

Counseling in Inflammatory Bowel Diseases: A Question, an Observation, and a Proposal

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Dear Editor,

In a very interesting, randomized, controlled study, conducted in Romania, Gavrilescu et al¹ reported that patients with inflammatory bowel disease (IBD), receiving specialized educational and psychological counseling (SEPC), had a significant improvement in their quality of life (QoL) compared to those treated with a standard medical therapy ($P = .001$). However, although the authors reported that the disease activity did not improve after SEPC, in Table 4 they have reported that patients treated by SEPC showed a significantly reduced level of fecal calprotectin ($P = .002$).¹

I have a question, an observation, and a proposal. My question is associated with the above-reported discrepancy between the consideration that SEPC does not influence disease activity and the significant reduction reported in Table 4. Is disease activity significantly reduced?

My observation is associated with the lack of medical treatment for 12 months to patients who can benefit from the pharmacological approach. This is especially important in those with ulcerative colitis, a great part of the included population.² I believe that currently, it is not reasonable to treat the inflamed intestine of IBD patients for a long period with the aim to evaluate the QoL.

My proposal arises from the fact that some experiences have shown that in the long-term period, IBD patients tend to reduce compliance to medical therapy.³ Hence, I propose to evaluate the use of behavioral therapy in IBD patients to improve their compliance with the pharmacological approach. This could also improve the organic features, beyond the psychological aspects.

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