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Summary

ADHERENCE TO GUIDELINE RECOMMENDATIONS FOR DISEASE MONITORING, INTEGRATIVE CARE AND TREATMENT STRATEGIES IN INFLAMMATORY BOWEL DISEASE: INSIGHTS FROM THE INTERNATIONAL HOL-IBD SURVEY

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An international survey of 171 healthcare professionals from 37 countries found high adherence to biochemical and endoscopic monitoring guidelines in IBD care, but substantial gaps in access to multidisciplinary support services including IBD nurses, psychologists, and dietitians.

KEY POINTS

- Most respondents (88.3%) routinely performed biochemical monitoring including CRP, faecal calprotectin, and anaemia screening in patients in remission, and 84.2% screened at-risk patients for vitamin B12 and folate deficiency.
- Active disease was monitored with laboratory tests by 92.4% and endoscopy by 80.1% of respondents, with 79.5% performing endoscopic reassessment after treatment initiation and 70.8% reporting use of STRIDE-II targets to guide therapeutic decisions.
- Over half (51.5%) of respondents lacked access to a dedicated IBD nurse, 66.7% had no access to a psychologist, and 38.0% had no access to a dietitian, with only 48.0% reporting regular multidisciplinary team meetings.
- Intestinal ultrasound use remained limited, with 56.1% using it at diagnosis but only 26.9% using it routinely during follow-up, and 42.1% citing lack of experience or access as the primary barrier.
- The survey predominantly captured responses from general gastroenterologists (57.9%) working in academic hospitals (61.4%), with strong European representation, and identified that gaps in multidisciplinary support varied significantly by geographic region, professional role, and practice setting.

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