

# The **Communicating Needs and Features of IBD Experiences (CONFIDE)** Study: Key results for US patients with ulcerative colitis

## Background

The CONFIDE study was designed to better understand the **burden, barriers, and care experience** of those living with **moderate-to-severe UC and CD** and how these patients **communicate with their HCPs**

## US patient demographics

- 62% male, 39% female
- Mean age: 40.4 years
- Mean time since UC diagnosis: 7.9 years



## Key findings

Initial results offer valuable insights to understand the **burden and barriers for patients** and highlight a **conversation gap** between patients and HCPs that may contribute to suboptimal outcomes

### **Bowel urgency**

47% of patients reported currently suffering from **bowel urgency** and 62% reported ever suffering from it



### **Sexual activity**

63% of patients indicated that they had **avoided or decreased sexual activity** in the last 3 months due to their UC



**Male: 55%**    **Female: 77%**

Most frequently reported reasons for avoidance included:

- 41% Bowel urgency
- 34% Fear of bowel urgency-related accidents
- 37% Decreased sexual desire

### **Daily life events**

**More than 1/3** of patients reported that bowel urgency led to **declining participation in daily life events** such as work and school (37%), social events (43%), and sports/physical exercise (38%)



### **Use of protection**

76% of patients reported **wearing diapers, pads, or other protection** due to fear/anticipation of a UC-related accident in the past 3 months



### **Patient-provider communication**



**Bowel urgency** was the second most commonly reported symptom experienced by people with moderately-to-severely active UC, but many patients do not feel comfortable reporting it to HCPs

Only **38%** feel **completely comfortable** (defined as 7 on a 7-point scale) reporting bowel urgency to their HCP



**62%** of patients who feel uncomfortable reporting bowel urgency to their HCP cite **embarrassment** as the main reason



Other commonly cited reasons for discomfort in reporting include

- Not enough time in appointment
- Waste of HCP's time
- Feel that their HCP can't help



## Conclusions

These insights not only pave the way toward **solutions** to help those who live with and treat UC but also paint a clearer picture of the **real-world impact and challenges** of this disease

CD=Crohn's disease; HCP=health care professional; UC=ulcerative colitis

Dubinsky MC, et al. Communicating Needs and Features of IBD Experiences (CONFIDE) Survey: impact of ulcerative colitis symptoms on daily life. *J Crohns Colitis*. 2022;16(Suppl. 1):i186-i187; Rubin D, et al. Communicating Needs and Features of IBD Experiences (CONFIDE) Survey: patient and health care professional perspectives on experience of ulcerative colitis symptoms. *Am J Gastroenterol*. 2021;116(Suppl. 1):S7; Schreiber S, et al. Communicating Needs and Features of IBD Experiences (CONFIDE) Survey: burden and impact of bowel urgency on patients with moderate-to-severe ulcerative colitis. *Inflamm Bowel Dis*. 2022;28(Suppl. 1):S79; Travis S, Dubinsky MC, Schreiber S, et al. Communicating Needs and Features of IBD Experiences (CONFIDE) Survey: impact of moderately to severely active ulcerative colitis on sexual activity. *Gastroenterology*. 2022;162(Suppl.):232.