

## Quick Reference Sheet:

# Communicating With Patients About IBD Treatment

### ADHERENCE

*Major predictors of poor adherence include depression, complex treatment (eg, taking medications several times daily), poor relationship with healthcare team, long intervals between office visits, lack of insight about illness or belief in treatment, adverse events, cost, and treatment when asymptomatic.*

- ☐ Provide open communication to identify and resolve barriers to adherence
- ☐ Provide tools for a medication reminder system (eg, smartphone apps, text messages, pill boxes, placing the medication in a visible setting such as near a toothbrush)

### SHARED DECISION MAKING

*More than two thirds of IBD patients want to be involved in decisions regarding their care.*

- ☐ Encourage patient engagement
- ☐ Invite patients to participate by discussing their goals and concerns and making sure they know their options
- ☐ Let patients know they have time to think things over before decisions are made
- ☐ Ask patients what additional information they need before they are comfortable making a decision

### Part 1: Assess Knowledge Base

*Start any education session by assessing the patient's knowledge of medication(s) that have been prescribed for IBD or other conditions.*

- ☐ Reinforce teaching by inquiring about how, when, and why they take the medication
- ☐ Ask about any effects they have noticed (positive or negative)
- ☐ Ask about expectations for therapeutic response

## Part 2: Communicate Risks and Benefits

*Patients want to be informed of all potential risks of medication and often underestimate them.*

- ☐ Use visual aids whenever possible
- ☐ Be consistent with numbers
  - Use common denominators
  - Avoid using percentages by converting 1% to 1 in 100
- ☐ Give perspective by comparing with other risks in life such as: “In the US, you have a 1 in 7 chance of dying from heart disease, whereas your chance of being diagnosed with non-Hodgkin’s lymphoma while receiving anti-TNF and immunomodulatory therapy is approximately 1 in 1600”
- ☐ Individualize and use decision aids when possible

## Part 3: Update Immunizations

*Vaccinations are an important approach to preventing infection, yet IBD treatments can affect which vaccinations are recommended and when these vaccinations should be administered.*

- ☐ Ask about and update vaccination status for influenza, pneumonia, and HPV
- ☐ Before beginning anti-TNF biologics, review the need for hepatitis B vaccine or check status with a blood test and review whether there is a recent test for latent tuberculosis
- ☐ Avoid live vaccines (MMR, varicella, zoster) in immunosuppressed patients, particularly those receiving biologics or receiving corticosteroids at doses > 20 mg/day

## Part 4: Record Adverse Events

*Many patients discontinue IBD treatment because of adverse events; addressing these adverse events can improve adherence. Adverse events are more common in patients receiving multiple IBD medications or narcotic analgesics and may be difficult to recognize as drug vs disease related.*

- ☐ Ask about adverse events at every appropriate encounter (eg, visits, infusions)
- ☐ Listen carefully to the patient’s narrative of the event
- ☐ Assess the severity (mild, moderate, severe) and timing of the adverse event
- ☐ Perform medication reconciliation at every visit or contact
- ☐ Recognize serious adverse events that are likely associated with treatment
- ☐ Consider a drug holiday with rechallenge when the adverse event is mild/moderate and the relationship is unclear

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Crohn’s and Colitis Foundation offers a host of educational resources, including free patient brochures and fact sheets and information specific to nurses and advanced practice providers. Learn more at [www.crohnscolitisfoundation.org/science-and-professionals/programs-materials/ibd-nurses/](http://www.crohnscolitisfoundation.org/science-and-professionals/programs-materials/ibd-nurses/)

Visit [clinicaloptions.com](http://clinicaloptions.com) for more information on managing IBD, including a practical nursing reference on IBD treatments and downloadable slides for self-study or for updating and sharing in your noncommercial presentations to colleagues or patients.