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VIRTUAL 2021 Patients with Crohn's disease have improved coping strategies after a 3-month course of cognitive behavioral and mindfulness-based stress reduction

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Introduction

Crohn's disease (CD) patients repeatedly engage with a constellation of symptoms, complications and treatments.

By consolidating these experiences, they learn conscious, intellectual and behavioral processes termed coping strategies whereby they adjust to handle the disease burden and continue to function in the social domain.

Coping with stress can be generally divided into adaptive vs. maladaptive strategies. The Brief COPE tool groups 14 coping skills in 3 strategies: problemfocused, emotion-focused, &

dysfunctional.1 Dysfunctional coping is a negative action. Most patients have moderate to poor coping. Mindfulness is another coping skill addressing psychological distress. We reported that cognitive behavioral and mindfulness-based stress reduction (COBMINDEX) reduces psychological distress and improves the quality of life of CD patients.2 However, the effect of COBMINDEX on patients' coping strategies was unknown.

Aims & Methods

We studied the effect of COBMINDEX on coping in a clinical trial. CD patients with mild/moderate disease activity (HBI 5-16) were randomized to COBMINDEX or waitlist controls; all subjects were assessed clinically and filled in psychological questionnaires at study entry (time T1) and after 3 months (T2). COBMINDEX was taught on a digital platform between T1 and T2: daily self-practice was required. Waitlist patients remained on medical follow-up only.

Table 1: Baseline characteristics

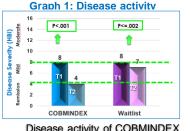
| | COBMINDEX | Waitlist | |
|--------------------------------------|----------------|-------------------|--|
| | No. (% |) or Median (IQR) | |
| Age, median [IQR], years | 31 (25.3-41.8) | 29.5(26-37.3) | |
| Sex, female, n[%] | 40 (66.7) | 39 (59.1) | |
| Education level, n [%] | | | |
| High school or vocational studies | 22 (36) | 24 (36.3) | |
| College or university | 38 (63.3) | 42 (63.6) | |
| Current employment, n [%] | 45 (75) | 51 (77.3) | |
| Current smoker, n [%] | 7 (11.7) | 10 (15.2) | |
| Length of illness, median [IQR], yrs | 5.3 (2.7-14.5) | 5.8 (3.0-11.5) | |
| Harvey-Bradshaw Index | | | |
| Mild disease [5-7] | 28 (46.7) | 31 (47.0) | |
| Moderate disease [8-16] | 32 (53.3) | 35 (53.0) | |
| Current medication, n [%] | | | |
| Steroids | 1 (1.7) | 7 (5.6) | |
| Immunomodulators | 12 (20) | 22 (17.5) | |
| Biologics | 27 (45) | 52 (41.3) | |

Table 2: Clinical & Psychological characteristics at baseline

| | COBMINDEX | Wait List | P Between |
|--------------------------|--------------------|-------------------|-----------|
| | Median [IQR] | | groups |
| Disease Severity (HBI) | 8 [7-9.8] | 8 [6.8-10.3] | NS |
| CRP | 0.6 [0.29-1.24] | 0.5 [0.17-0.9] | NS |
| Calprotectin | 102 [54.75-449.25] | 128.5 [19.45-353] | NS |
| Perceived Stress (PSS-4) | 7 [5-8] | 8 [6-10] | 0.027 |
| Mindfulness | 33 [29.3-40] | 32.5 [29-36.3] | NS |
| Emotion-focused coping | 25.5 [23-28.8] | 25 [23-29] | NS |
| Emotional support | 4.5 [4-6] | 5 [4-6] | NS |
| Positive reframing | 5.5 [4-6.75] | 5.5 [4-7] | NS |
| Humor | 5 [3-6] | 5 [4-7] | NS |
| Acceptance | 7 [6-8] | 7 [6-8] | NS |
| Religion | 3 [2-4.8] | 3 [2-5] | NS |
| Problem-focused coping | 18 [15-20] | 17.5 [15-20] | NS |
| Active coping | 6 [5-8] | 6 [5-8] | NS |
| Planning | 6 [5-7] | 6 [5-7] | NS |
| Instrumental support | 5 [4-6] | 5 [4-6 | NS |
| Dysfunctional coping | 24 [21-28] | 25 [22-28.3] | NS |
| Self-distraction | 6 [4-7.8] | 6 [5-7] | NS |
| Denial | 2 [2-3.8] | 3 [2-4] | NS |
| Substance use | 2 [2-4] | 2 [2-4] | NS |
| Behavioral | 2 [2-4] | 2 [2-4] | NS |
| disengagement | | | |
| Venting | 4 [3-5.8] | 5 [4 -5] | NS |
| Self-blame | 5 [5-7] | 5 [4-6.3] | NS |

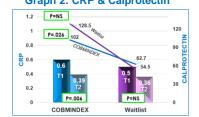
At baseline, no significant differences between the study groups except for Perceived Stress

Results



Disease activity of COBMINDEX significantly decreased by 50% while decrease of only 1 point for waitlist

Before (T1) vs. after (T2) COBMINDEX (Median scores) **Graph 2: CRP & Calprotectin**



CRP & Calprotectin of COBMINDEX significantly decreased while no decrease for waitlist

Active coping

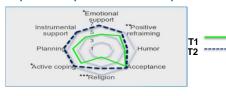
Graph 4b: Adaptive Waitlist profile

Graph 3: Perceived stress



Perceived stress of COBMINDEX significantly decreased while no decrease for waitlist

Graph 4a: Adaptive COBMINDEX profile



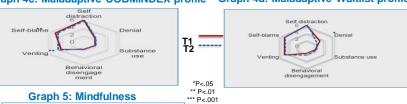
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33

COBMINDEX

33.5 32.5

Graph 4c: Maladaptive COBMINDEX profile Graph 4d: Maladaptive Waitlist profile



Adaptive coping strategies increase for COBMINDEX patients, while no change for waitlist

Conclusions

- Compared to waitlist. COBMINDEX exhibited reduced HBI, CRP & Calprotectin and psychological distress, and increased Mindfulness and adaptive coping strategies
- These findings emphasize the importance of adding stress reduction techniques to the medical treatment of Crohn's disease patients.

All authors have declared no conflict of interest

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¹Carver et al. Int J Behav Med. 1997:4:92 ²Goren et al. Inflamm Bowel Dis. 2021 in press