



**MEDIA RELEASE** 

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## INFLAMMATORY BOWEL DISEASE EXPERTS CALL FOR URGENT ACTION TO ENSURE EQUITABLE, MULTIDISCIPLINARY CARE IN AUSTRALIA AS PREVALENCE CONTINUES TO RISE

New global report highlights significant barriers in Australia's approach to managing Inflammatory Bowel Disease, a condition expected to affect 300,000 Australians by 2030<sup>i</sup>

**SYDNEY, Friday, 3 November 2023:** Clinical experts and patient advocates will today convene at *The Future of IBD Care in Australia Forum,* hosted in Melbourne by AbbVie and Crohn's and Colitis Australia (CCA) to prompt action on the IBD National Action Plan – a strategy launched more than two years ago in support of the rising number of Australians who live with Inflammatory Bowel Disease (IBD), the collective name for ulcerative colitis and Crohn's disease, characterised by chronic inflammation of the gastrointestinal tract.

The National Action Plan and a newly launched whitepaper - *Inflammatory Bowel Disease – Addressing the "hidden" disease with innovative, multidisciplinary and patient-centric care* - will provide the foundation for discussion at the forum which includes several areas of unmet need.

- Australians experience significant delay in receiving an IBD diagnosis: Almost half of patients report receiving an ulcerative colitis diagnosis, a type of IBD, that took more than one year.<sup>ii</sup>
- Access to IBD therapies can be challenging and burdensome both to the healthcare provider and the
  patient. There is significant administrative and resource burden for healthcare professionals to
  prescribe advanced therapies which can lead to delays in access.
- Rural and regional patients are further impacted, and face ongoing challenges when it comes to accessing treatments, specialists and services.
- For those that do access treatment, not all patients will respond to available therapies and there is a lack of data to show predictors of response.

Recommendations from the whitepaper provide a springboard for clinicians and patient advocates to explore the key care challenges that exist in Australia and tangible solutions to drive better patient outcomes, including:

- 1. Facilitating speedy diagnosis and specialist referrals
- 2. Delivering integrated multidisciplinary care
- 3. Ensuring a focus on patient-centric care
- 4. Improving access to novel treatments
- 5. Supporting innovations in treatment and monitoring

Leanne Raven, CEO of Crohn's and Colitis Australia and a key commentator in the report said: "The vision for the Government's IBD National Action Plan was for all Australians living with inflammatory bowel disease to have access to high quality, integrated care. Whilst we have made advances in a number of areas, there is still significant work to be done.

"IBD is one of a number of complex chronic diseases which require specialist care and have a significant impact on the health system. Effective solutions with the potential to enhance care pathways and improve patients' quality of life exist, but achieving this requires a dedicated commitment to system change."

IBD is a chronic inflammatory condition of the digestive system and is usually diagnosed at a young age most commonly between 15-30 years. Common symptoms including abdominal pain, fatigue, urgency and diarrhea. IBD can hinder the ability to socialise, maintain a job, and general daily function. The death rate of





Australians living with IBD is up to five times higher than the general population, iv and the mental health impact is substantial.iv

Research and international practice shows the most effective management for IBD is through a multidisciplinary care team. Led by a gastroenterologist, this team includes specialist nurses, who ensure continuity of care, as well as dieticians, colorectal surgeons, psychologists, pharmacists and administration staff to help manage the often complex treatment and care pathways required for the effective management of IBD. Access to a multidisciplinary team allows an individual's disease to be understood and cared for in its entirety, and may reduce disease burden and morbidity. It may also contribute to reduced waiting times for specialist appointments, as well as reduced visits to the accident and emergency department and time in hospital.

Collaboration between these professionals is deemed clinically optimal but is often unavailable due to resource logistical and workforce constraints, further contributing to Australia's inconsistent and fragmented approach to IBD care. VII This results in pressure points or bottlenecks in the system, resulting in mismanaged and misdiagnosed patients and poor quality of life for people. VIII

"Despite emphasising its significance in the IBD National Strategic Action Plan three years ago, the availability of a skilled and accessible multidisciplinary workforce who can care for the many facets of IBD remains a challenge," said Ms Raven, who was also instrumental in the development of the Action Plan in 2019.

"IBD is complex and warrants personalised clinical care from a variety of healthcare professionals whose collective input can improve the quality and speed of decision-making, limit adverse events, improve patient outcomes, and both patient and provider satisfaction, is said Associate Professor Greg Moore, Head of IBD at Monash Health.

To prompt action on the issues outlined above, the Forum will provide experts in the IBD community with an opportunity to workshop and prioritise the areas of concern, with the outcomes set to inform discussions with the Australian Department of Health and Aged Care.

Nathalie McNeil, Vice President and General Manager, AbbVie Australia and New Zealand, said "We understand that medicines are just one part of the ecosystem. AbbVie is committed to working with the IBD community locally to understand the barriers and challenges which exist, to support access to medicines and to understand and advocate for system change which supports equitable access to care and will further improve outcomes for Australians living with IBD."

