

# Editorial: Rectal Urgency Among Patients with Ulcerative Colitis or Crohn's Disease: Analyses from a Global Survey

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Rectal urgency is a common and important symptom experienced by patients with ulcerative colitis (UC) and Crohn's disease (CD).<sup>1</sup> A prior survey by Deen et al. showed that urgency was the most important symptom to address and manage for patients, more so than abdominal pain and blood in stools.<sup>2</sup> Rectal urgency, however, is not currently included as part of standard assessment tools for disease activity such as Mayo or Crohn's Disease Activity Index (CDAI). Historically, rectal urgency has also been used less frequently as an outcome in clinical trials compared to stool frequency or bleeding.<sup>3,4</sup> In clinical practice, rectal urgency remains underreported, perhaps due to patient or provider hesitation to discuss a sensitive topic or a lack of awareness regarding its clinical relevance.<sup>5</sup> Prior work has linked rectal urgency with increased risk for hospitalizations and poorer quality-of-life metrics, underscoring its importance in IBD.<sup>6</sup>

The current study by Ha et al. aimed to determine the prevalence of rectal urgency in UC and CD patients.<sup>7</sup> This cross-sectional study utilized data from the 2017–2018 Adelphi IBD Disease Specific Programme, which is comprised of a multicenter survey of Gastroenterologists and adult patients with UC or CD in France, Germany, Italy, Spain, the United Kingdom, and the United States. In this study, rectal urgency was defined as a sudden and immediate need to have a bowel movement, also referred to as bowel urgency. Gastroenterologists completed patient record forms and patients completed self-reported forms surveying their symptoms. Disease activity was measured by Mayo scores (UC) and CDAI scores (CD). All survey responses were anonymized to preserve respondent confidentiality. Separate analyses were performed for patients with UC or CD respectively.

Ha et al. found that the prevalence of rectal urgency was greater amongst UC compared to CD patients. A total of 20% of patients reported rectal urgency in the UC cohort compared to 16% in the CD cohort. Demographic variables including the mean age, sex, and ethnicity were not significantly different between patients with and without rectal urgency in either cohort. Patients reporting rectal urgency were significantly more likely to have higher disease activity

(Mayo score in UC, CDAI score in CD), compared to those without rectal urgency. Additionally, patients in both cohorts with rectal urgency scored lower on quality-of-life measures demonstrating higher levels of pain, sleep disturbance, and work impairment. Regarding medication use among the study participants, more patients in the CD cohort with rectal urgency were prescribed 5-ASAs (a noneffective therapy in CD), whereas the use of effective therapies such as biologics was most prevalent among patients without rectal urgency. Interestingly, medication use in the UC cohort was not significantly different in patients with and without rectal urgency.

As described above, Ha et al. found that rectal urgency was significantly associated with higher disease activity in patients with UC and CD. These findings are in agreement with those of prior studies.<sup>8,9</sup> However, this study also uniquely demonstrates an association with patient-reported outcome measures utilizing a large global sample cohort. Although the nature of their study design may be prone to recall bias, their comprehensive approach supports the relevance of assessing rectal urgency in a patient-centered approach to IBD care and treatment decisions. Inclusion of rectal urgency into routine patient-provider discussions may help individualize treatment strategies to target this debilitating symptom. The implementation of a simple-to-use symptom assessment in the clinical setting, such as the Urgency Numeric Rating Scale developed by Dubinsky et al., could help facilitate these discussions.<sup>10</sup>

The authors of the current study outline the importance of rectal urgency in managing and treating patients with inflammatory bowel disease. Patients with rectal urgency experienced worse disease activity, decreased work productivity, and worse quality of life than patients without rectal urgency. These findings underscore the need to routinely assess for this symptom in clinical settings and as a clinical endpoint in therapeutic trials. The presence of rectal urgency should be assessed by healthcare providers in routine clinic appointments and should be one of the items used to make decisions about treatment response. More work will be needed to standardize rectal urgency assessments into real clinical practice.

## Conflicts of interest

M.M.: no conflicts of interest. R.C.: holds the position of Associate Editor for Crohn's and Colitis 360 and has been recused from reviewing or making decisions for the manuscript. A.C.: Consulting/Advisory Board for Abbvie, Takeda, Janssen, Pfizer, Eli Lilly; holds the position of Deputy Editor for Crohn's and Colitis 360 and has been recused from reviewing or making decisions for the manuscript.

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