

Inflammatory Bowel Disease and COVID-19—“Preventive” Sick Certificates as a Frequent Coping Strategy in the Face of the Pandemic

To the Editors,

We read with great interest the article by Occhipinti and Pastorelli.¹ The authors report their experiences and challenges in managing patients with inflammatory bowel disease (IBD) during the COVID-19 pandemic. We complement this important information by presenting a survey conducted among German patients with IBD regarding their personal evaluation of their work-related risk of contracting SARS-CoV-2. In Europe—as in many other regions of the world—people are now facing contact restrictions because of the COVID-19-pandemic. Thus, returning to work becomes an increasingly important issue—also from a socio-economic point of view. Considering the viewpoint of patients with IBD is very important for the patients’ health care management in the next phase of the pandemic.

An online questionnaire was completed by 405 patients, who were recruited via social media channels of IBD self help groups (for details see [Table 1](#)). Of the participants, 60.2% feared a SARS-CoV-2 infection and 57.6% were worried about going to work because of a potentially increased infection risk. Half of the participants (49.4%) believed that IBD predisposed them to a higher risk of contracting SARS-CoV-2 compared with their colleagues who did

TABLE 1. Demographic and Disease-Related Characteristics of the Survey Participants

Demographic Characteristics	Number	Percentage
Women	320	79.0
Age, y (mean age \pm SD)	40.9	13.3
Smoker	66	16.3
Disease		
Crohn disease	232	58.1
Ulcerative colitis	161	40.4
IBD unclassified	5	1.3
Microscopic colitis	1	0.3
Medical caretaker (IBD)		
University outpatient clinic	52	13.3
Specialized medical care center	90	23.0
Gastroenterologist	205	52.4
Internal specialist	29	7.4
General practitioner	13	3.3
Nonmedical practitioner	0	0.0
None	2	0.5
Number of visits in last 12 months to IBD caretaker	7.6	7.53
Medication (multiple answers allowed)		
Mesalazine	119	20.6
Sulfasalazine	11	1.9
Azathioprine/6-mercaptopurine	70	12.1
Budesonide	57	9.9
Prednisolone	51	8.8
Anti-tumor necrosis factor α antibodies	136	23.5
Vedolizumab	41	7.1
Ustekinumab	36	6.2
Tofacitinib	9	1.6
Antibiotics	6	1.0
Methotrexate	10	1.7
Cyclosporine	0	0.0
Tacrolimus	2	0.3
None	30	5.2
Disease activity (patients’ report)		
Remission	126	31.8
Mild	160	40.4
Moderate	84	21.2
Severe	26	6.6

not have IBD. Consequently, 18.8% of the survey participants received a “preventive” sick certificate for a duration of more than 7 days from their general practitioner even if they did not show any symptoms of an infection. Of the participants being treated using azathioprine/6-mercaptopurine, 27.1% reported using this strategy, as

did 26.5% of those treated using anti-tumor necrosis factor α treatment, 25% of those treated using prednisolone, 20.7% of those treated using ustekinumab, 19.1% of those treated using budesonide, and 10.8% of those treated using vedolizumab.

Liberally issuing preventive sick certificates may be an exceptional

strategy used for individual patients experiencing stressful life circumstances. However, during the COVID-19 pandemic, the survey participants have used this coping strategy frequently. They also reported that they have delayed the decision on whether it is safe to go to work because of divergent or ambiguous opinions of their physicians as well as expert opinions from other sources (internet sources, media).

Clearly, the ability to work is very important to most patients with IBD. Still, returning to work is often hampered by uncertainties because of the pandemic. Therefore, straightforward recommendations stating clearly who is at risk and who should avoid which type of work are very important for managing the daily life of our patients. In addition, public financial support for patients who cannot go to work must be considered. When counseling patients, transparent and open communication regarding the

available evidence is of crucial importance. Databases such as Secure-IBD² may be a helpful tool.

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