

Health disparities, social determinants of health, and emotional impacts in patients with ulcerative colitis: results from a global ulcerative colitis patient survey

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Introduction

The UC Narrative global survey assessed various aspects of living with UC, including disease management, day-to-day disease impact, gaps in patient care, and communication between patients and physicians^{1,2}

Objective

This analysis of patient survey responses aimed to identify health disparities, social determinants of health, and emotional impacts related to UC disease management, healthcare experience, and overall quality of life

Methods

- The UC Narrative survey was conducted by The Harris Poll from August 2017 to February 2018 in patients with UC (confirmed by endoscopy) in 10 countries
- This analysis included a subset of global patients from the USA, Canada, Japan, France, and Finland
- Eligible patients were aged ≥18 years, had no prior colectomy, had been to a gastroenterologist/internist's office within the past year, and had ever taken UC prescription medication other than only aminosalicylates
- Data were analyzed and presented using stepwise multivariate logistic regression with 95% CIs and ORs showing the relative difference between groups, based on unweighted results from the five countries
- Subgroup analyses used descriptive statistics from the five-country total, post weighted to adjust for the relative population size of each country

Results

Patient population

- This analysis included 1,000 patients from the USA (n=301), Canada (n=215), Japan (n=210), France (n=169), and Finland (n=105)
- The mean age of the patients was 41.3 years, with 75% <50 years of age
- Half of the patients were female
- Most patients (82%) had moderate to severe disease and had been diagnosed with UC for a mean of 9.0 years
- More than half of the patients (62%) were in full-time employment, with 28%, 32%, and 24% having high, middle, and low levels of income, respectively
- In total, 15% and 21% of patients in the analysis had a current diagnosis of depression or anxiety, respectively

Abbreviations

CAD, Canadian dollars; CI, confidence interval; IBD, inflammatory bowel disease; n, number of unweighted patients included in the analysis; OR, odds ratio; UC, ulcerative colitis; USD, United States dollars.

References

- Rubin DT et al. *Inflamm Bowel Dis* 2021; 27: 1096-1106.
- Dubinsky MC et al. *Inflamm Bowel Dis* 2021; 27: 1747-1755.
- DeTora LM et al. *Ann Intern Med* 2022; 175: 1298-1304.

Acknowledgments

This study was sponsored by Pfizer. The authors would like to thank the patients, investigators, and study teams involved in the UC Narrative global survey conducted by The Harris Poll. Medical writing support, under the direction of the authors, was provided by Lauren Strother, PhD, CMC Connect, a division of IPG Health Medical Communications, and was funded by Pfizer, New York, NY, USA, in accordance with Good Publication Practice (GPP 2022) guidelines.³

Reference to other presentations

A global UC patient survey has assessed the impact of the COVID-19 pandemic on patients with ulcerative colitis. These data are presented in B9409.

