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Summary

Panel discussion: Therapy update - The integrated approach to optimising care of the patient with IBD

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Education & Training | IBD | Primary Care | Standards & Guidelines

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A panel discussion explored barriers to screening and treating anxiety and depression in IBD patients, emphasizing the need for systematic screening tools, clear referral pathways, and multidisciplinary collaboration including psychologists, primary care, and IBD nurses.

KEY POINTS

- Gastroenterologists often avoid screening for anxiety and depression because they feel unprepared to manage positive results, but patients primarily want acknowledgment of their mental health issues rather than expecting their gastroenterologist to provide psychiatric treatment.
- IBD units with attached psychologists generally have better patient outcomes than those without psychology services, according to the speakers.
- The speakers recommended establishing clear screening protocols with defined care pathways, including which antidepressants have the cleanest GI side effect profiles and when to refer to mental health specialists.
- One pediatric IBD unit described using online screening questionnaires with a color-coded dashboard to systematically identify at-risk patients and trigger appropriate responses including referral to team psychologists.
- The speakers cautioned that routine screening is only valuable if someone reviews the data at each visit, stating that screening without follow-up may be worse than not screening at all.
- Communication barriers between primary care, specialists, and IBD nurses remain a challenge, with speakers recommending designated care coordinators and shared electronic records to ensure relevant clinical information reaches all team members.

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