Study population

• A total of 158 IBD patients answered the survey. Ten were excluded due to incomplete survey. The final cohort (N=148) included 51 patients diagnosed with UC and 97 diagnosed with CD.

• The mean age was 31.5 years old, 50% were female, and 51/148 (34%) were diagnosed with UC.

• There were no significant differences between the UC group and the CD group regarding age, gender, family status, employment and education status.

• Differences were found between the groups in smoking status, perianal involvement and severity-past hospitalizations, need for surgery, and therapy.

Executive profiles

• After controlling for potential confounders, although all BRIEF-A scale and index scores were within the norm range (<65).

• Most of the scores were found to be significantly higher in UC patient than in CD patients: shift (57.9 vs 52.7, p=0.015), monitor (50.54 vs 46.24, p=0.029), working memory (57.83 vs 52.18, p=0.03), plan (54.97 vs 49.2, p=0.005), organization of materials (52.95 vs 48.98, p=0.019), MI (56.3 vs 50.26, p=0.006), and the GEC (59.27 vs 53.7, p=0.008). No significant differences were found in the remaining scores. A comparison of the executive profiles of the two groups are illustrated in Figure 1.

• Logistic regression revealed that UC patients had higher probability to have a higher BRIEF score (i.e., Inhibit, Shift, Emotional Control and Self-Monitor) than CD patients, after controlling for potential confounders as presented in Table 2 (12/51 (23.5%) vs 10/65 (10.3%), p=0.026, OR 3.7 (95% CI 1.17-11.1)).

RESULTS

Figure: Comparison between groups of BRIEF-A scores

CD = Crohn’s disease; UC = ulcerative colitis; BRI = Behaviour Regulation Index; MI = Metacognition Index; GEC = Global executive composite; The solid line represents the clinical cutoff

CONCLUSION

• This study documented that IBD patients presented within the normal executive profiles.

• However, when distinguishing between UC and CD patients, different executive abilities were revealed with better EF scores in most scales among CD patients compared to those with UC.

• Further larger studies are needed to deeper understand EFs in IBD patients and how to adapt interventions to improve EFs and enhance their disease management and quality of life.

REFERENCES