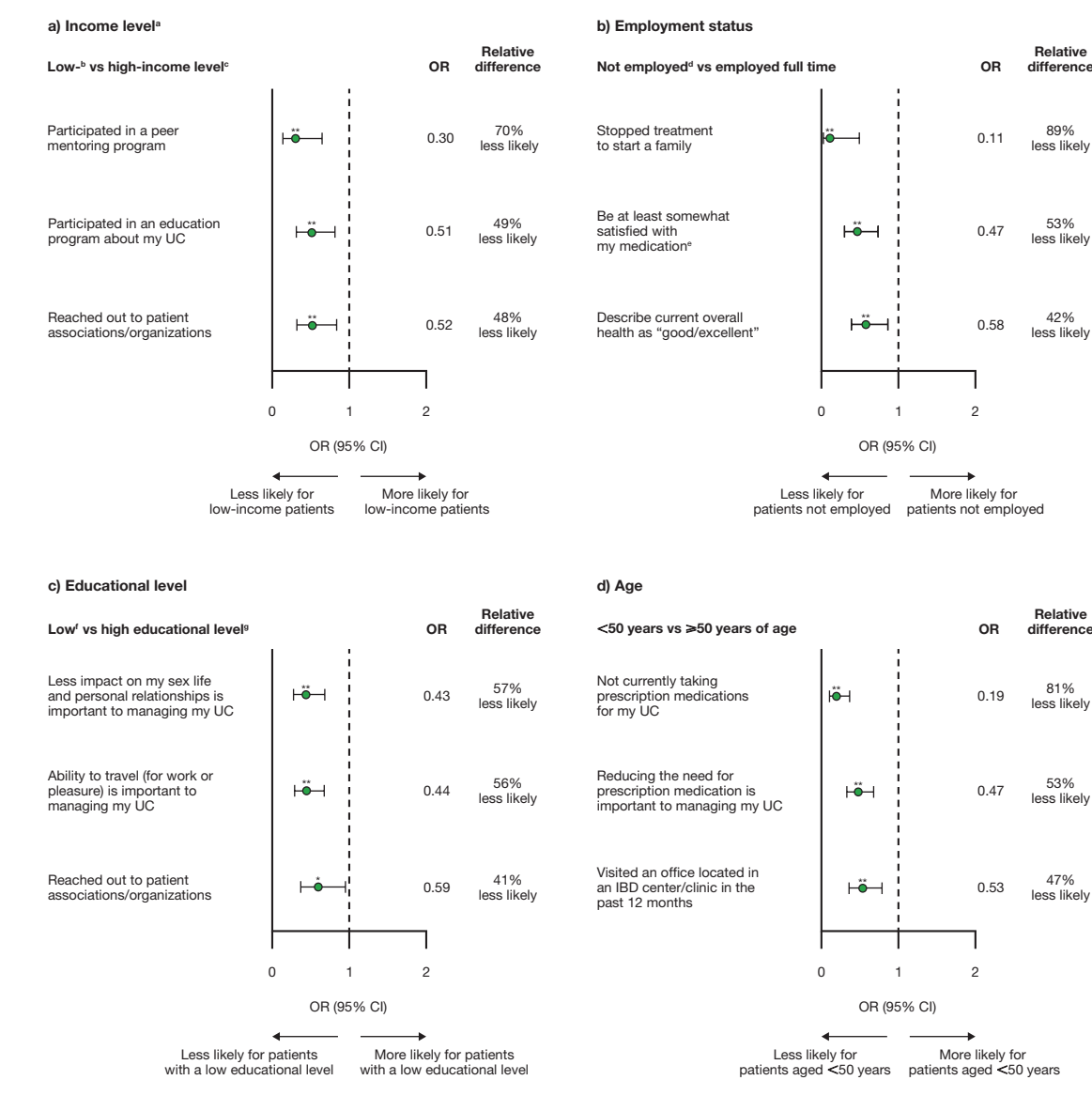
Disclosures

F-D Odufalu, MC Dubinsky, and R Panaccione have received consulting fees from Pfizer Inc. L Peyrin-Biroulet has received personal fees and grant support 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. JC Cappelleri, LJ Russo, and S Gardiner are employees and stockholders of Pfizer Inc. M Segovia is a postdoctoral fellow employed by Rutgers University's Ernest Mario School of Pharmacy with Pfizer funding the Fellowship. EP Johnson and A Mulvey are employees of The Harris Poll, which was a paid contractor to Pfizer Inc in the development of this poster and related statistical analysis, and was commissioned to conduct the initial research.

