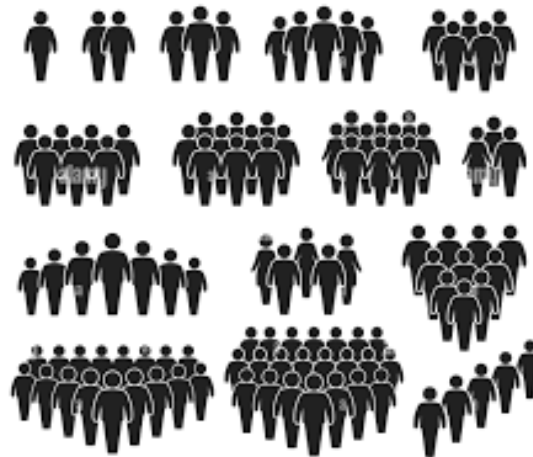




Laatste ontwikkelingen rond IBD

- dr. D.(Dirk)P. van Asseldonk, MDL-arts -

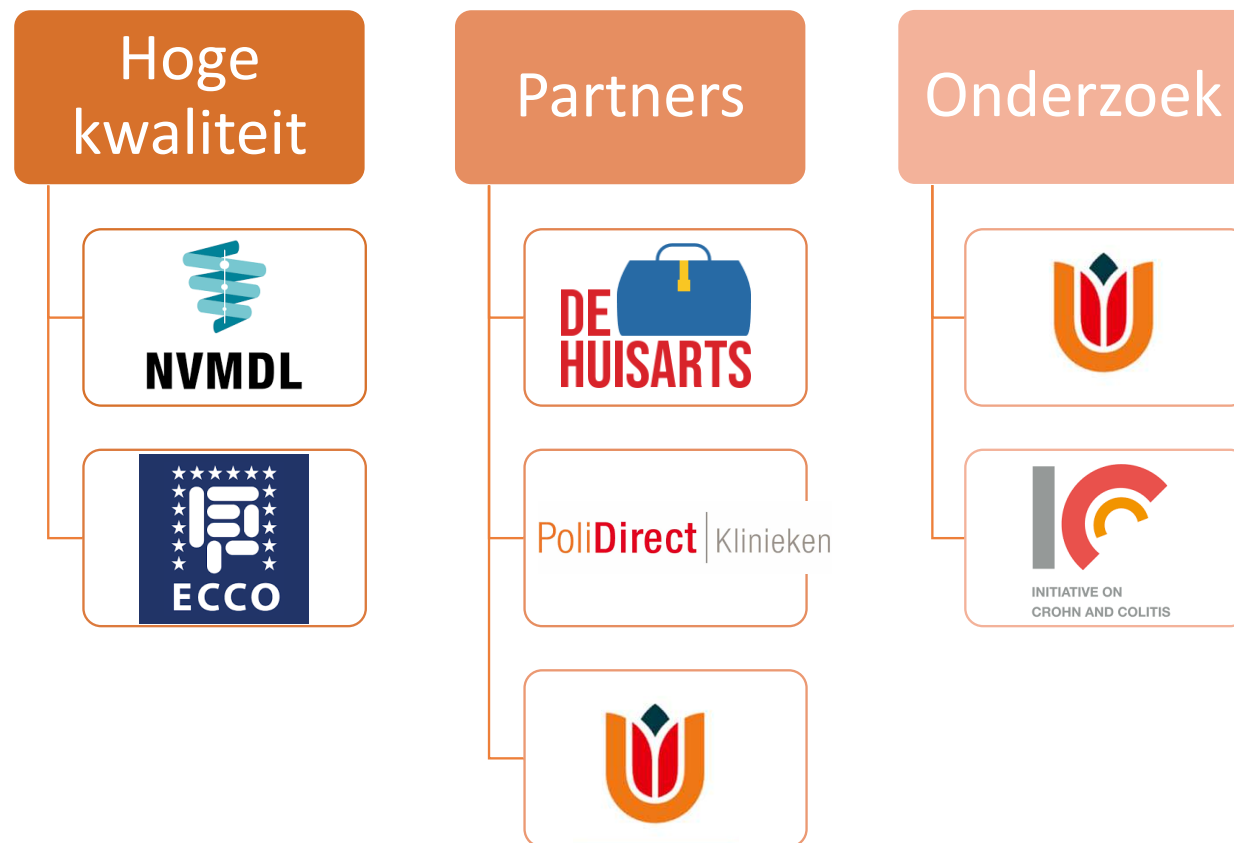
IBD centrum Noordwest - FACTS



+ 100 per jaar !

