

# Disease Burden and Unmet Medical Need in Patients With Crohn's Disease in Greece: A Cross-Sectional Patient Survey

Tzanetakos C<sup>1</sup>, Vakouftsi VR<sup>2</sup>, Mavridoglou G<sup>3</sup>, Gourzoulidis G<sup>1</sup>

<sup>1</sup>Health Through Evidence G.P., Athens, Greece, <sup>2</sup>Hellenic Society of Crohn's disease's and Ulcerative Colitis' patients (HELLESCC), Athens, Greece, <sup>3</sup>University of Peloponnese, Kalamata, Greece

## OBJECTIVE

Crohn's disease (CD) requires life-long disease management. The study objective was to investigate the burden of CD and unmet medical need in patients who receive biologic therapy in Greece

## CONCLUSIONS

This real-world analysis suggests that despite increased therapeutic options, Greek CD patients currently being treated with biologics experience high disease burden and continued unmet needs. There is an increasing need to incorporate assessments of patient-reported outcomes into treatment decision making and estimates of health outcome

This study was sponsored by the Hellenic Society of Crohn's disease's and Ulcerative Colitis' patients (HELLESCC). All costs associated with the development of this poster were funded by the Health Through Evidence Consulting G.P. All authors critically reviewed this publication for important intellectual content and gave their approval for this version to be published. All authors declare no other competing interests.



References: 1. Yaras, A., et al., J Crohns Colitis, 2018, 12(5): p. 600-609. 2. Williet N, et al., Clin Gastroenterol Hepatol 2014;12:1246-56.3. Fiorino, G., et al., J Crohns Colitis, 2020, 14(6): p. 1037-1048. 4. Peyrin-Biroulet L, et al. Am J Gastroenterol 2015;110:1324-38. 5. Turner, D., et al., Gastroenterology, 2021, 160(5): p. 1570-1583. 6. Ghosh, S., et al., J Crohns Colitis, 2020, 15(2): p. 228-37. 7. Rubin, D.T., et al., Inflamm Bowel Dis, 2021, 27(7): p. 1096-1106. 8. Al Khoury, A., et al., Dig Dis Sci, 2022, 67(6): p. 1956-1974.

