

Patient preferences and current practice for adults with steroid-resistant ulcerative colitis: POPSTER mixed-methods study

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Disclaimer: This report contains transcripts of interviews conducted in the course of the research and contains language that may offend some readers.

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Plain English summary

The POPSTER mixed-methods study

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Plain English summary

Steroids are one of the main treatments for ulcerative colitis; however, steroids work well for only about 50% of people who take them. There are many other treatments that can be given when steroids do not work, but evidence is limited about how these treatments are best used. To carry out better research about the best treatment options and to improve clinical practice in the future, this study aimed to find out how adults with steroid-resistant ulcerative colitis are managed in hospital and why patients and health-care professionals prefer different treatments.

The study combined various methods of research, including an online survey of health-care professionals ($n = 168$), interviews with health-care professionals ($n = 20$) and patients ($n = 33$), a survey of health-care professionals ($n = 116$) and patients ($n = 115$) to ask them about treatment preferences, and a multistakeholder workshop ($n = 9$).

The interviews with and survey of health-care professionals found that most health-care professionals define steroid resistance as an incomplete response to 40 mg per day of prednisolone after 2 weeks. The survey also found that the most frequently offered drugs are anti-tumour necrosis factor drugs (particularly infliximab).

Patient interviews found that several factors influenced treatment choices, including effectiveness of treatment, guidance from health-care professionals, route of administration and side effects. Patients were willing to try alternative treatments and surgery over time.

The survey found that a higher level of remission and a lower chance of side effects strongly influenced treatment choices. Patients are less likely to choose a treatment that takes longer to improve symptoms. Health-care professionals are willing to make difficult compromises by tolerating greater safety risks in exchange for therapeutic benefits. Infliximab and tofacitinib were ranked most positively by patients, and the predicted uptake by health-care professionals was greatest for infliximab.

The results of this study help improve understanding of why people choose certain treatments, improve decision-making in partnership and inform the design of future research.

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This report

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