2100 patiënten
4000 contacten per jaar

IBD centrum Noordwest



IBD team



Saskia van Empelen
Verpleegkundig specialist

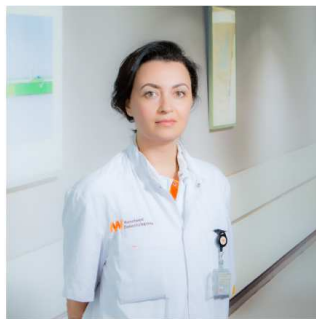


Juliette Oudhof-De Boer
IBD verpleegkundige i.o.

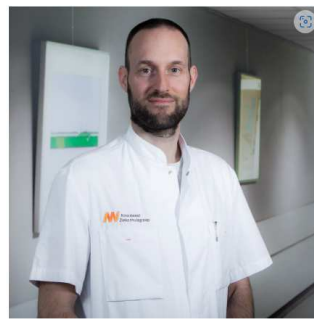


Emma van Andel
Arts-onderzoeker

IBD team



I. (Ilhame) Ben Larbi



dr. D.P. (Dirk) van Asseldonk



M.E. (Thijs) Grasman



dr. L.M. (Liesbeth) Kager



dr. A.M. (Anne-Marie) van Berckel



dr. M. (Michael) Klement-Kropp



dr. M.H. (Maria) Meurs - Szold



L.A. (Lara) Verbruggen Msc.