## INTRODUCTION

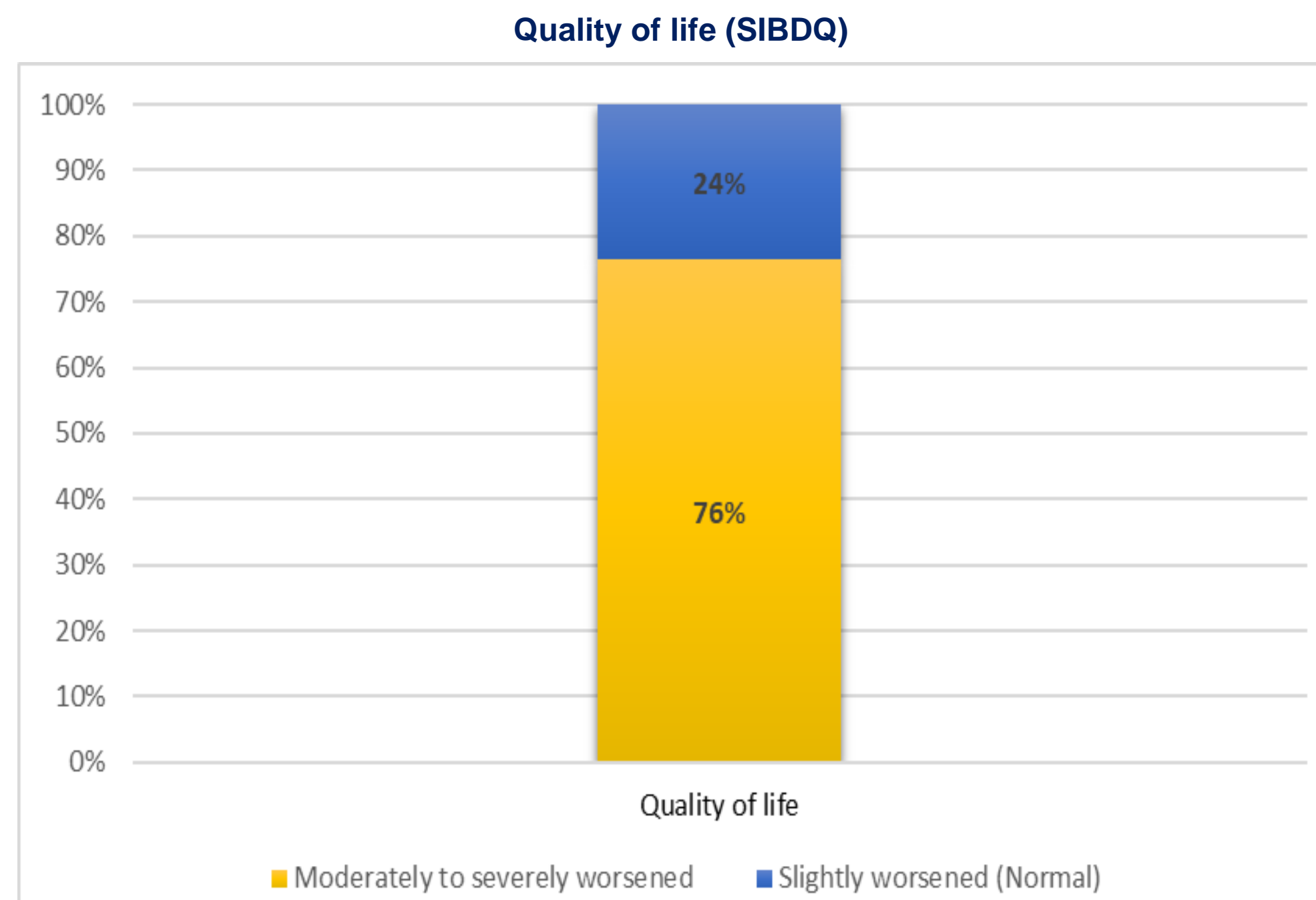
- The burden of Crohn's Disease (CD) extends far beyond the clinical signs and symptoms from the gastrointestinal tract and/or comorbidities, since many other aspects of patients' lives are affected<sup>1</sup>
- Patient-reported outcomes [PROs] are becoming important endpoints in clinical trials in the field of inflammatory bowel diseases (IBD)<sup>2</sup> and have been selected as treatment targets by an expert group of IBD specialists<sup>3-5</sup>
- Physicians often underestimate the disease burden and associated suffering<sup>6</sup>, while they may fail to recognize issues important to patients<sup>7</sup>
- Based on a recent systematic review, one of the major patients' expectations is improvement in health-related quality of life and one of the patients' main concerns is shared decision making<sup>8</sup>

## METHODS

- Between October 2023 and January 2024, adult patients who were members of Hellenic Society of Crohn's disease's and Ulcerative Colitis' patients (HELLESCC) filled out a structured self-questionnaire
- The survey questionnaire included sociodemographic characteristics, smoking habits, history of comorbidities, disease characteristics, IBD medications, and PROs (Short Inflammatory Bowel Disease Questionnaire [SIBDQ], Work Productivity and Activity Impairment-Specific Health Problem [WPAI-SHP], Patient Health Questionnaire-9 [PHQ-9], treatment satisfaction and treatment adherence)
- The recruitment process was performed by HELLESCC staff, without recording members' personal data. The participation in the cross-sectional survey was voluntary. Participants were able to withdraw their consensus at any time. Collected data were anonymous and confidential

