

Letter to the Editor

COVID-19 Outbreak and Inflammatory Bowel Disease Management: A Questionnaire Survey From Realistic Practice

Xiaoyin Bai, Hong Yang, Jiaming Qian

Department of Gastroenterology, Peking Union Medical College Hospital, Peking Union Medical College and Chinese Academy of Medical Sciences, Beijing, 100730, China

Corresponding author: Jiaming Qian, MD, No.1 Shuaifuyuan, Dongcheng, Beijing, China. Tel.: 86-10-69155019; email: qianjiaming1957@126.com



Coronavirus disease 2019 [COVID-19] has swept Wuhan and other cities in China since January 2020.¹ Despite the preliminary victory of containing the infection following 2 months of effort in China, the pandemic has posed a challenge regarding the routine clinical attention to patients with chronic disease. Inflammatory bowel disease [IBD] is a chronic disease which requires elaborate management. Due to the relative low incidence and prevalence of IBD,² the limited number of specialists, and the individualised therapeutic approaches in our country, treatment recommendations still depend on the collaborative effort of experts in the high-volume hospitals. Nevertheless, given the severity of COVID-19, patients are advised to follow local primary physicians, which may result in unmet medical needs. In addition, most patients with IBD require glucocorticoids, immunomodulators, or biologic agents for a long time, which increases the likelihood of experiencing side effects and compromises the treatment outcome.

Our team is located in a tertiary hospital in Beijing, and we provide follow-up service for more than 150 patients with IBD who mainly live in the northern part of China. Under the special conditions of the past 2 months, we have adopted new methods of communication for follow-up such as mobile communication applications, distance text consultation, hotline, and telehealth. Also, we have been referring patients with severe active IBD to local specialists through our professional network.

In the past 2 months, we have sent out questionnaires to our patients through emails, mobile communication applications, and text messaging [approved by Ethics Committee of Peking Union Medical College Hospital] to monitor patients' progress. We received 125 effective responses in total. Their demographic features and clinical information are listed in Table 1. Patients were classified into four levels of severity in previous followup: severe [22, 17.6%], moderate [32, 25.6%], mild [31, 24.8%], and in remission [40, 32.0%]. Over the period of COVID-19 outbreak, 18 [14.4%] patients reported exacerbation, 12 [9.6%] patients have improved, and 95 [76.0%] patients remained unchanged [details demonstrated in Supplement 1, available as Supplementary data at ECCO-JCC online]. A total of 88 [70.4%] patients stated that COVID-19 pandemic affected their scheduled follow-up. Overall 64 [51.2%] patients attended

consultations via mobile communication applications, six [4.8%] patients received follow-up online, six [4.8%] patients attended patient information webinar, and 16 [12.8%] patients visited outpatient clinics or emergency departments in non COVID-19 treating hospitals. Only one patient felt his/her medical need had not been met during this special period.

COVID-19 outbreaks have occurred in countries with high morbidity from IBD, such as East Asia [Korea and Japan], Europe [Italy, Germany, Spain, and France], and North America [USA].³ We hope our experience may provide an alternative to face-to-face consultation for reviewing patients with IBD in above-mentioned countries, as follows.

1. Mobile communication applications, such as WeChat,⁴ is an effective and individualised method of information exchange. It takes a serious amount of time to conduct consultation via the app, but this approach can cover fundamental follow-up questions and soothe panic.

Table 1. Characteristics of patients with IBD responding to the questionnaire.

Characteristics of patients, <i>n</i> [%]	125 [100%]
Gender	
Male	77 [61.6%]
Female	48 [38.4%]
Age, median, yr [minmax]	39 [18–74]
Time since diagnosis, median, yr [minmax]	5.0 [0.25–36]
Education level	
University-educated	97 [77.6%]
Primary education	28 [22.4%]
Habitat	
Urban	93 [74.4%]
Rural	32 [25.6%]
Diagnosis	
Ulcerative colitis	58 [46.4%]
Crohn's disease	45 [36.0%]
Inflammatory bowel disease unclassified	22 [17.6%]

IBD, inflammatory bowel disease; yr, years; min, minimum; max, maximum.

2. Internet-based services such as email and hotline communication may solve some non-urgent medical issues for patients.
3. For general concerns of IBD patients, such as diet advice and relaxation techniques, webinar is an effective and efficient source to provide information to patients and primary health practitioners.
4. Timely referral has to be reserved for certain cases.

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Conflict of Interest

None to declare.

Author Contributions

XB: data collection and writing up of the first draft of the paper. HY: patient recruitment and data analysis. JQ: study design and reviewing the writing.

Supplementary Data

Supplementary data are available at *ECCO-JCC* online.

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