G.D.N. (Dimitri) Heine



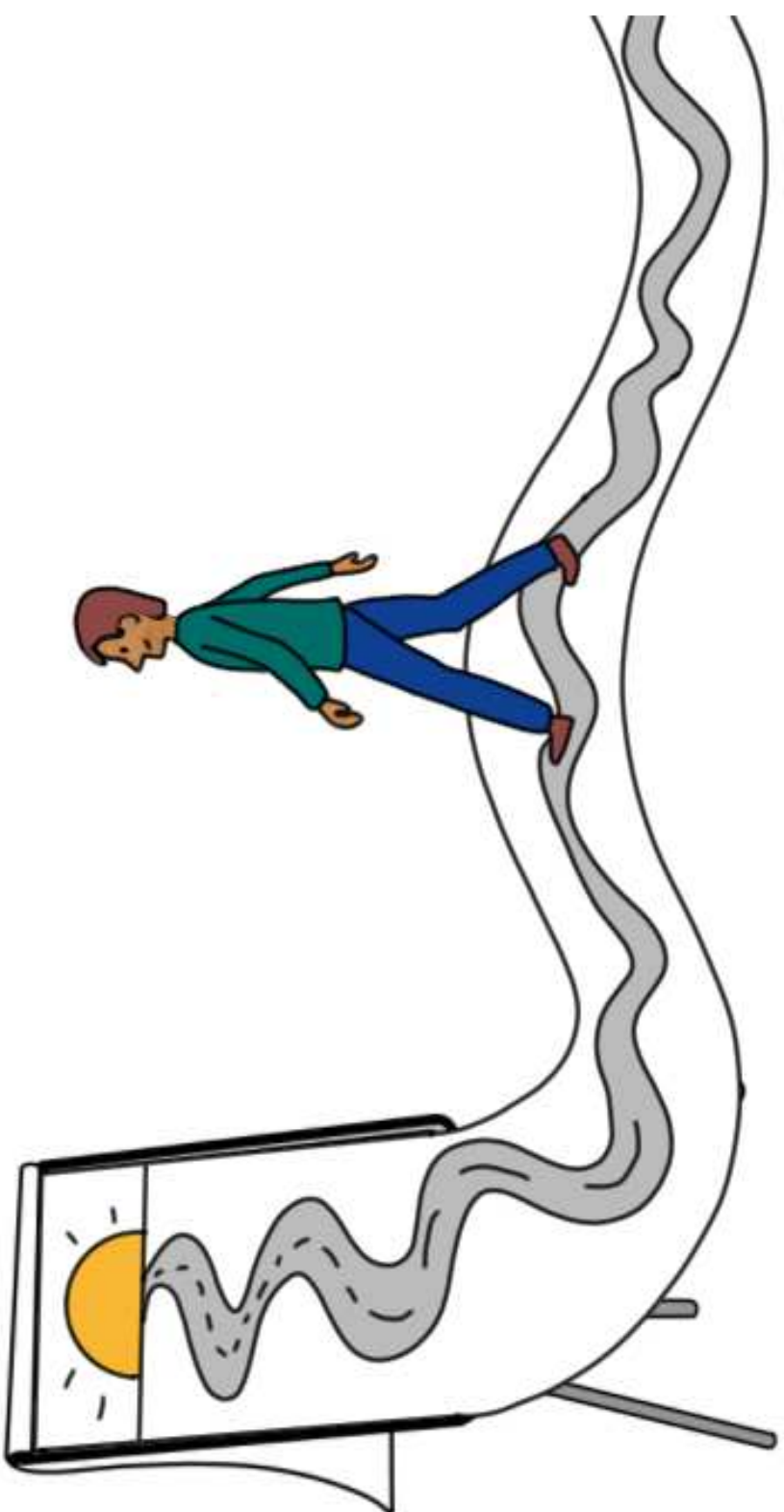
B.W. (Bas) van der Spek



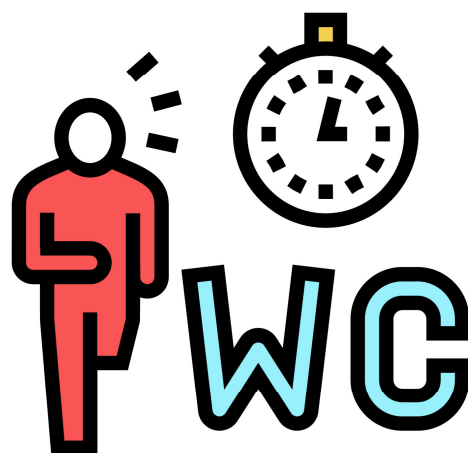
P.P. (Peter) Viergever



dr. S.T. (Sietze) van Turenhout



Wat is belangrijk?



En wie bepaalt dat?

Wat wilt u?

