



Patient Preferences for Inflammatory Bowel Disease Treatments: An International Survey using a Discrete Choice Experiment in Partnership with **EFCCA**

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BACKGROUND & OBJECTIVE



As the therapeutic landscape for inflammatory bowel disease (IBD) continues to expand, a need exists to understand how patients perceive and value different attributes associated with their disease and treatment. These insights can inform the development

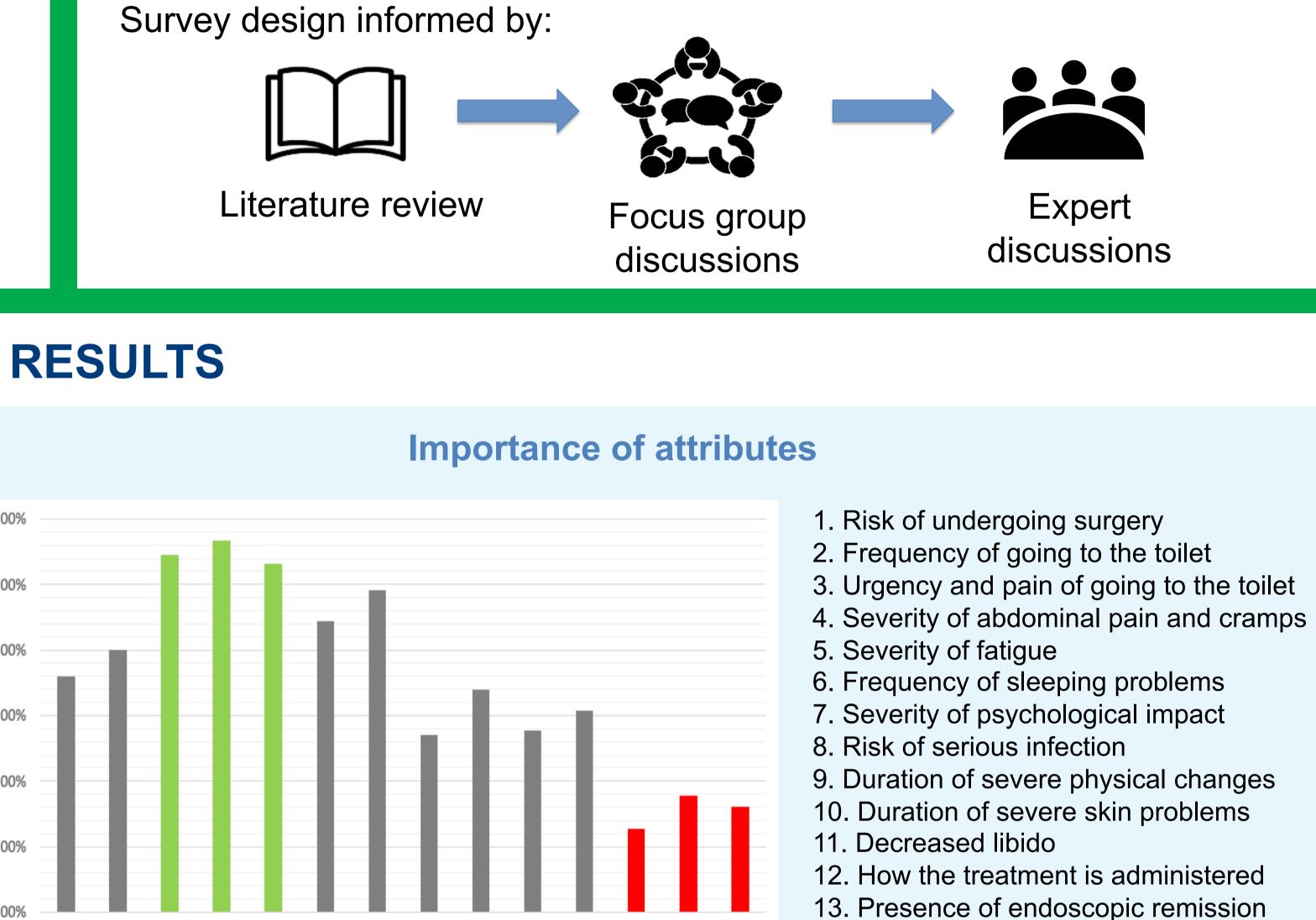
METHODS

A survey incorporating a **discrete choice experiment (DCE)** comprising 14 attributes with a partial profile design was disseminated globally among IBD patients. A multinomial logit model was used to estimate DCE attribute weights and to assess potential interactions.

and regulation of effective interventions for IBD.