Disparities by income level, employment status, educational level, age, sex, and psychological comorbidities

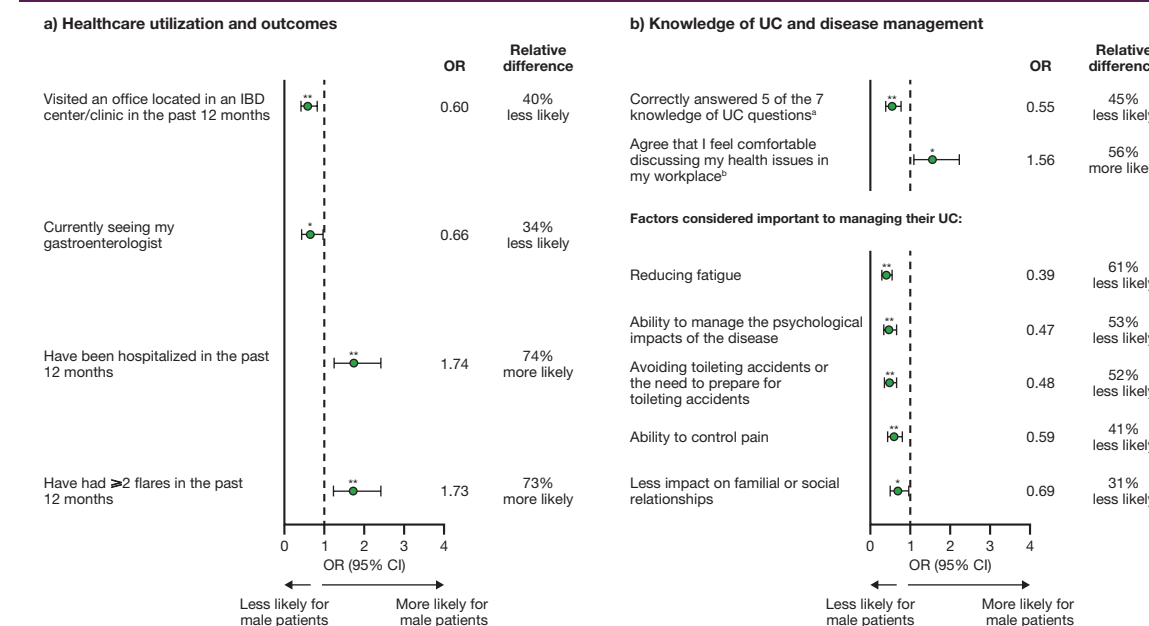
- There were disparities in patient responses stratified by income level, employment status, educational level, and age (Figure 1)
- Male patients were less likely than female patients to currently be seeing a gastroenterologist or to have visited an office located in an IBD center or clinic in the past 12 months, were more likely to have been hospitalized or to have experienced ≥2 flares in the past 12 months (Figure 2a), and were less likely to consider various factors important to managing their UC (Figure 2b)
- Patients with depression or anxiety were more likely to report negative work and life impacts, along with more pronounced psychosocial impacts of UC (Figure 3)
- Analysis of subgroups of interest revealed numerical differences in disease management related to income level, educational level, sex, and psychological comorbidities (Figure 4)

Figure 1. Disparities in patient survey responses a) income level, b) employment status, c) educational level, and d) age