Ik wil graag
fietsen

Ik wil geen
diarree

Ik wil echt
geen stoma

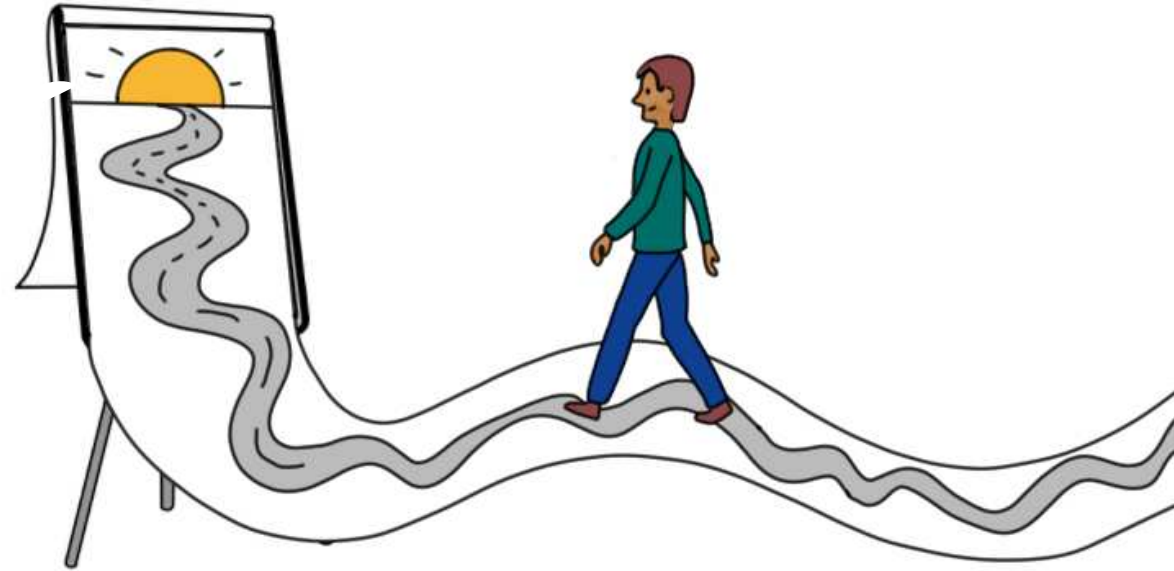
Ik wil
graag
werken

Ik wil geen
medicatie

Ik wil minder
pijn in mijn
gewrichten

Ik ben bang
voor kanker

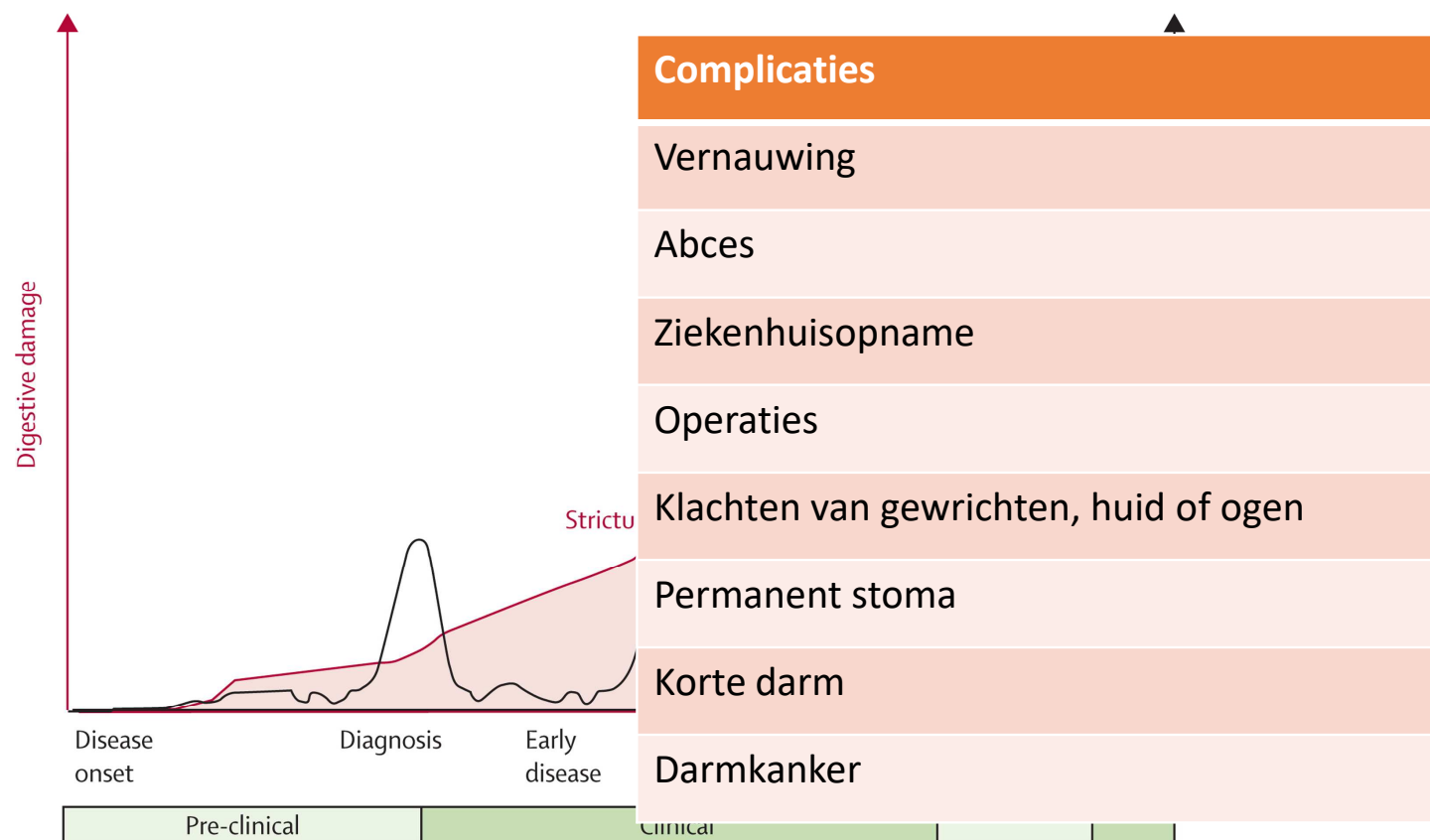
Ik wil uitgaan
met mijn
vrienden



Stellen van behandeldoelen



Hoe de ziekte zich gedraagt

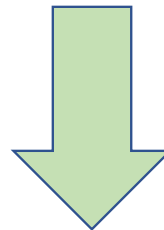


Zijn we in staat het beloop te beïnvloeden?

Huidige kans op operatie < 5 jaar:

Crohn	1 op 5
Colitis ulcerosa	1 op 14

25-50%



Ziekenhuisopnames



Behandeldoelen - vroeger



Klachten

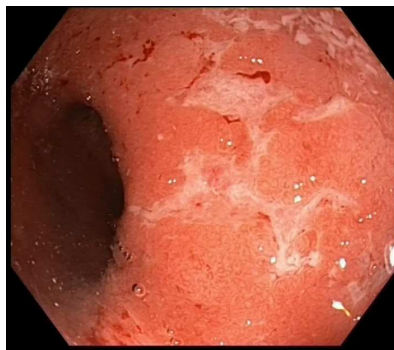


Prednison



Groei

Klachten blijkt slechte voorspeller



Klachten blijkt slechte voorspeller



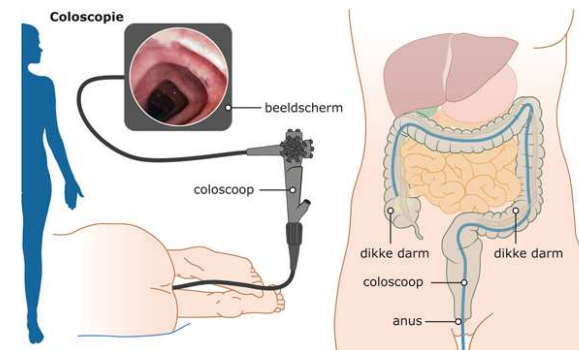
Behandeldoelen – nu



Klachten

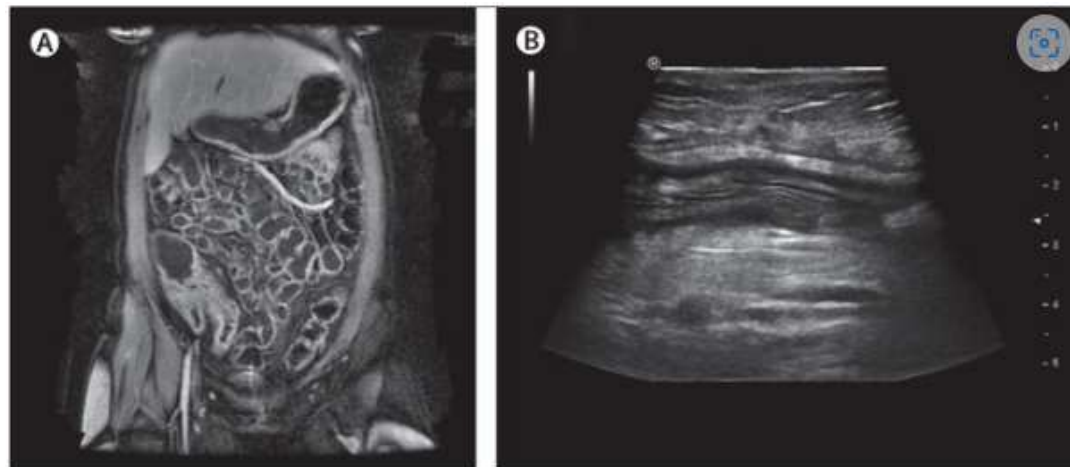


Laboratorium
(CRP en FCP)



Endoscopie

Vrij van ontsteking het ultieme doel?