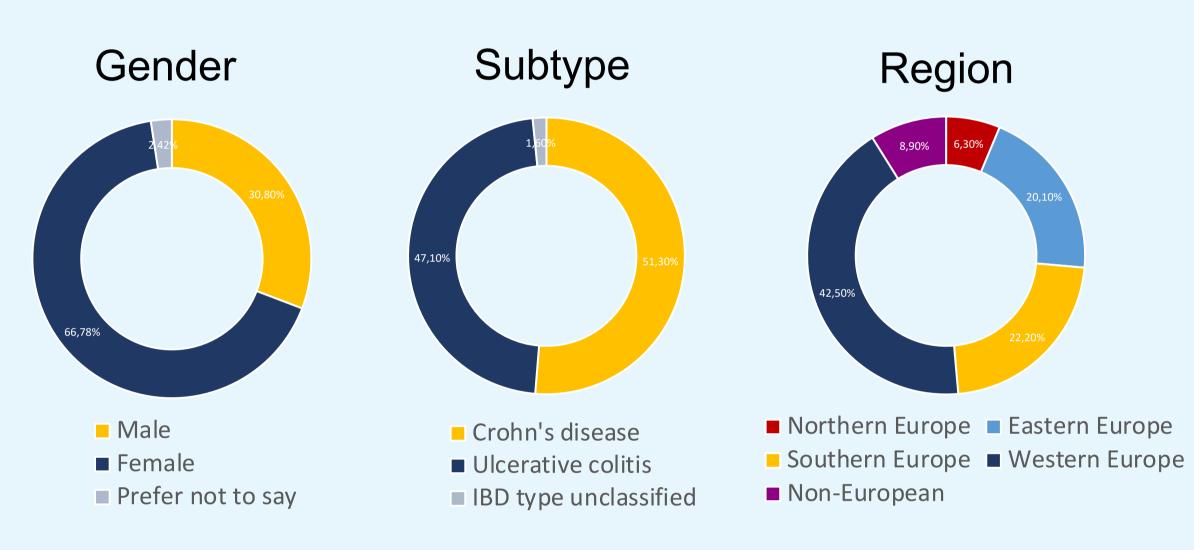


Objective: To 1) determine the relative preference weights for IBD treatment and disease related attributes, and 2) explain preference heterogeneity.



14. How fast the treatment will work

Participants characteristics (n = 1272 from 37 countries)



