

UC plans  
are better when made  
**TOGETHER**

Learn how shared decision-making  
may make a difference

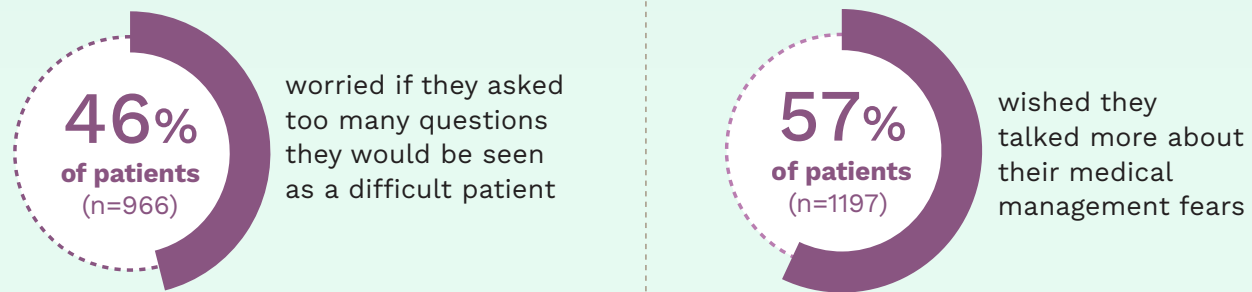
This guide is designed to help facilitate open conversations between you and your patients to uncover many aspects of ulcerative colitis (UC) that your patients may not think to share, and to help you align on care goals.

This guide is not a diagnostic tool.



# Uncovering more about how UC is affecting your patients may help reveal a new side of their management plans

While a majority of patients participating in a global survey felt comfortable talking with their HCPs about UC management<sup>1\*</sup>:



## Why shared decision-making can be successful in gastrointestinal (GI) management

While there are several treatment decision-making models, the shared decision-making process may be more successful when patients' beliefs and preferences for disease management are taken into consideration.<sup>2,3</sup>

A successful model may lead to better patient satisfaction and decreased decisional conflict.<sup>4</sup>

\*The Ulcerative Colitis (UC) Narrative global surveys were Pfizer-sponsored surveys that examined patient and physician perspectives on living with UC and tried to identify gaps in optimal care. Questions explored patient-physician interactions, UC management goals, and resources for improving communication. Questionnaire surveys were conducted across 10 countries, covering aspects of UC, including diagnosis, treatment, and impact on patient quality of life (QOL), in addition to standard demographic information. Descriptive statistics were calculated. The surveys were conducted between August 2017 and February 2018 and included 2100 self-identified UC patients and 1254 global physicians. **Survey limitations:** The data collected relied on accurate and honest recall and reporting by both patients and physicians. Patients were recruited based on physician-referred and self-reported diagnoses of UC, and their disease severity was established from their patient-reported medication history. Survey questions asked respondents to indicate their level of agreement from "strongly disagree" to "strongly agree." Results reported here as "agree" contain responses from the "strongly agree" and "somewhat agree" categories. Patient participation was also limited to those with Internet access and those who had registered as members of online panels. Some physicians were also surveyed by phone, so there is potential for the interviewer to impact the results.<sup>1,5</sup>

# What might be uncovered by exploring just a bit deeper?

We developed the following questions using motivational interviewing principles that may help you and your patients have an open conversation about topics pertaining to their experiences with UC including lifestyle, values, and personal goals

Consider using these discussion points as a guide during conversations with your patients

- ✓ What are your goals for UC management?
- ✓ How have you had to adjust your lifestyle since diagnosis?
- ✓ What are you unable to do now that you were able to do before diagnosis?
- ✓ Are you still able to do things that are important to you?
- ✓ What is your perspective on the treatment options that we have discussed?
- ✓ What are you hoping to get out of disease management?
- ✓ Are there foods that are culturally or religiously important to you that may impact your UC management?

# When it comes to UC management, shared decision-making may play an important role

With these 3 steps, you can help empower patients to learn more about UC and reinforce their confidence in their UC management plans



**Step 1: Ask** patients if they are experiencing challenges to receiving care for their UC



**Step 2: Ensure** that patients understand UC terminology and are clearly communicating their needs and concerns about disease management



**Step 3: Review** resources that patients can consult for additional support outside of their visits

## For your patients

This digital questionnaire is designed for your patients to help them be better equipped to talk about their UC at their next visit.

[YouMeAndUC.com](https://www.YouMeAndUC.com)

This website is not a diagnostic tool.

**References:** **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. **2.** Fox JC, Lipstein EA. Shared decision making in gastroenterology: challenges and opportunities. *Mayo Clin Proc Innov Qual Outcomes.* 2020;4(2):183-189. <https://www.mcpiqjournal.org/action/showPdf?pii=S2542-4548%2819%2930176-6>. Accessed April 3, 2023. **3.** Abraham NS, Naik AD, Street RL Jr. Shared decision making in GI clinic to improve patient adherence. *Clin Gastroenterol Hepatol.* 2012;10(8):825-827. **4.** Shay LA, Lafata JE. Where is the evidence? A systematic review of shared decision making and patient outcomes. *Med Decis Making.* 2015;35(1):114-131. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4270851/pdf/nihms623951.pdf>. Accessed April 21, 2023. **5.** Dubinsky MC, Watanabe K, Molander P, et al; The Global UC Narrative Survey Panel. Ulcerative Colitis Narrative global survey findings: the impact of living with ulcerative colitis—patients' and physicians' view. *Inflamm Bowel Dis.* 2021;27(11):1747-1755.