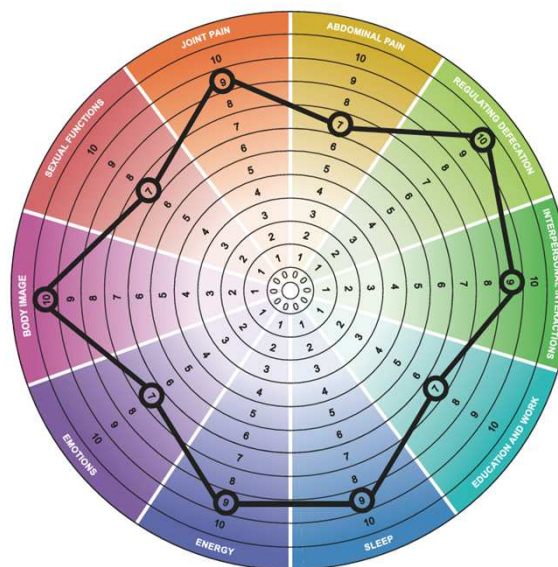


Behandeldoelen – perspectief van de patient



Klachten

Completed IBD Disk example



Functioneren

Wat wilt u?

Ik wil graag
fietsen

Ik wil geen
diarree

Ik wil echt
geen stoma

Ik wil
graag
werken

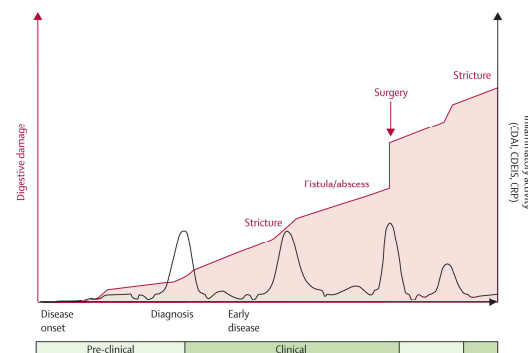
Ik wil geen
medicatie

Ik wil minder
pijn in mijn
gewrichten

Ik ben bang
voor kanker

Ik wil uitgaan
met mijn
vrienden

Wat wilt u?



