From theory to real life: Putting the 3rd N-ECCO consensus into clinical practice

Simona Radice

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This educational presentation reviews the development and clinical application of the third ECCO consensus on IBD nursing, which for the first time incorporated patient input to define nurse-led assessment and management of invisible symptoms such as fatigue, urgency, and psychological distress that persist even in remission.

KEY POINTS

- The speaker described the evolution of ECCO IBD nursing consensus statements: the 2014 first consensus formally defined the IBD nurse role, the 2018 second consensus standardized advanced practice competencies, and the third consensus focuses on patient needs identified through collaboration with patient representatives.
- The third consensus emphasizes structured assessment of symptoms that do not appear in biomarkers or endoscopy, including fatigue (using IBD fatigue scales), bowel urgency (using urgency numeric rating scales), IBS-like symptoms in remission (using Rome IV criteria), and psychological distress (using hospital anxiety and depression scales).
- The speaker stated that more than 80 percent of patients with ulcerative colitis experience urgency, up to half report it daily, and urgency can persist even in remission driven by anorectal dysfunction rather than active inflammation.
- IBD nurses are positioned as a central hub coordinating multidisciplinary care across gastroenterology, surgery, pharmacy, dermatology, and rheumatology, with roles including disease and drug-safety monitoring, patient education, and emotional support.
- The consensus highlights transition readiness programs for adolescents moving from pediatric to adult care, recommending formal readiness assessment starting in mid-adolescence and shifting communication so that by age 17 the patient becomes the primary communicator.

– The speaker emphasized that consensus statements are evidence-based and cannot always mandate practice with 'must' language when strong scientific evidence is lacking, a point of discussion with patient representatives who sought stronger recommendations.

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