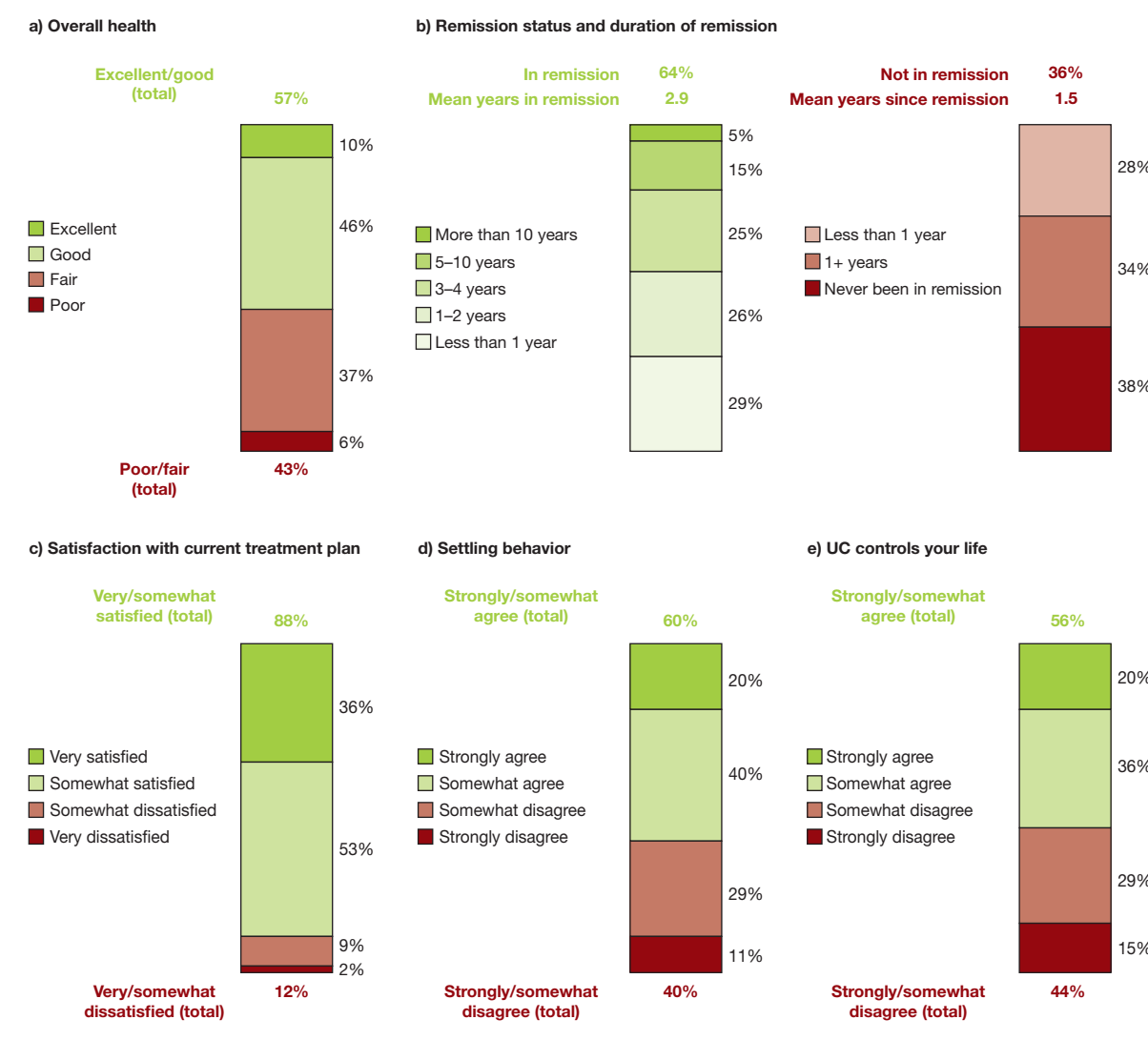
Methods

- This UC Narrative COVID-19 global survey (US, Canada, Japan, France, and Finland) was conducted by The Harris Poll between August 25 and December 13, 2021
- Eligible patients had UC (patients reported their diagnosis was confirmed by endoscopy), were aged ≥ 18 years, had visited a gastroenterologist or internist's office in the past 3 years, had not had a colectomy, and must have ever taken a prescription medication for their UC other than only 5-ASA
- Patients with UC of any severity were eligible for participation; use of prescription medication was used as a proxy for UC severity
 - Patients with mild UC were defined as those who had ever taken a prescription medication for their UC (excluding those who had only ever taken 5-ASAs), had taken corticosteroids for <4 of the past 12 months, and had never taken biologic or immunosuppressant therapy
 - Patients with moderate to severe UC were defined as those who had ever taken a biologic or immunosuppressant for their UC or had taken corticosteroid treatment for ≥ 4 of the past 12 months
- Survey questions were focused on four main aspects of UC: disease activity, disease management, healthcare access and experience (eg, ease of scheduling and length of appointment), and patient preference for virtual/in-person interactions with their doctor
- The survey responses were analyzed globally using descriptive statistics
- Post-weighting was used for the global, five-country total to adjust for the relative size of each country's adult population within the total adult population across all countries surveyed
- The unweighted sample sizes reflected the total number of patients who completed the survey in each country, while all reported percentages were calculated based on the weighted global total which was adjusted for the relative population size of each individual market