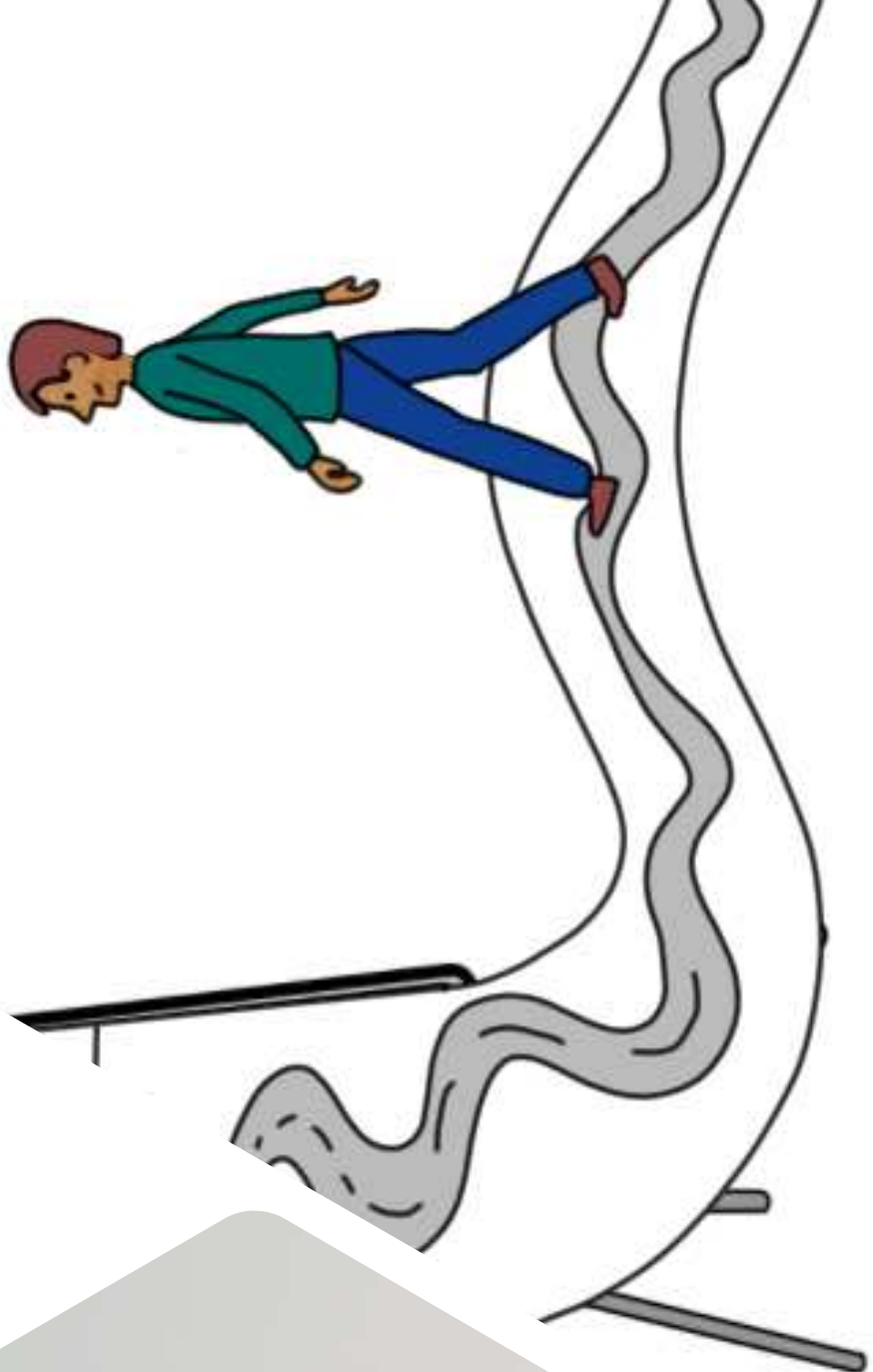
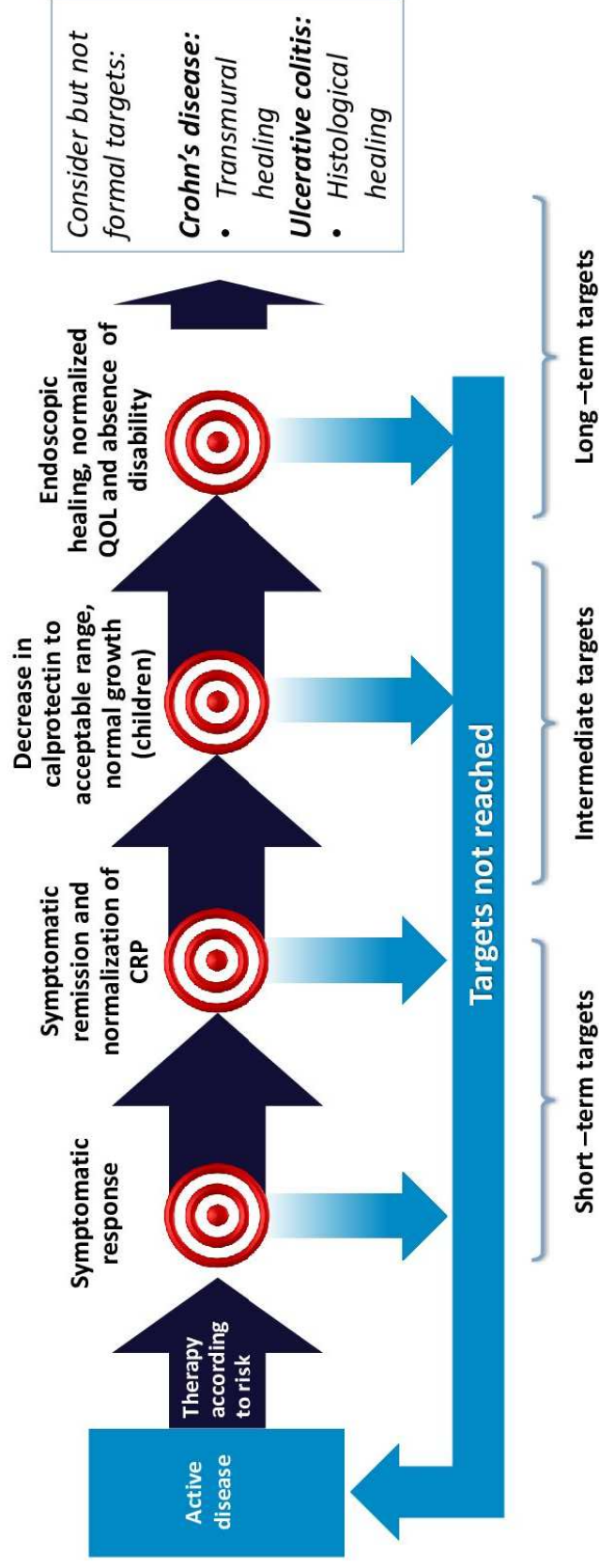
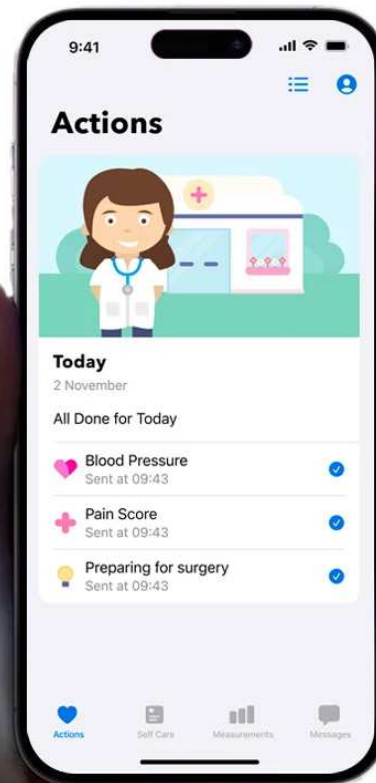


