

## Uncovering unspoken realities may be the **first step to effective management of ulcerative colitis (UC)**

### Uncontrolled UC may hide in the personal details that patients do not share during their appointments with healthcare professionals.

The aim of this tool is to support you in enabling patients to share the full burden of their UC across all aspects of their life, so that:

**Patients do not settle** for a low quality of life, which becomes their “new normal”.

**Patients do not feel that they need to settle for treatment goals** that aren’t aligned with their aspirations and preferences.

### Did you know that patients with **UC do not always tell their healthcare professionals everything they want to say?**



**46%**

of patients worried that, if they asked too many questions, their doctor would see them as a difficult patient, which would affect the quality of care they received\*<sup>1</sup>



**49%**

of patients often regretted not telling their doctor more during consultations\*<sup>1</sup>



**57%**

of patients wished they talked more about their fears of medical treatments\*<sup>1</sup>

\*Result from the UC Narrative global surveys, which examined patient and doctor perspectives on living with UC and tried to identify gaps in optimal care. Questionnaires were conducted across 10 countries. In total, 2,100 patients and 1,254 doctors were surveyed (from August 2017 to February 2018).<sup>1</sup>

## Opening the door to understanding the full impact of patients' UC

Consider adding just **one** of these open-ended questions to your current practice to help uncover unspoken realities from patients. This may help identify uncontrolled UC and lead to a deeper conversation around UC treatment goals.

### Questions



*Think about your daily life prior to the onset of your UC symptoms. How different is your experience today compared to before you began experiencing UC symptoms?*



*As a result of your UC, how have you had to change when, where, or how you do things compared to before your UC symptoms?*

### Considerations

- \* Introducing the context of life before diagnosis or symptom onset helps patients see how they may be settling for a “new normal,” even if in clinical remission, because symptoms that aren’t fully controlled may feel like an improvement from severe flares
- \* Providing specific examples beyond the physical symptoms of UC — including psychological, relational and emotional factors that impact care decisions — may prompt patients to share more
- \* Open-ended questions (e.g. ‘how’ and ‘what’ questions) encourage patients to explain their symptoms and concerns more freely and in their own words. This helps ensure a more complete picture of symptoms and their impact on daily life

## Prompts to help you and your patients align on treatment decisions

After discussing the full burden of UC, empower your patients to share their disease management goals and preferences to determine the best treatment plan.

### Question



*When choosing a therapy, what matters most to you in terms of maintaining the lifestyle you want? For example, how the treatment is taken, its dose, or how much and how often monitoring is needed.*

### Consideration

- \* How well a treatment fits into their life plays a large role in patients’ treatment decisions. It can help uncover what’s most important to them and what aspects of treatment — such as route of administration and monitoring requirements — might affect their lifestyle

## Closing the conversation

### Question



*What else should I know about your experience with UC that would help me better understand how I can support you?*

### Consideration

- \* Closing with this open-ended, empathic question provides an opportunity for patients to raise any additional concerns that may further strengthen your relationship with them

**Reference:** 1. Rubin DT et al. Inflamm Bowel Dis 2021;27(7):1096-1106.

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