

P462: The burden of mental health issues in people with inflammatory bowel disease in Australasia - Crohn's Colitis Cure (CCC) Data Insights Program

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BACKGROUND

- Inflammatory bowel disease (IBD) has a well recognised effect on quality of life, with depression or anxiety affecting ~1 in 5 people with IBD.
- Depression and anxiety influence outcomes in IBD and may be predictors of active disease, indicating the importance of screening for and treating mental health issues (MHI).
- Aim: to explore the burden of MHIs in an Australasian IBD cohort, and examine the variation in MHI screening and care across care sites and settings.

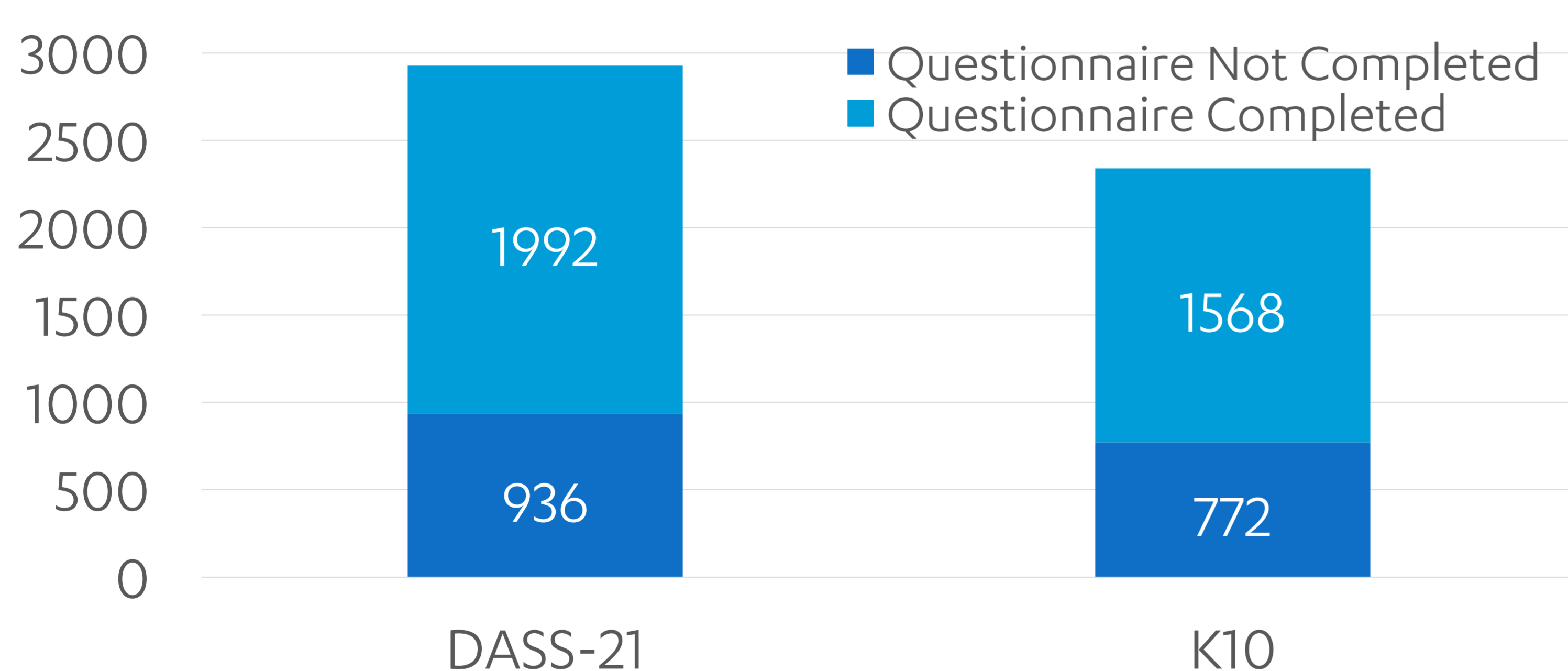
METHODS

- Crohn's Colitis Care is a cloud-based IBD-specific electronic medical record (EMR) used at IBD centres across Australasia since 2018.
- Data from CCCare flow across to a de-identified clinical quality registry, which was interrogated in May 2023.
- Inclusion: all individuals with IBD with a clinical encounter documented since August 2018 across 20 care centres.
- Mental health data were collected:
 - As documentation of a known co-morbidity during routine care encounters or;
 - By completion of validated questionnaires sent by email to consumers (Depression Anxiety and Stress Scale 21 [DASS-21] and/or Kessler Psychological Distress Scale [K10]).

RESULTS (CONT.)

- Total Cohort: 6614 people with IBD, mean age = 44.4 years (SD 22.09), females = 3350 (50.9%).
- 5257 (79.5%) Australian, 1257 (20.5%) New Zealander.

Figure 1: MHI screening (ever) in people with IBD



RESULTS (CONT.)

- 3775 (57.1%) had Crohn's disease (CD), 2676 (40.4%) ulcerative colitis (UC) and 163 (2.5%) IBDU.
- Anxiety was the 4th most listed comorbidity, affecting 17.8%.
- Depression was the 7th most listed comorbidity, affecting 13.7%.
- Anxiety and Depression (combined) was the 13th most listed comorbidity, affecting 9.1%.
- 2 in 5 had received a formal MHI diagnosis.
- 44% were invited to complete the DASS-21 and 35% the K10 (Figure 1).
- Invitation rates varied from 11%-90% between centres, and completion rates from 26%-47%.
- Mean DASS-21 score (table 1) was:

8.1 for DEPRESSION

(7-10 indicative of moderate disease)

6.6 for ANXIETY

(6-7 suggests moderate disease)

11.2 for STRESS

(10-12 indicates moderate disease)

- People with current fistulising CD (fCD), representing a more severe phenotype, had higher mean DASS-21 scores than the wider IBD population.

Table 1: Most recent MHI scores in people with IBD

	Current fCD	Previous fCD	No fCD	Total
Patients (n)	271	411	5932	6614
K10 (n)	34	62	515	611
Mean K10	21.4	20.8	19.4	19.6
DASS-21 (n)	40	67	599	706
Mean				
Depression Score DASS-21	9.9	9.9	7.7	8.1
Mean Anxiety Score DASS-21	7.4	6.7	6.5	6.6
Mean Stress Score DASS-21	13.9	10.8	11.1	11.2

CONCLUSIONS

These prospectively collected data from large Australasian IBD treatment centres show:

- Individuals with IBD experience high rates of MHIs. Those with more severe phenotypes (e.g. fCD) scored worse on mental health assessment tools like DASS-21.
- Despite the availability of screening and monitoring tools embedded in CCCare and effective treatment strategies for MHIs showing gains for IBD outcomes, healthcare providers use these variably.
- Standardisation of care addressing the psychosocial needs of people with IBD is needed.