Figure 2: Treatment targets in both Crohn's disease and ulcerative colitis



Vragenlijsten



IBD Control

Inflammatory Bowel Disease Control Questionnaire

1 Do you believe that:

- | | | | |
|--|---------------------------------|--------------------------------|--------------------------------------|
| a. Your IBD has been well controlled in the past two weeks ? | Yes
☐ | No
☐ | Not sure
☐ |
| b. Your <i>current treatment</i> is useful in controlling your IBD?
(If you are not taking any treatment, please tick this box ☐) | Yes
☐ | No
☐ | Not sure
☐ |

2 Over the past 2 weeks, have your bowel symptoms been getting worse, getting better or not changed?

- | | | |
|------------------------------------|---------------------------------------|-----------------------------------|
| Better
☐ | No change
☐ | Worse
☐ |
|------------------------------------|---------------------------------------|-----------------------------------|

3 In the past 2 weeks, did you:

- | | | | |
|--|---------------------------------|--------------------------------|--------------------------------------|
| a. Miss any planned activities because of IBD?
(e.g. attending school/college, going to work or a social event) | Yes
☐ | No
☐ | Not sure
☐ |
| b. Wake up at night because of symptoms of IBD? | Yes
☐ | No
☐ | Not sure
☐ |
| c. Suffer from significant pain or discomfort? | Yes
☐ | No
☐ | Not sure
☐ |
| d. Often feel lacking in energy (fatigued)
(by 'often' we mean more than half of the time) | Yes
☐ | No
☐ | Not sure
☐ |
| e. Feel anxious or depressed because of your IBD? | Yes
☐ | No
☐ | Not sure
☐ |
| f. Think you needed a change to your treatment? | Yes
☐ | No
☐ | Not sure
☐ |

4 At your next clinic visit, would you like to discuss:

- | | | | |
|---|---------------------------------|--------------------------------|--------------------------------------|
| a. Alternative types of drug for controlling IBD | Yes
☐ | No
☐ | Not sure
☐ |
| b. Ways to adjust your own treatment | Yes
☐ | No
☐ | Not sure
☐ |
| c. Side effects or difficulties with using your medicines | Yes
☐ | No
☐ | Not sure
☐ |
| d. New symptoms that have developed since your last visit | Yes
☐ | No
☐ | Not sure
☐ |

5 How would you rate the OVERALL control of your IBD in the past two weeks?

Please draw a vertical line (|) on the scale below

Worst possible control		Best possible
------------------------	--	---------------

Concluderend....

Wat is voor u belangrijk?

Bespreek dit

Maak behandeldoelen

IBD centrum Noordwest

