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Summary

COPING STRATEGIES ARE ASSOCIATED WITH QUALITY OF LIFE IN PATIENTS WITH INFLAMMATORY BOWEL DISEASE

Lígia Yukie Sassaki

UEG Week Barcelona 2026 | Presentation

Nurses

October 18, 2026

In 46 IBD patients (79% on biologics), adaptive coping strategies—active coping, acceptance, and positive reframing—were significantly associated with better quality of life across all domains ($p < 0.001$), independent of disease type or duration.

KEY POINTS

- Overall quality of life correlated significantly with active coping, acceptance, and positive reframing (all $p < 0.001$), while behavioral disengagement was negatively associated ($p = 0.024$).
- Despite 79.4% receiving biological therapy, patients showed moderate quality of life impairment, with the systemic domain (fatigue, malaise, physical burden) most affected (median score 23/35).
- Social domain quality of life correlated positively with active coping, acceptance, and positive reframing (all $p < 0.001$) and negatively with denial ($p = 0.036$).
- Intestinal and emotional domain quality of life both correlated significantly with active coping and acceptance ($p \leq 0.001$).
- Coping strategies showed no association with disease type (Crohn's vs ulcerative colitis) or disease duration, suggesting individual psychosocial factors outweigh clinical variables.
- The authors propose incorporating coping assessment tools such as the Brief COPE to improve risk stratification and support targeted psychosocial interventions.

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