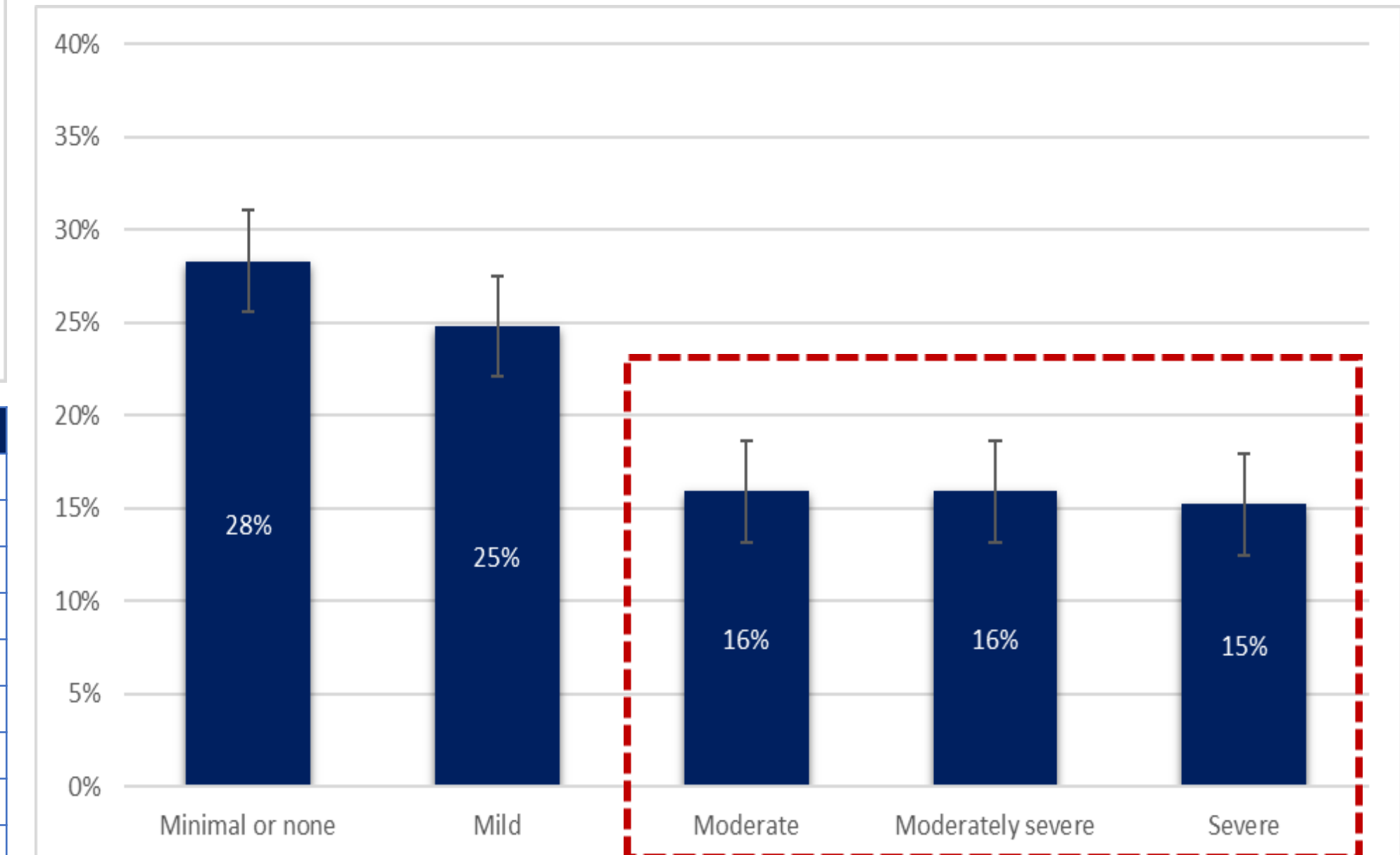
## RESULTS

Patients Characteristics		N=201
<b>Age [years] median (IQR)</b>		
42 (37-47)		
<b>Gender, n (%)</b>		
	Male	81 (40.3)
	Female	120 (59.7)
<b>Residence, n (%)</b>		
	Athens	87 (43.3)
	Thessaloniki	17 (8.5)
	Urban area (>10,000 inhabitants)	68 (33.8)
	Semi-urban area (2,000 - 10,000 inhabitants)	16 (8)
	Rural area (<2,000 inhabitants)	13 (6.5)
<b>Body mass index [BMI], n (%)</b>		
	Underweight (<18.5)	9 (4.5)
	Normal weight (18.5-<25)	71 (35.3)
	Overweight (25-30)	84 (41.8)
	Obese (≥30)	37 (18.4)
<b>Family status, n (%)</b>		
	N=141	
	Unmarried	57 (40.4)
	Married	71 (50.4)
	Divorced	11 (7.8)
	Widow	2 (1.4)
<b>Education level, n (%)</b>		
	N=141	
	Primary school	3 (2.1)
	Low Secondary school	5 (3.5)
	High Secondary school	60 (42.6)
	University	53 (37.6)
	MSc/ PhD	20 (14.2)
<b>Occupational status, n (%)</b>		
	N=141	
	Freelancer	17 (12.1)
	in paid employment	59 (41.8)
	Unemployed	20 (14.2)
	Retired	26 (18.4)
	Student	12 (8.5)
	Housework	7 (5)
<b>Smoking status, n (%)</b>		
	Current smoker	83 (41.3)
	Former smoker	50 (24.9)
	Never smoker	68 (33.8)
<b>Age at diagnosis [years], median (IQR)</b>		
30 (23-35)		
<b>Disease duration [years], median (IQR)</b>		
10 (5-16)		
<b>Surgery during the last 12 months, n (%)</b>		
56 (40.3)		
<b>Ongoing advanced treatment, n (%)</b>		
	Tumor necrosis factor inhibitors [TNFi]	145 (72.1)
	Integrin α4 inhibitor	11 (5.5)
	Interleukin-12/23 inhibitor [IL-12/23i]	43 (21.4)
	Janus kinase inhibitors [JAKi]	2 (1)
<b>Disease activity, n (%)</b>		
	N=138	
	HBI, median (IQR)	5 (3-8)
	Remission	87 (43.3)
	Mild	51 (25.4)
	Moderate	60 (29.9)
	Severe	3 (1.4)
<b>Comorbidities, n (%)</b>		
	N=138	
	None	47 (34.1)
	One	36 (26.1)
	Two	29 (21)
	Three or more	26 (18.8)

