

# The Burden of Mental Health Issues in people with Inflammatory Bowel Disease in Australasia – Crohn's Colitis Cure (CCC) Data Insights Program

Lores T, Iliescu S, Su W, Wilson W, Leray K, Kuzet G, Lynch K, Andrews J, Connor S

## INTRODUCTION & AIM

- The burden of mental health issues (MHIs) in people with Inflammatory Bowel Diseases (IBD) is high.
- To facilitate recognition and management of MHIs, brief psychological screening measures – the Depression, Anxiety and Stress Scale (DASS-21), Kessler Psychological Distress Scale (K10) – are available on Crohn's Colitis Care (CCCare).
- CCCare data are fed into a de-identified clinical quality registry (CQR) for research and auditing purposes; the CQR was interrogated in April 2024 to determine frequency of survey invitation and use, as well as prevalence of likely MHIs in this cohort.

## METHOD

- IBD consumers were considered for the analysis if they had a clinical assessment recorded in CCCare, they were included in the MHI analysis if they had at least one psychological screening measure completed.
- Respondents were classified as being "at risk" of clinically relevant MHIs if they scored in the moderate or above severity ranges on the DASS-21 and/or K10.

## RESULTS

- Of the 8,504 IBD consumers who ever had a clinical assessment on CCCare, 2,221 (26.1%) were sent the DASS-21 and 1,815 (21.3%) were sent the K10.
- Completion rates were 41.4% and 39.3%, respectively; a total of 1,105 (11.9%) had at least one scale score available for the MHI analysis (see table below for frequencies by scale and range).
- Sample median age = 41 years (IQR 31-53); median disease duration = 10.6 years (IQR 6-18); women were more likely to complete the screening than men (DASS-21: 46% vs 37%; K10: 43% vs 36%).
- **Substantial proportions of respondents scored at risk for MHIs, including 22% for depression, 27% for anxiety, 17% for stress and 24% for general distress.**
- A higher proportion of those with fistulising Crohn's disease (fCD) scored in the mild range for depression, compared to those who had never or previously had fCD (50% [ $n=23$ ] vs 31.9% [ $n=142$ ] vs 39.8% [ $n=35$ ], respectively,  $p<.05$ ).
- For the broader CCCare cohort ( $n=8,504$ ), anxiety was the fifth most recorded comorbidity (3.5%,  $n=296$ ), depression the sixth (3.2%,  $n=273$ ) and depression with anxiety the tenth (2.4%,  $n=206$ ).

Psychological screening results of the CCCare IBD sample	Crohn's Disease (n = 644)	Ulcerative Colitis (n = 359)	IBD-Unclassified (n = 12)	Total (n = 1,015)
<b>K10</b>	n = 452	n = 253	n = 9	n = 714
<b>General Distress, n (%)</b>				
Normal	261 (57.7)	161 (63.6)	5 (55.6)	427 (59.8)
Mild	77 (17)	41 (16.2)	0 (0)	118 (16.5)
Moderate – Severe	114 (25.2)	51 (20.2)	4 (44.4)	169 (23.7)
<b>DASS-21</b>	n = 579	n = 330	n = 10	n = 919
<b>Depression Scale, n (%)</b>				
Normal	379 (65.5)	240 (72.7)	5 (50)	624 (67.9)
Mild	62 (10.7)	29 (8.8)	2 (20)	93 (10.1)
Moderate – Extremely Severe	138 (23.8)	61 (18.5)	3 (30)	202 (22)
<b>Anxiety Scale, n (%)</b>				
Normal	382 (66)	222 (67.3)	6 (60)	610 (66.4)
Mild	40 (6.9)	23 (7)	2 (20)	65 (7.1)
Moderate – Extremely Severe	157 (27.1)	85 (25.8)	2 (20)	244 (26.6)
<b>Stress Scale, n (%)</b>				
Normal	429 (74.1)	236 (71.5)	9 (90)	674 (73.3)
Mild	51 (8.8)	41 (12.4)	0 (0)	92 (10)
Moderate – Extremely Severe	99 (17.1)	53 (16.1)	1 (10)	153 (16.6)

## CONCLUSIONS

- In this large cohort of IBD consumers on CCCare, only one-quarter had been invited to complete psychological screening since module integration; in those who completed screening, up to one-in-four scored at risk for clinically relevant MHIs.
- These data are consistent with the under-recognition and under-management of psychological distress in routine IBD care.
- Increased use of the CCCare psychological screening module may help improve recognition and management of MHIs in IBD.