Assessing Medical Priorities During a Pandemic: Has Limiting In-person Encounters During the Covid-19 Pandemic Negatively Affected IBD Patients? A Survey-based Evaluation of Patients at a Tertiary Care Centre

Allison J. Pang[1]; Yossef Levin[1]; Daniel Marinescu[1]; Nancy Morin[1]; Carol-Ann Vasilevsky[1]; Marylise Boutros[1]

[1]*Division of Colon and Rectal Surgery, Jewish General Hospital, McGill University, Montréal, Canada*

Introduction

- The coronavirus disease 2019 (COVID-19) pandemic has greatly affected all facets of medical care.
- Although inflammatory bowel disease (IBD) is a life-altering disease, patients with IBD at many hospitals have almost completely shifted to virtual meetings.

Purpose

- To evaluate the impact of COVID-19 on IBD patients who had their healthcare interrupted due to the pandemic (i.e. cancelled clinics, endoscopies, or surgeries).

Methods

- Cross-sectional study at a single tertiary care centre.
- Study participants were identified as IBD patients who had their medical care interrupted by Covid-19.
- Data were obtained through a questionnaire evaluating demographic, clinical, and social information.
- Three patient-reported outcomes measures (PROMs) were used:
  1. Harvey-Bradshaw Index (HBI)/partial mayo score
  2. Gastrointestinal quality of life index (GIQLI)
  3. Impact of event score (IES-R score)

Results

Table 1. Defining the study population.

Characteristics	All (n = 59)
Demographics and Social	
age, mean ± SD	51.0 ± 15.4
Female gender, n (%)	28 (47.5)
marital status, n (%)	
widowed/divorce	24 (40.7)
married/partnership	35 (59.3)
highest education, n (%)	
high school	17 (28.8)
college/university	42 (71.2)
employment, n (%)	
unemployed/retired	23 (39.0)
student/employed	36 (61.0)
employment was affected by COVID-19, n (%)	22 (37.3)
# household size, mean ± SD	2.5 ± 2.2
# of dependents, mean ± SD	0.9 ± 1.4
Clinical	
Crohn's disease n (%)	30 (50.8)
fistulizing	8
inflammatory/abscess	13
stricture/obstructive	16
Ulcerative colitis (n,%)	29 (49.2)
proctitis	2
segmental colitis	8
pancolitis	14
pouchitis	3
disease length (years), mean ± SD	9.2 ± 12.5
current medication, n (%)	
no biologics	27 (45.8)
biologics	32 (54.2)

Table 2. PROMs

Scoring System	All (n = 59)
symptom severity, n (%)	
remission	26 (44.1)
mild	17 (28.8)
moderate	16 (27.1)
severe	0 (0.0)
GIQLI, mean ± SD	104.5 ± 22.4
physical well-being	26.9 ± 9.0
GI digestion	31.1 ± 6.2
GI defecation	17.8 ± 5.2
mental well-being	13.7 ± 4.7
IES-R, n (%)	
normal	16 (27.1)
mild	22 (37.3)
moderate	19 (32.2)
severe	2 (3.4)

Table 3. Covariates independently associated with individual PPROMs.

	IBD symptom severity		GIQLI		IES-R	
Characteristics	OR	95% CI	OR	95% CI	OR	95% CI
female sex	**0.03**	**0.002-0.517**	0.23	0.027-1.931	2.06	0.387-10.915
married/ partnership	0.14	0.011-1.847	**59.02**	**2.56->1000**	3.47	0.601-20.054
employed	2.52	0.127-49.957	1.14	0.077-16.906	**2.26**	**0.264-19.402**
employment affected by COVID	**0.02**	**0.001-0.561**	0.49	0.048-4.932	4.30	0.624-29.574
household size	1.70	0.989-1.258	**0.47**	**0.232-0.959**	**0.32**	**0.149-0.694**
IBD symptoms	-	-	-	-	**12.99**	**1.194-141.182**
GIQLI (top 3 quartiles)	**0.88**	**0.809-0.952**	-	-	1.01	0.967-1.062
IES-R	1.08	0.978-1.191	0.91	0.819-1.017	-	-

Conclusion

- The stress caused by COVID-19 was NOT associated with an increase in IBD symptoms nor lower quality of life.
- The adoption and continuation of virtual meetings with IBD patients should continue, despite the disruption to their normal medical care.