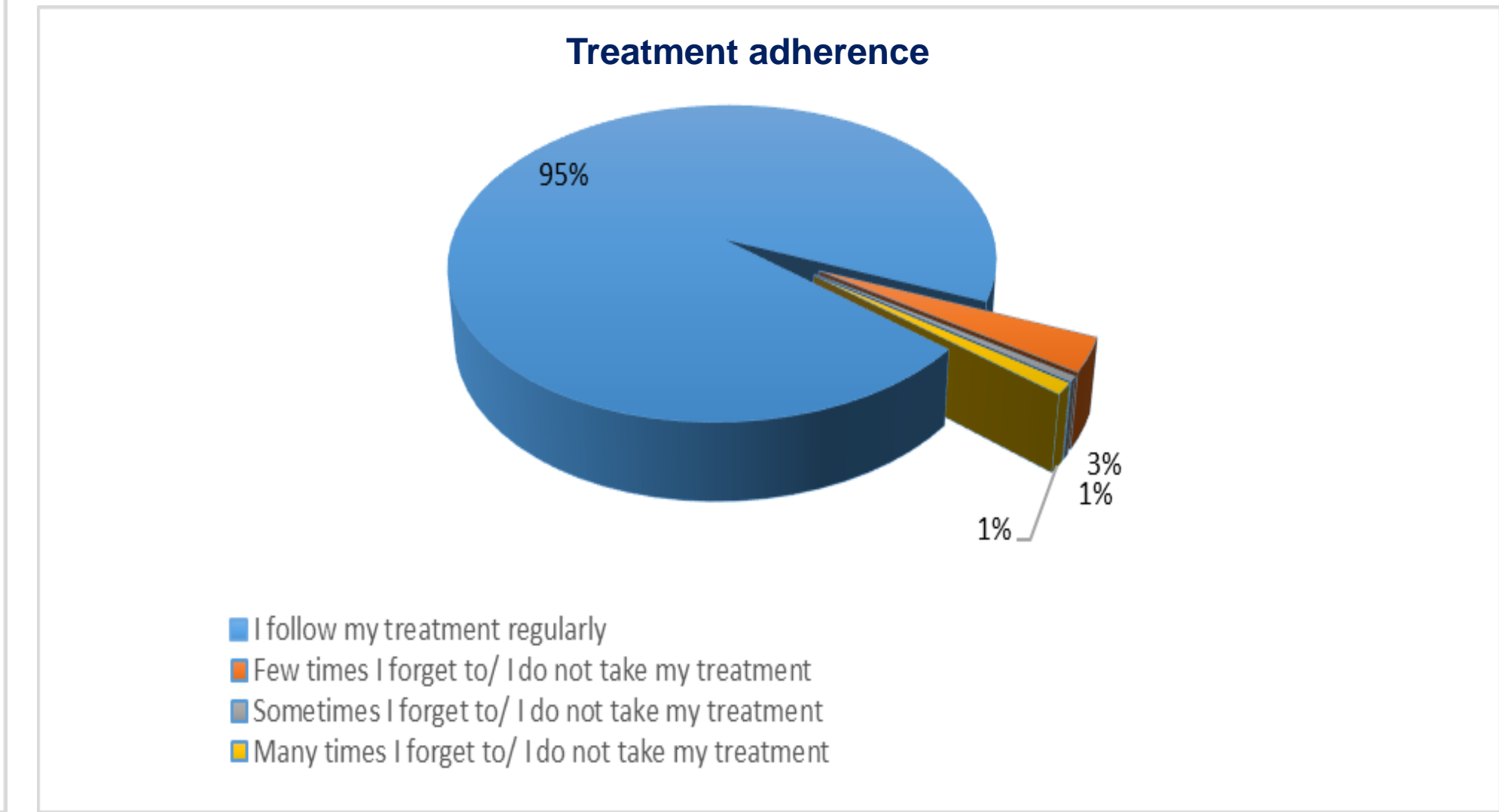
