



# UCANDME™

In conjunction with the ECCO Congress, the pharmaceutical company Tillotts Pharma arranged a Breakfast Meeting about an exciting new digital program to help physicians to improve adherence of their patients.

In a Tillotts survey on ulcerative colitis (UC) presented at the Congress, the result was that 93 percent of people with UC have low to medium adherence to medication, putting them at five times greater risk of relapse.

The survey was conducted in order to understand the needs, concerns and attitudes of people with UC. 507 people with UC and 27 healthcare professionals from eight European countries were interviewed.

Based on the findings of the survey, Tillotts partnered with a scientific committee of leading medical experts to develop the UCandME™ toolbox to further support the Gastroenterology community in improving patient adherence and education.

### Good communication is appropriate

The Meeting began with Mattias Norrman, Chief Operations Officer at Tillotts.

– Why patient adherence programs? Because poor adherence to medications is a major problem, he said.

Patient adherence programs need to be

more individualised. Next-generation adherence programs recognise that a single solution may not fit with every patient's needs or motivations.

Dr Stuart Bloom talked about the need for improvement in patient education in UC management.

– Compliance with the treatment of UC is a key factor to prevent the aggravation of the disease. In IBD, non compliance is mainly due to a low perceived severity of the disease, or the fear of side-effects, Dr Bloom said.

The implications of non-adherence are significant, and its cost to global healthcare systems is huge. The effect on human health is equally severe. Dr Bloom described barriers for adherence, and underlined the need of good communication between patients and doctors and nurses.

### Main sources of information

– There is a five-fold increased risk of relapse in patients non-adherent to medication. And this leads to more hospitalisations and more colectomies, said Prof Laurent Peyrin-Biroulet.

In the short term – the first months – adherence is OK. But it is getting lower with time.

– We normally discuss with the patient what happens when they take the drug – but not what happens when they don't take it, he continued.

The main sources of information on UC are gastroenterologists and IBD Nurses (73 %) or Internet (67 %).

### Partnership with the patient

The UCandME™ program is created by medical experts to help health care professionals to provide patients with the information they need. Prof Peyrin-Biroulet described how it works:

– It is a program in two steps. The first step is to define your patient's needs and concerns via the UCandME™ questionnaire.

This is an online patient-centred questionnaire with 10 quick questions that can be completed by the patient in the waiting room, at home or during consultation.

– The second step is to create your pack of patient-specific information – UCandME™ education.

This is a full range of online tools and resources that helps the physician or nurse to educate the patient and provide the information he or she needs.

– By defining patients' needs and tailoring specific information, UCandME™ represents a new approach in the management of UC, Prof Peyrin-Biroulet concluded.

Afterwards in a panel discussion, IBD Nurse Susanna Jäghult pointed out that the patient is managed by a team.

– We have to invite the *patient* to that team. I – as an IBD Nurse – have a lot of knowledge about the disease. The patient has a lot of knowledge about living with the *disease*. That's where a partnership comes into the picture!



Laurent Peyrin-Biroulet, Stuart Bloom and Susanna Jäghult.

Per Lundblad