Results

- In total, 584 patients completed the survey: 100 (US), 100 (Canada), 100 (Japan), 100 (France), and 184 (Finland)
 - Overall, 47% of patients were female, mean age was 46.7 years (SD 14.4 years), with the majority (65%) aged under 50 years; 81% had moderate to severe UC
 - Mean time since UC diagnosis was 10.8 years (SD 11.3 years); 64%, 35%, and 1% of patients were living with UC for ≥ 5 , 1–4, and <1 years, respectively
 - Fifty-three percent of patients strongly/somewhat agreed that they were hesitant to change their UC treatment plan during the pandemic
- ### Disease activity
- Globally, 25% of patients experienced more flares since the start of the COVID-19 pandemic in early 2020, compared with 2019; 18% experienced fewer flares over the same period
 - Since the start of the pandemic in early 2020, patients aged 18–49 years reported more flares vs 2019, than those aged ≥ 50 years (33% vs 11%, respectively)

Figure 1. Disease activity and patient profile^{a-c}



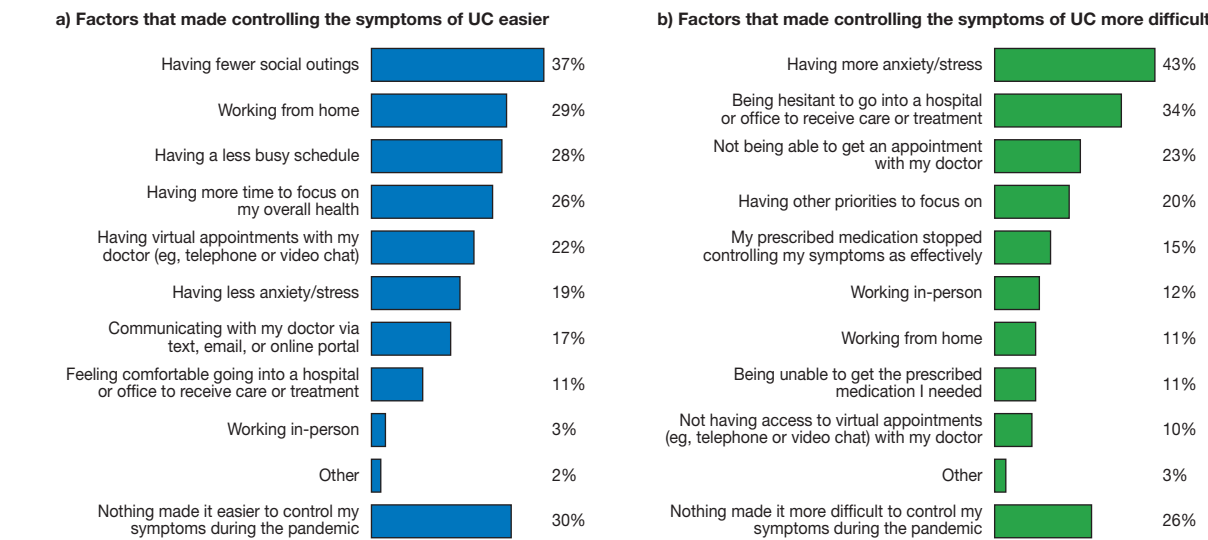
Percentages may not sum to 100% due to weighting and/or computer rounding
*Question: "How would you describe your current overall health?"
*Questions: "Do you currently consider your UC to be in remission (when we say remission, we mean that your disease is controlled with few to no symptoms)?" "How long has your UC been in remission?" "How long has it been since your UC was last in remission?"
*Question: "You indicated you are currently taking prescription medication for your UC. How satisfied are you with your current UC treatment plan?"
*Agreement with the statement, "If my treatment makes me feel good enough, I don't see a need to consider other treatment options, even if they might make me feel better than I do now."
*Agreement with the statement "I feel that UC controls my life, rather than me controlling the disease."