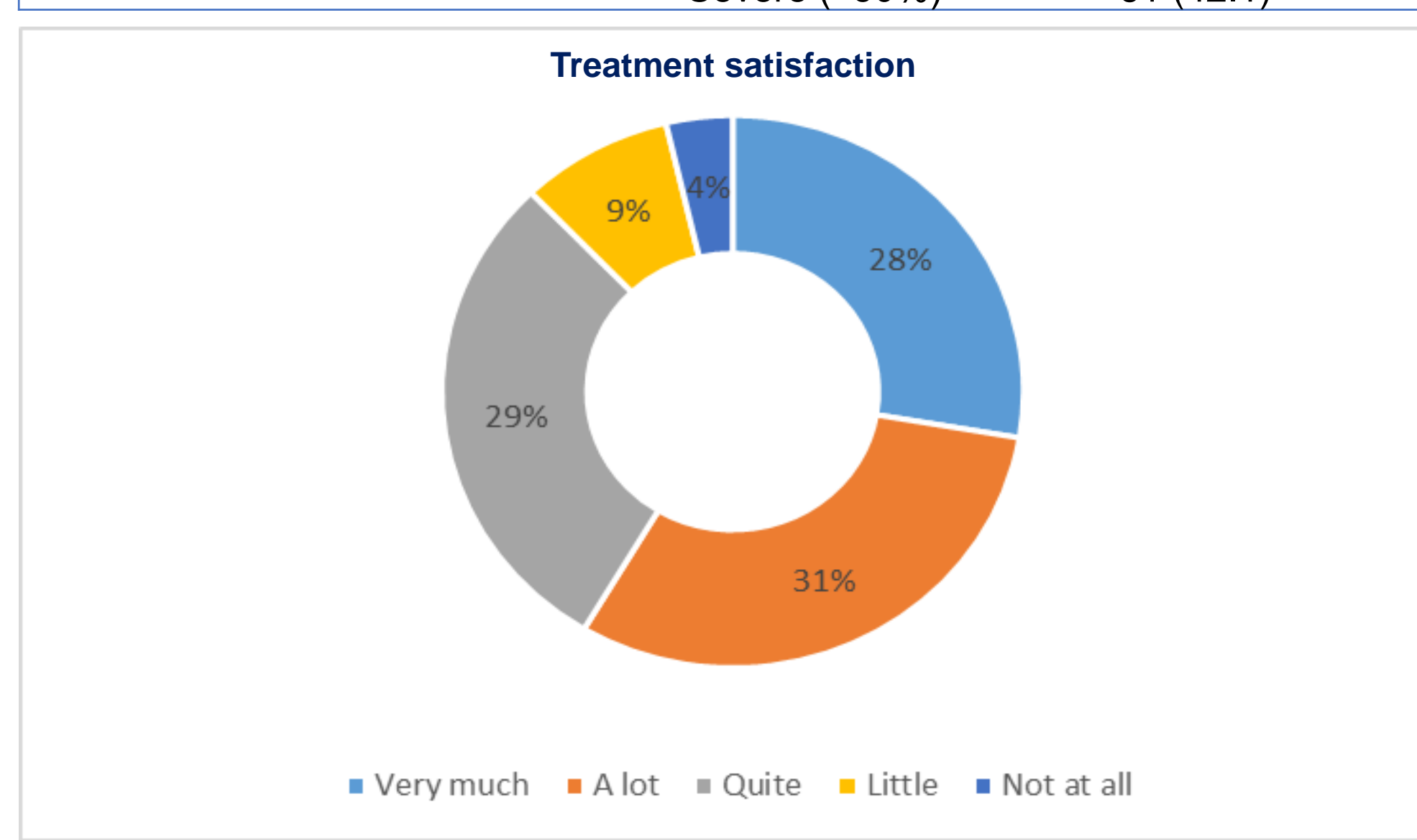