- Ends -

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## About Crohn's and Colitis Australia

For more than three decades, Crohn's & Colitis Australia has been empowering the more than 100,000 Australian men, women and children living with Crohn's disease or ulcerative colitis – collectively known as inflammatory bowel disease (IBD) – to live fearlessly. Crohn's & Colitis Australia's primary purpose is to provide support services, advice and encouragement to people with inflammatory bowel disease (IBD). Whilst CCA doesn't cure the illness it can remove some of the burden for people living with IBD and their families. Crohn's disease and ulcerative colitis, the predominant IBDs, can be diagnosed at any age, though it is most commonly diagnosed in people aged between 15-35 years when education, career and family building are at a peak. While we invest in research for a cure, CCA continues to advocate for world best treatments and health





services for those living with IBD. Through our programs we offer education and support for Australia's growing Crohn's and colitis community and raise awareness of the disease.

## About AbbVie

AbbVie's mission is to discover and deliver innovative medicines that solve serious health issues today and address the medical challenges of tomorrow. We strive to have a remarkable impact on people's lives across several key therapeutic areas: immunology, oncology, neuroscience, eye care, virology and gastroenterology, in addition to products and services across its Allergan Aesthetics portfolio. For more information about AbbVie, please visit us at <a href="https://www.abbvie.com.au">www.abbvie.com.au</a>. Follow <a href="mailto:@abbvie\_AU">@abbvie\_AU</a> on Twitter, <a href="mailto:Facebook">Facebook</a>, <a href="mailto:Instagram">Instagram</a> or our <a href="mailto:LinkedIn">LinkedIn</a> page.

<sup>i</sup> Inflammatory Bowel Disease Research Group. (n.d.). Infectious Disease, Immunity, Inflammation Research Group. UNSW Medicine & Health. <a href="https://www.unsw.edu.au/medicine-health/our-schools/clinical-medicine/research-impact/research-groups/infectious-disease-immunity-inflammation/inflammatory-bowel-disease-research-group">https://www.unsw.edu.au/medicine-health/our-schools/clinical-medicine/research-impact/research-groups/infectious-disease-immunity-inflammation/inflammatory-bowel-disease-research-group</a>

<sup>&</sup>quot;Connor SJ, Sechi A, Andrade M, et al. Ulcerative Colitis Narrative findings: Australian survey data comparing patient and physician disease management views. JGH Open. 2021;5(9):1033-40

iii McDowell C, Farooq U, Haseeb M. Inflammatory Bowel Disease. [Updated 2023 Aug 4]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan-. Available from: <a href="https://www.ncbi.nlm.nih.gov/books/NBK470312/">https://www.ncbi.nlm.nih.gov/books/NBK470312/</a>

iv Cheema, M., Mitrev, N., Hall, L., Tiongson, M., Ahlenstiel, G., & Kariyawasam, V. (2021). Depression, anxiety and stress among patients with inflammatory bowel disease during the COVID-19 pandemic: Australian national survey. BMJ open gastroenterology, 8(1), e000581. https://doi.org/10.1136/bmjgast-2020-000581 v Gionata Fiorino, Mariangela Allocca, Maria Chaparro, Sofie Coenen, Catarina Fidalgo, Lisa Younge, Javier P Gisbert, 'Quality of Care' Standards in Inflammatory Bowel Disease: A Systematic Review, Journal of Crohn's and Colitis, Volume 13, Issue 1, January 2019, Pages 127-137, https://doi.org/10.1093/ecco-jcc/jjy140





vi Ghosh S. (2013). Multidisciplinary teams as standard of care in inflammatory bowel disease. Canadian journal of gastroenterology = Journal canadien de gastroenterologie, 27(4), 198. https://doi.org/10.1155/2013/710671

vii Julián Panés, Marian O'Connor, Laurent Peyrin-Biroulet, Peter Irving, Joel Petersson, Jean-Frédéric Colombel, Improving quality of care in inflammatory bowel disease: What changes can be made today?, Journal of Crohn's and Colitis, Volume 8, Issue 9, 1 September 2014, Pages 919-926, https://doi.org/10.1016/j.crohns.2014.02.022

viii Prasad, S. S., Walker, M. M., Talley, N. J., Keely, S., Kairuz, T., Jones, M. P., & Duncanson, K. (2022). Healthcare Needs and Perceptions of People Living With Inflammatory Bowel Disease in Australia: A Mixed-Methods Study. Crohn's & colitis 360, 4(1), otab084. https://doi.org/10.1093/crocol/otab084 ix Elford, A. T., Leong, R. W., Halmos, E. P., Morgan, M., Kilpatrick, K., Lewindon, P. J., Gearry, R. B., & Christensen, B. (2023). IBD barriers across the continents: a continent-specific analysis - Australasia. Therapeutic advances in gastroenterology, 16, 17562848231197509. https://doi.org/10.1177/17562848231197509