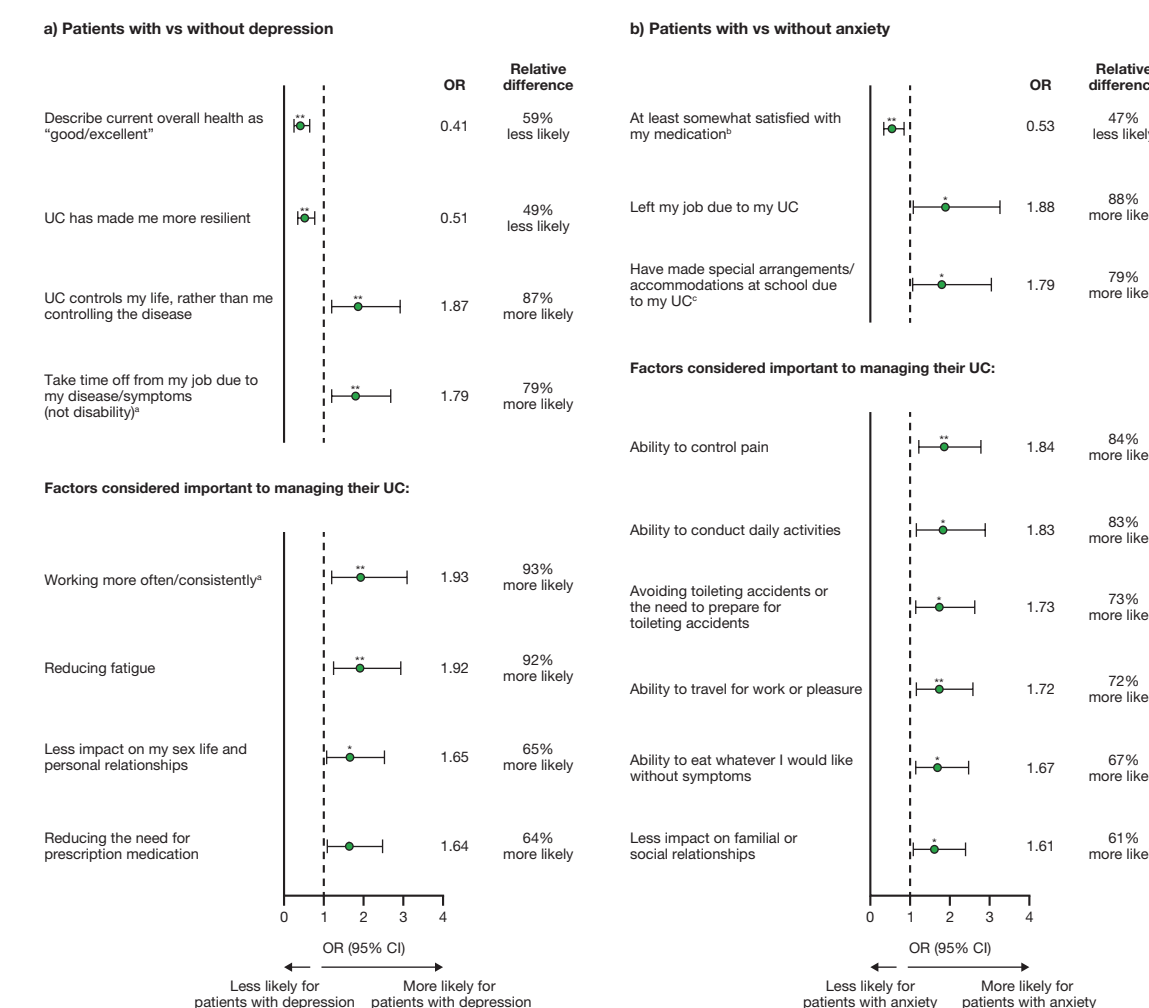
ORs and relative differences (defined as OR - 1) in patient response
[†]p<0.05; [‡]p<0.01 for low- vs high-income patients (panel a), not employed vs employed full time (panel b), low vs high educational level (panel c), or <50 years vs ≥50 years of age (panel d)
[†]France was excluded from the analysis since income was not requested in the original UC Narrative survey in France
[‡]USA and Canada: <\$50,000 USD or CAD, respectively; Japan: <¥4,000,000; Finland: <€30,000
[†]USA and Canada: <\$100,000 USD or CAD, respectively; Japan: <¥7,000,000; Finland: <€50,000
[†]Includes patients who were not employed but looking for work, retired, students, stay at home spouse or partner, and not working due to disability or illness
[‡]Among those currently taking prescription medication
[†]High school degree or less
[‡]University/college degree or more advanced degree

Figure 2. Disparities in patient-reported a) healthcare utilization and outcomes, and b) knowledge of UC and disease management in male vs female patients with UC



