

Uncovering unspoken truths may be the **first step to getting more patients back to their normal.**

Uncontrolled UC may be hiding in personal details left out by patients during office visits.

This resource is designed to help you help patients share the full burden of their UC across all aspects of their life, beyond the physical symptoms, so that:

Patients do not settle for a lower health-related quality of life or “new normal.”

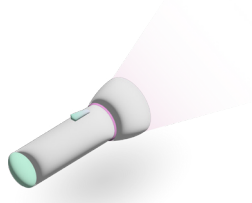
Patients do not need to resign to treatment goals that don't align with their aspirations and preferences.

Did you know that patients with **UC do not always fully communicate what they wish to discuss during consultations** with their physicians?



46%

of patients worried that if they asked too many questions then their physician would see them as a difficult patient, which would affect the quality of care they received^{1*}



57%

of patients wished they talked more about their fears of medical treatments^{1*}



49%

of patients often regretted not telling their physician more during consultations^{1*}

¹Result from the UC Narrative global surveys, which examined patient and physician perspectives on living with UC and tried to identify gaps in optimal care. Questionnaires were conducted across 10 countries. In total, 2100 patients and 1254 physicians were surveyed (from August 2017 to February 2018).

Opening the door to understanding the full impact of patients' UC

Consider adding just **one** of these open-ended questions to your current practice to help uncover unspoken truths from patients. This may help uncover uncontrolled UC and lead to a deeper conversation around UC treatment goals.

Questions



Think about your daily life prior to the onset of your UC symptoms. How is your experience today different compared to before you began experiencing UC symptoms?



As a result of your UC, how have you had to change when, where, or how you do things compared to before your UC symptoms?

Considerations

- * Introducing the context of life before diagnosis or symptom onset helps patients see how they may be settling for a “new normal,” even if in clinical remission, because symptoms that aren't fully controlled can feel like an improvement from severe flares
- * Providing specific examples beyond the physical symptoms of UC—including psychological, relational, and emotional factors that impact care decisions—may help patients think to share more
- * Open-ended questions encourage patients to explain their symptoms and concerns more freely and in their own words (eg, how or what questions). This helps ensure a more complete picture of symptoms and their impacts on daily life

Prompts to help you and your patients align on treatment decisions

After discussing the full burden of UC, empower your patients to share their disease management goals and preferences to determine the best treatment plan.

Question



When choosing a therapy, what matters most to you in terms of maintaining the lifestyle you want? For example, how the treatment is taken, its dose, or how much and how often monitoring is needed.

Consideration

- * How well a treatment fits into their life plays a large role in patients' treatment decisions. It can help uncover what's most important to them and what aspects of treatment—such as route of administration and monitoring requirements—might affect their lifestyle

Closing the conversation

Question



What else would you like me to know about your experience with UC to help me better understand how I can help?

Consideration

- * Closing with this open-ended, empathic question provides an opportunity for patients to raise any additional concerns that may further strengthen the patient/physician relationship

Reference: 1. Rubin DT, Hart A, Panaccione R, et al; The Global UC Narrative Survey Panel. Ulcerative Colitis Narrative global survey findings: communication gaps and agreements between patients and physicians. *Inflamm Bowel Dis.* 2021;27(7):1096-1106.