Disease management

	Prior to the pandemic	During the pandemic	Plan to do after the pandemic	Have never done or plan to do
Used an online patient portal to contact their doctor's office or see laboratory results	31%	47%	33%	32%
Had virtual appointments with their doctor (eg, telephone or video chat)	13%	55%	32%	31%
Used symptom tracking or disease management applications	23%	31%	29%	48%
Communicated with a nurse at their doctor's office between appointments	45%	40%	34%	32%
Talked openly with their doctor about how their disease impacts their life	54%	54%	44%	17%
Set goals with their doctor to manage their disease	48%	46%	40%	25%
Relied on patient support groups	15%	22%	22%	59%
Used social media to connect with other patients or learn about UC	24%	39%	27%	46%
Relied on information from patient advocacy groups	19%	27%	22%	54%

*Question: "Please indicate which of the following you did before, during, and/or plan to do after the COVID-19 pandemic. Please select all that apply for each."

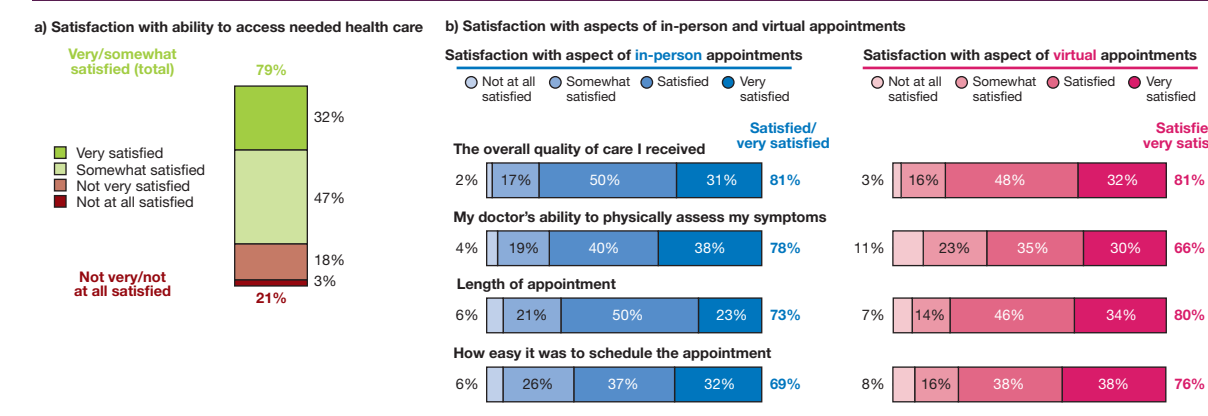
Figure 2. Factors that made the control of UC symptoms a) easier and b) more difficult during the COVID-19 pandemic^a



*Question: "Do you think any of the following have made it easier/more difficult to control your symptoms during the COVID-19 pandemic? Please select all that apply."