Productivity loss		WPAI	
<b>Absenteeism in %, median (IQR)</b>			
	Mild (0-19%)	62 (80.5)	0 (0-11.1)
	Moderate (20-49%)	10 (13)	
	Severe (≥50%)	5 (6.5)	
<b>Presenteeism in %, median (IQR)</b>			
	Mild (0-19%)	36 (48.6)	20 (0-40)
	Moderate (20-49%)	23 (31.1)	
	Severe (≥50%)	15 (20.3)	
<b>Work productivity loss in %, median (IQR)</b>			
	Mild (0-19%)	35 (45.5)	20 (0-50)
	Moderate (20-49%)	21 (27.3)	
	Severe (≥50%)	21 (27.3)	
<b>Activity impairment in %, median (IQR)</b>			
	Mild (0-19%)	46 (31.7)	30 (0-70)
	Moderate (20-49%)	38 (26.2)	
	Severe (≥50%)	61 (42.1)	

- Around 76% of patients [N=148] reported moderately [SIBDQ 45-59: 29.7%] to severely [SIBDQ <45: 46.6%] impaired quality of life (half of them [52.4%] were in remission)
- One-fifth reported work productivity loss and 30% reported activity impairment
- Around half of patients (N=145) reported moderate to severe depressive symptoms [PHQ-9≥10: 46.9%]



- Interestingly, 42% of patients (N=188) were "not at all", "little" or "quite" satisfied with their biological treatment, with the main reason of dissatisfaction being "fatigue is increasing"
- Almost all (95.1%) of the patients (N=183) reported that they follow their biological treatment regularly



Spearman's correlation coefficients for PROs and disease activity

Outcome	Disease Activity (HBI)	Quality of life (SIBDQ)	Productivity loss (WPAI)				Psychological burden (PHQ-9)
			Absenteeism	Presenteeism	Overall productivity impairment	Activity Impairment	
Disease Activity (HBI)	--	--					
Quality of life (SIBDQ)	-0.738**	--					
Productivity loss (WPAI)	Absenteeism	0.605**	--				
	Presenteeism	0.614**	-0.711**	0.574**	--		
	Overall productivity impairment	0.709**	-0.751**	0.773**	0.964**	--	
	Activity Impairment	0.702**	-0.795**	0.514**	0.756**	0.750**	--
Psychological burden (PHQ-9)	0.547**	-0.812**	0.424**	0.560**	0.586**	0.684**	--

\*\*p < 0.01