Self-reported frequency and severity of disease flares, disease perception, and flare treatments in patients with ulcerative colitis: results of a national internet-based survey.

Bolge SC, Waters H, Piech CT.

Source
Consumer Health Sciences/KantarHealth, Princeton, New Jersey, USA.

Abstract

OBJECTIVES:
The purpose of this study was to better understand the characteristics and patterns of treatment of flares of ulcerative colitis (UC) from the patient's perspective. A secondary objective was to determine the predictive value of disease characteristics, particularly disease flares, on current use of biologic therapy.

METHODS:
Study participants were recruited from an Internet panel of self-identified individuals with inflammatory bowel disease (UC or Crohn's disease). The present analysis was limited to individuals who reported having a diagnosis of UC, were aged \( \geq 18 \) years, resided in the United States, and could speak and write English. Cross-sectional data (demographic characteristics, insurance coverage, incidence of flares, patient experiences, treatment patterns) were collected via a self-reported Internet-based questionnaire during the third quarter of 2008.

RESULTS:
A total of 505 individuals with UC completed the survey (72.7% female; 16.6% non-white; 37.2% college graduates; mean [SD] age, 48.6 [2.8] years). The mean time since the diagnosis of UC was 11.9 (10.1) years, and 76.6% of respondents characterized their disease as controlled. Overall, 27.9% of the sample reported \( \geq 1 \) flare per week, and an additional 25.1% reported \( \geq 1 \) flare per month. Most disease flares (76.5%) lasted \( \leq 7 \) days and were classified as moderate in severity (51.9%). Among those reporting \( \geq 1 \) flare per week, 30.5% classified their overall disease severity as mild, 56.0% as moderate, and 13.5% as severe. The majority of respondents with \( \geq 1 \) flare per week currently used 5-aminosalicylic acids (5-ASAs) (41.1%) or corticosteroids (49.6%), whereas 19.1% used immunomodulators and 17.0% used biologics.
Disease flares were most commonly treated by increasing the dose of the current medication (60.4%) or adding a corticosteroid to the treatment regimen (34.5%).

**CONCLUSIONS:**

More than half of these individuals with UC reported experiencing disease flares >or=1 time per week or month. The majority reported using 5-ASAs or corticosteroids as maintenance medications and increasing the dose or adding corticosteroids to control flares in the short term.

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PMID: 20206781 [PubMed - indexed for MEDLINE]