Healthcare access and experience

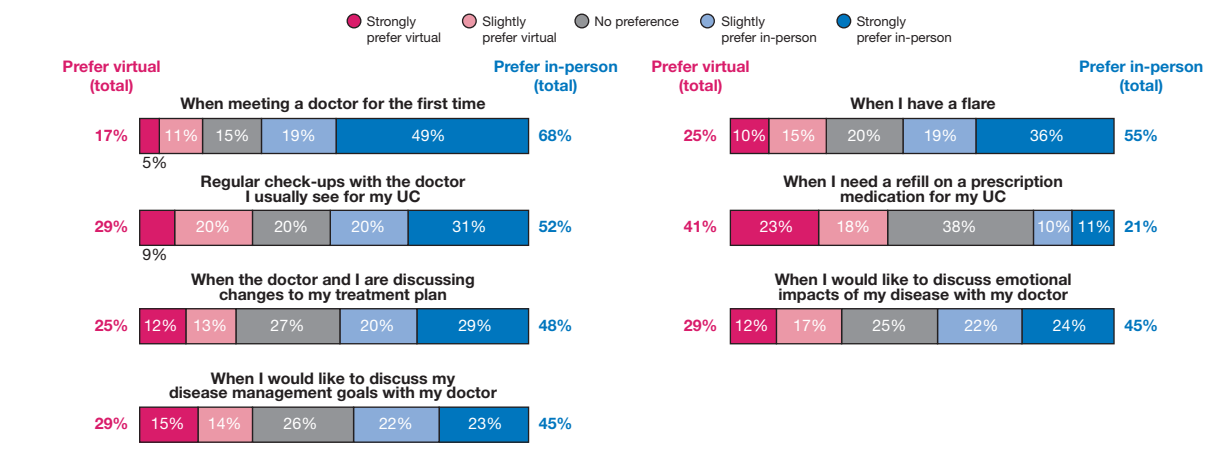
Figure 3. Proportions of patients reporting satisfaction with a) ability to access the health care needed during the COVID-19 pandemic^a and b) aspects of in-person and virtual appointments during the COVID-19 pandemic^b



Percentages may not sum to 100% due to weighting and/or computer rounding
*Question: "How satisfied have you been with your ability to access the health care you need during the COVID-19 pandemic?"
*Question: "Thinking about your last in-person/virtual appointment during the COVID-19 pandemic with the doctor that you see for your UC, how satisfied were you with each of the following? By virtual appointments, we mean the process of providing health care from a distance (as opposed to in-person) through technology (eg, telephone or video chat)."

Patient preference for interactions with their doctor

Figure 4. Patient preferences for appointment types (in-person vs virtual) during the COVID 19 pandemic



Percentages may not sum to 100% due to weighting and/or computer rounding
Question: "Which type of appointment with the doctor you see for your UC would you prefer for each of the following circumstances?"

Limitations

- Limitations of this analysis include a reliance on accurate recall by patients and an adequate understanding of the survey questions; country-specific variations in health care systems and response to the pandemic may have influenced the results
- Also, survey recruitment was based on patient-reported diagnosis of UC with no clinical disease activity assessment and limited to those with internet access
- As 64% of patients were living with UC for ≥ 5 years vs 1% for ≤ 1 year, their experience with UC during the COVID-19 pandemic may not be applicable to patients with shorter-term disease (eg, frequency of virtual vs in-person appointments may differ)

Conclusions

- During the COVID-19 pandemic, most patients were satisfied with their treatment plan and ability to access health care, but many were negatively impacted by greater stress or anxiety
- Patients reported a greater reliance on certain alternative means of support for UC management; overall, patients were equally satisfied with the quality of certain care received during in-person and virtual appointments
- A hybrid model of patient-doctor interactions incorporating virtual and in-person appointments may improve how patients manage their UC

Abbreviations

5-ASA, 5-aminosalicylates; COVID-19, coronavirus disease-2019; IBD, inflammatory bowel disease; SD, standard deviation; UC, ulcerative colitis; US, United States.

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Reference to other presentations

A global UC patient survey examined health disparities, social determinants of health, emotional impacts related to UC disease management, healthcare experience, and overall quality of life. These data are presented in D0399.

Disclosure of interest

L Peyrin-Biroulet has received personal fees from Pfizer Inc. K Yläne has received consultancy and lecture fees from Pfizer Inc. A Sipes has received consultancy fees from Pfizer Inc for work unrelated to this analysis. M Segovia is a Post-Doctoral Fellow employed by Rutgers University, Ernest Mario School of Pharmacy, which received funding from Pfizer Inc in connection with the development of this poster. S Gardiner and JC Cappelleri are employees and stockholders of Pfizer Inc. A Mulvey is an employee of The Harris Poll, which was a paid contractor to Pfizer Inc. R Panaccione has received consultancy and/or advisory board fees from Pfizer Inc.

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