Relative importance of attribute levels

12,00%

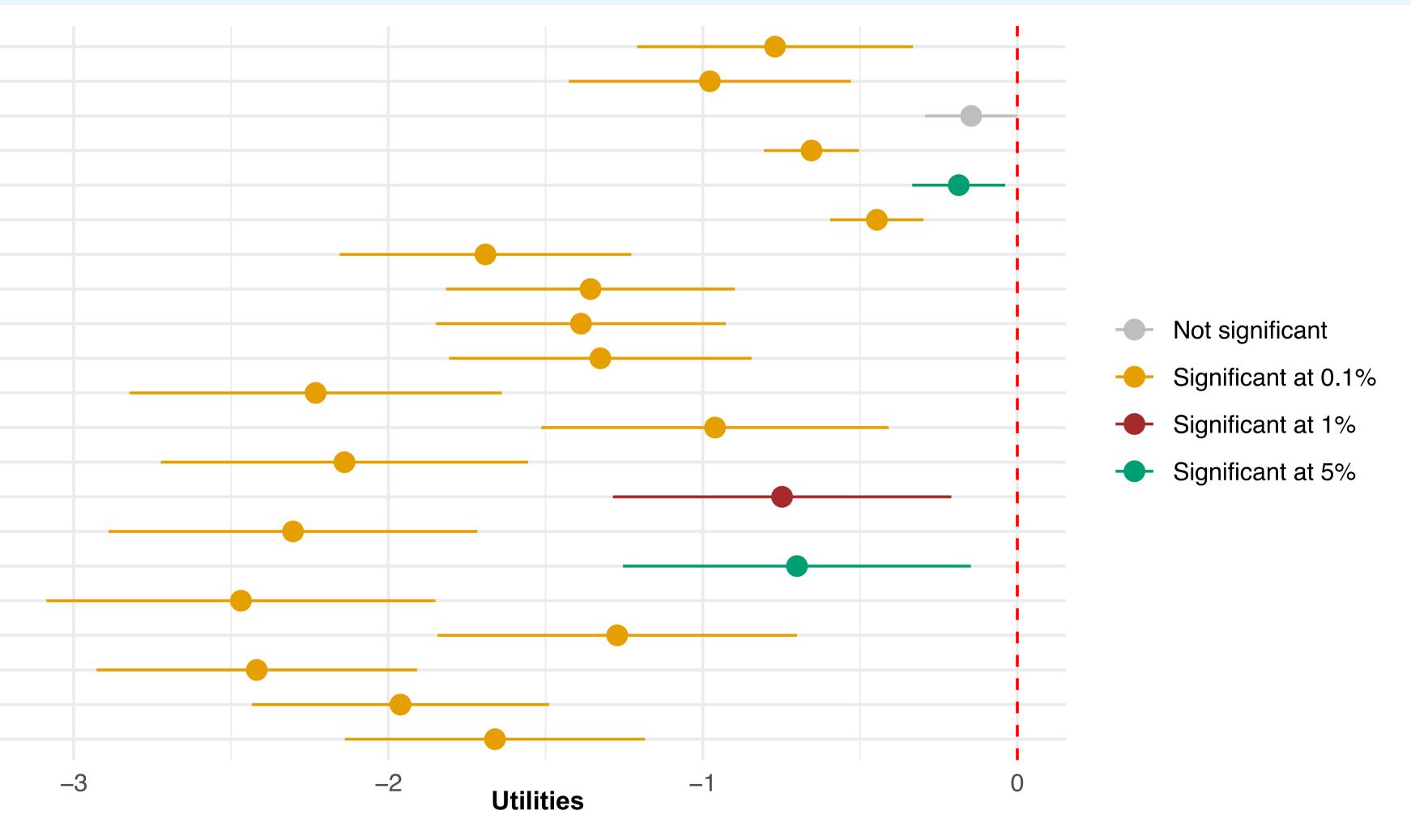
10.00%

6,00%

4,00%

2,00%

0,00%



Slow onset of action treatment (vs. Fast) Presence of endoscopic disease activity (vs. Absence) Mode of administration: Patch (vs. Oral) Mode of administration: Rectal (vs. Oral) Mode of administration: Subcutaneous (vs. Oral) Mode of administration: Intravenous (vs. Oral) Presence of decreased libido (vs. Absence) Permanent skin problems (vs. Temporary) Permanent physical Changes (vs. Temporary) High risk of severe infection (vs. Low) Severe psychological impact (vs. Mild) Moderate psychological impact (vs. Mild) Daily sleep problems (vs. Monthly) Weekly sleep problems (vs. Monthly) Severe fatigue (vs. Mild) Moderate fatigue (vs. Mild) Severe abdominal pain and cramps (vs. Mild) Moderate abdominal pain and cramps (vs. Mild) High urgency and pain going to the toilet (vs. Normal) High frequency going to the toilet (vs. Normal) High risk of surgery (vs. Low)

Figure: Relative importance for each attribute level. Results are presented as utilities [median (95% confidence interval)], which are scaled from 0 (neutral preference) to – 3 (strong aversion).

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CONCLUSION

- > Gastrointestinal problems were considered very important to IBD patients next to other quality of life-related attributes affecting IBD patients' physical, mental, and psychological health.
- > Characteristics that distinguish the different treatments from each other (such as mode of administration and onset of action) seem less important to patients.
- > Full analysis should shed light on preference heterogeneity; explain how preferences may be influenced by socio-demographic and clinical characteristics.