

Response to “Italian IBD Patients Coping With COVID-19 Emergency: The Mitigating Role of Psychological Readiness to Engage in Self-Care”

Key Words: COVID-19, inflammatory bowel disease, patient health engagement, psychological burden

To the Editors,

We highly appreciate the thoughtful comments made by Castellini et al¹ in response to our special report² because it underscores the importance of patient activation for inflammatory bowel disease (IBD) care by implementing the Patient Health Engagement (PHE) model.³ Those authors, together with the Italian association for patients with IBD, AMICI Onlus, performed a tremendous feat by collecting data from 1014 patients and showing the correlation between increased levels of patient health engagement and a lower perceived risk of COVID-19 emergencies, greater responsibility for preventing infection, and higher levels of coping. Moreover, they found that higher engagement correlated to reduced levels of stress, lower numbers of canceled visits, and greater trust in health care.

Undoubtedly, these interesting data support the concept that actively involved patients have more resources at

their disposal to overcome unfavorable occurrences including incidences of disease exacerbation or stressful emergencies, such as during the SARS-CoV-2 outbreak. Still, this correlation could also represent a bidirectional relationship, because a negative emotional state may reduce a patient’s ability to assume a proactive role.

Increasing evidence highlights how the fear of SARS-CoV-2, its spread, and the related lockdown markedly affect the psychological health of the general population. This so-called coronaphobia has been reported to potentially trigger excessive anxiety, depression, and imbalances in psychological functioning.⁴ These effects may be even greater in individuals affected by chronic illnesses, as is the case with patients with IBD. Uneasiness regarding the potential impact of COVID-19 and difficulties in accessing health care resources during lockdown may further augment emotional strain. In addition, considering the weight of stressful events on gastrointestinal symptoms and the risk of recurrence, patients with IBD may be a particularly vulnerable population during the outbreak. To date, studies aimed at evaluating the psychological impact of the SARS-CoV-2 pandemic specifically on patients with IBD are lacking and are definitely warranted. Of note, the attempt to support patients with IBD during lockdown by means of “on demand” video calls with a psychologist has been reported as successful.⁵

In our special report,² we focused on the challenges that physicians faced during the first phases of

the pandemic, but we do agree that strategies directed to relieve patients’ psychological burden amid this unprecedented emergency should have been discussed. Indeed, we recognize the need for interventions to promote self-empowerment within the population of patients with IBD. In fact, the COVID-19 pandemic has obliged us to adopt new tools and ways to manage our patients and has incited an important opportunity to improve the quality of care within our IBD centers.

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