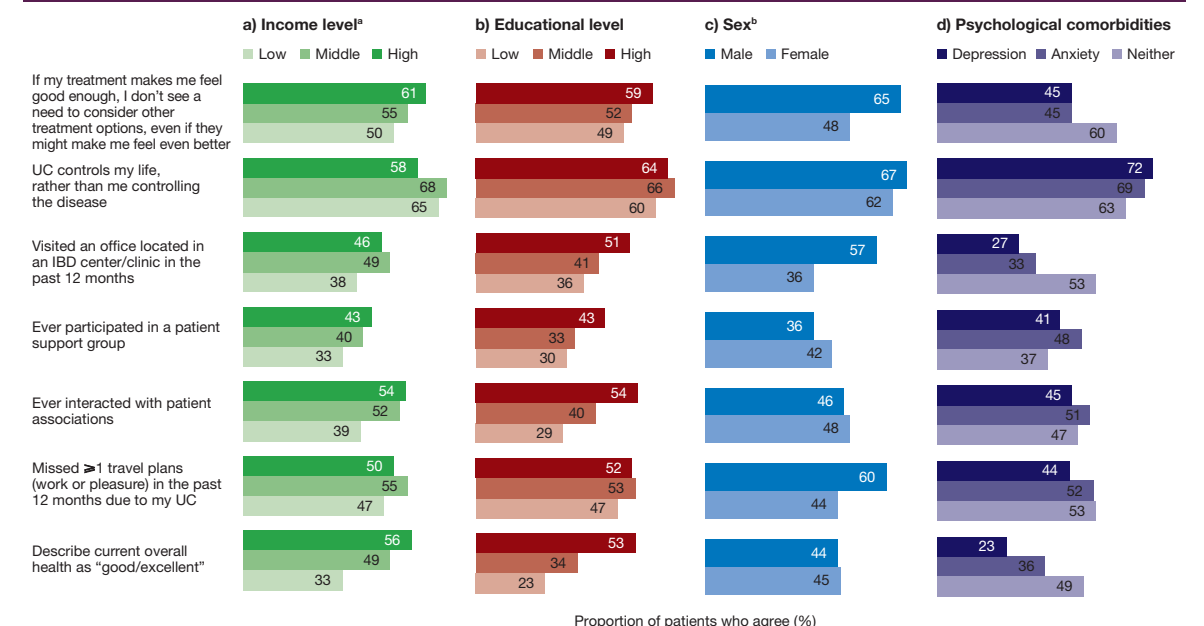
ORs and relative differences (defined as OR - 1) in patient response
[†]p<0.05; [‡]p<0.01 for male vs female patients
[†]True or false questions relating to UC disease and treatment knowledge
[‡]Among patients who were employed

Figure 3. Disparities in patient survey responses between patients with vs without a) depression or b) anxiety



ORs and relative differences (defined as OR - 1) in patient response
[†]p<0.05; [‡]p<0.01 for patients with vs without depression (panel a) or anxiety (panel b)
[†]Among patients who were employed
[‡]Among those currently taking prescription medication
[†]High school degree or less
[‡]Among students

Figure 4. Subgroup analyses of patient survey responses revealed disparities related to a) income level, b) educational level, c) sex, and d) psychological comorbidities



[†]France was excluded from the analysis since income was not requested in the original UC Narrative survey in France
[†]Self-identified

Limitations

- Limitations of this analysis include a reliance on accurate recall by patients and an adequate understanding of the survey questions
- Survey recruitment was based on patient-reported diagnosis of UC with no clinical disease activity assessment
- The results have been reported as global outcomes, but the findings may not be applicable to all countries due to regional differences in healthcare systems, variable access to care, and cultural differences
- Lack of data in some categories resulted in wide CIs and categories with a wide range of patients may impact the reliability of the results

Conclusions

- This analysis revealed disparities in patient-reported assessments of disease management, healthcare experience, and overall quality of life, based on factors such as income, educational level, employment status, age, sex, and psychological comorbidities, exposing the importance of addressing social determinants of health and mental/emotional well-being