

Poster Presentation  
Inflammatory bowel disease II  
Tuesday, November 24, 2009

**Abstract: P1067**

Citation: Gut 2009; 58 (Suppl II) A320

## **HEMOCARE SYSTEMS FOR MONITORING INFLAMMATORY BOWEL DISEASES ARE FEASIBLE AND APPRECIATED BY BOTH PATIENTS AND HEALTHCARE PROFESSIONALS**

**R.R.B. van Helden**<sup>1</sup>, M. Luker<sup>2</sup>, H.H. Fidder<sup>1</sup>, S.S.M. Zunder<sup>3</sup>, B. Ballieux<sup>4</sup>, N. Kent<sup>2</sup>, S. van Dijk<sup>5</sup>, A. Sundset<sup>2</sup>, R.R.R. de Bats<sup>1</sup>, D.W. Hommes<sup>1</sup>

<sup>1</sup> Gastroenterology, Leiden University Medical Center, Leiden, <sup>2</sup> Clinical Monitoring, Philips Healthcare Incubator, Philips, Eindhoven, <sup>3</sup> Gastroenterology, Philips, <sup>4</sup> Clinical Chemistry, Leiden University Medical Center, <sup>5</sup> Medical Psychology, Leiden University Medical Center, Leiden, Netherlands

**INTRODUCTION:** Inflammatory bowel diseases (IBD) are chronic relapsing disorders characterized by unpredictable episodes of gut inflammation. Patient management, aimed at preventing disease relapse and drug side-effects, is often ineffective and consumes considerable time, effort and resources. Our objective is to introduce homecare as management concept for non-urgent IBD care. We evaluated if this type of management would be accepted by both patients and healthcare givers.

**AIMS & METHODS:** We have used the CuraRata® (www.curarata.com) platform to evaluate 1) the motivation of IBD patients, 2) the feasibility of patient data-entry [modified Harvey Bradshaw (mHBI)/SSCAI and s(hort)IBDQ] and lab testing (CRP and calprotectin) on a secured website, 3) the acceptability of patients and healthcare professionals. For homecare CRP testing we have used the Buhlmann LFCRP-12 lateral flow-assay device, CRP and calprotectin were also centrally assessed using ELISA techniques. Patients were trained (data entry and bloodsampling) prior to participating in part 1 and/or part 2 of this study. In part 1, patients entered data weekly (8 week period), in part 2 every other week (12 week period).

**RESULTS:** All patients (part 1: N = 19; part 2: N = 39) were able to perform home laboratory testing and web-based monitoring questionnaires. Individual training was successfully completed within 30 minutes in all patients (67% Crohn's disease, 48% male). Four patients experienced a clinical relapse within the study period associated with an increase in CRP and a decreased quality of life. These patients were followed clinically. All but one of chronic active patients (26%) demonstrated increased CRP and calprotectin levels. The website was rated good by 98% of patients without any major IT-entry problems; >60% of patients were able to complete their consult in 10 minutes or less. Weekly homecare consultation was found to be too intensive, 83% of patients preferred every other week or once monthly. In addition 50% of patients strongly chose homecare as preferred care, 45% would like to combine homecare with periodically outpatient consultation and 5% prefers traditional hospital visits over homecare.

**CONCLUSION:** The concept of patients participating in their own care is receiving widespread support. Homecare is an essential instrument since it both empowers patients and de-burdens healthcare professionals. Our results encourage us to proceed with homecare for IBD patients since the majority of patients are well motivated and able to complete periodic e-consulting.