FAQ

# **Shedding Light** on Bowel Urgency

Presenting the Latest Data and **Initiating Conversations in Crohn's** Disease Management

**CME** OUTFITTERS



### Q: What is bowel urgency?

A: Bowel urgency is the sudden and immediate need to have a bowel movement. It frequently occurs in patients with inflammatory bowel disease (IBD), including Crohn's disease (CD). Both patients undergoing flares and in remission can experience bowel urgency.

#### Q: How does bowel urgency affect patients' lives?

A: Bowel urgency has been rated as the symptom of greatest concern by patients in numerous studies, who find it emotionally distressing and associate it with anxiety and embarrassment. Bowel urgency also affects numerous domains of patients' lives that we often do not recognize. Let's visualize the effect on patient quality of life:

Adaptive behavior	bathroom mapping   dietary changes   use of protective undergarments   ensuring adequate supplies/extra change of clothes'   change daily routine'	
Emotional	embarrassment   fear   stress   sadness   worry   frustration*   devastation*   anger*   irritability*   loneliness*	
Social functioning	inability to participate in social activities   social isolation*   disappointing friends*	
Travel	difficulty commuting*   avoid daily travel   unable to do routine travel†   impacted vacation travel   difficulty preparing for travel†	
Household chores	difficulty running errands   avoid running errands†	
Recreation/leisure	difficulty exercising I difficulty engaging in hobbies or leisure activities	
Sleep	interrupted sleep	
Work	impaired ability to work*   extensive time in bathroom at work*   decreased productivity†   have to leave work†	
Sexual health	impacted sexual encounters*	

Family activities	inability to participate in family activities*
Self-image	low self-esteem   self-pity*
Activities of daily living	interrupted eating*
Caregiver responsibilities	inability to perform caregiver responsibilities   difficulty helping family*
Cognitive functioning	inability to concentrate*
Independence	need others to run errands <sup>†</sup>
Physical functioning	impaired walking*   unable to perform physical activity†
Spouse/partner relationships	difficulty explaining disease
	Jairath V, et al. Inflammatory Bowel Diseases. 2024:izae044.

#### **Q:** How often do patients experience bowel urgency?

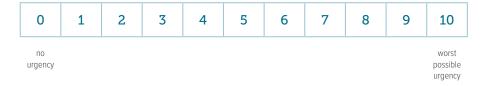
**A:** 64-87% of patients with CD experience bowel urgency. While bowel urgency is common and heavily impacts daily life, it is often challenging to address because of patient embarrassment over the issue. Clinicians should inquire about bowel urgency during all encounters with patients, as patients may not voluntarily disclose this complication associated with CD.

#### Q: How can we gauge the impact of bowel urgency in patients?

**A:** The Urgency Numeric Rating Scale (NRS) is a useful tool that can be applied in visits with patients. It is a single-item, nonredundant measurement of other symptoms that can be easily understood by patients. The diagram below depicts the scale and its use:

## The Urgency Numeric Rating Scale (NRS)

How severe was your urgency (sudden or immediate need) to have a bowel movement in the past 24 hours?



- Patients report the severity of their bowel urgency symptoms over the past 24 hours
- Weekly scores are the mean score over a 7-day period
- Higher scores indicate worse urgency severity
- Validity and reliability have been assessed in patients with moderately-to-severely active CD
- Most patients with CD reported that a 1- or 2-point reduction in urgency NRS score would be a meaningful improvement

Dubinsky MC, et al. Qual Life Res. 2023.

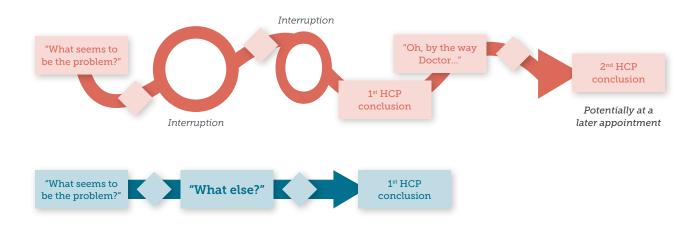
#### Q: How can I better manage bowel urgency in my patients?

A: A holistic approach to patient care should be considered. Patient care should include addressing social management and emotional and counseling support as well as medication and medical management. Care should account for patient quality of life, patient perspective, the health care professional (HCP)-patient relationship, and efficiency and communication regarding treatment. Factors to include in a holistic approach can be seen below:

Treatment Consideration	Example(s)
Recognition of the presence and impact of urgency	Explicit, empathetic inquiry of patients about urgency and its consequences (e.g., via the Urgency-Numeric Rating Scale)
Emotional support	Access to counseling, IBD specialist nurses, community continence advisory team
Social support	Dedicated social support networks and clinician liaison with employers/educational institutions to explain the problem and request understanding for the individual
Physical support	Appropriate investigation (flexible sigmoidoscopy, biopsy, anorectal physiology, imaging), medical management of urgency (reduce inflammation, anticholinergics to modify rectal hypersensitivity), supported by access to specialist community or hospital-based continence services <sup>a</sup> Complementary medical therapy may have a role
Research into mechanisms of urgency	Determine molecular mechanisms of urgency, role of rectal compliance, neuroenteric communication, microbiome, among other areas
	Pakpoor J, Travis S. Gastroenterol Hepatol (NY). 2023;19(2):95-100.

# Q: How can I have more effective conversations with patients regarding bowel urgency?

**A:** Patients with IBD express a preference for inclusion in the decision-making process. Shared decision-making (SDM) is the process of including patients in the treatment process by educating them on their disease and available treatments, taking patient preferences into account, and deciding which treatment to utilize together with the patient. Utilizing SDM can positively influence the HCP-patient relationship and make patients more comfortable with discussing symptoms such as bowel urgency.



Beckman HB, et al. Ann Intern Med. 1984;101(5):692-696. Barrier PA, et al. Mayo Clin Proc. 2003;78(2):211-214.

Additionally, determining a patient's main reason for seeking care is a key aspect of a successful medical appointment. To avoid "Oh, by the way, doctor" as they leave/at later appointments, ask "What else?" early on. This can reduce delay in alleviating patients' symptoms and create better dialogue between the HCP and patient early on.

Overall, the majority of patients with Crohn's disease will have bowel urgency. Be sure to ask about bowel urgency in every visit so that patients are not quietly struggling with symptoms and can live fuller lives.

