

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/gi-insights/aligning-medical-and-patient-goals-in-ibd-treatment/70074/>

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Aligning Medical and Patient Goals in IBD Treatment

Announcer:

You're listening to *GI Insights* on ReachMD. On this episode, Dr. Gil Melmed will discuss the importance of shared decision-making when choosing an advanced therapy for inflammatory bowel disease, or IBD. Dr. Melmed is a Professor of Medicine at Cedars-Sinai in Los Angeles, where he's also the Associate Director of the Karsh Division of Gastroenterology and Hepatology and the Clinical Director of the Inflammatory Bowel Disease Program. Let's hear from him now.

Dr. Melmed:

Shared decision-making in inflammatory bowel disease is really critical to being able to clearly make decisions with our patients, not for our patients. Fortunately, in IBD, we're dealing with mostly quality-of-life issues, and so it really behooves us to incorporate the patient's preferences into that decision-making process in a way that also honors the patient's wishes and preferences, and brings them into the decision-making process.

Because we do have choices, with respect to which advanced therapy one might begin and which advanced therapy one might switch to. And there are nuanced differences between them, relative to efficacy and safety trade-offs and the different modes of delivery: oral, subcutaneous, or IV.

And so, when it comes to a choice of which medication to start, my approach is to involve the patient, share with them the information that we have on safety, efficacy, and mode of delivery, and try to elicit from the patient what their own preferences are, because there isn't necessarily one right answer as to which particular drug to start in a specific patient from the medical side of things. So bringing the patient's perspective into the picture can also be very clarifying in order to identify the right direction in which to go.

I think this is also true when it comes to overall monitoring of therapy and establishing clear principles for what we're going to monitor and when we're going to monitor it, having the patient's buy-in and decision-making about what those next steps might look like. We might start this drug today, but if this doesn't work, our plan is to start this drug tomorrow or in the future if and when it becomes apparent that this drug that we start today isn't achieving the outcomes that we want.

I think it also is important when we talk about a treat-to-target approach, of course, is that we on the medical side of things have our own targets. We want patients to have zero symptoms and to have complete mucosal healing. Our patients' goals may align with that, especially when we explain to them why it's important, but they may have other goals. Their goals may be related to their quality of life, like their ability to do certain things without needing to be anxious about where the closest toilet might be. It might be to be able to travel. It might be being able to attend a certain event. And so I think that shared decision-making process really helps to clarify and align those goals of what the medication and the overall management strategy are going to look like.

Announcer:

That was Dr. Gil Melmed explaining how he works with patients to choose the right advanced therapy for their IBD. To access this and other episodes in our series, visit *GI Insights* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!