LETTER TO THE EDITOR

Reply to letter on published paper: Improving quality of care in inflammatory bowel disease: What changes can be made today?

Dear Editor,

We thank Drs. Selinger, Leong and McLaughlin for their interest and insightful comments on our work. Their previous study on patients' understanding and preference on methods of conveying statistical information is truly a pioneering work on this topic in the area of inflammatory bowel disease. The study shows the preference of patients for relative risk reduction (RR) over optical illustrations such as Cates Plots (CP) or absolute risk (AR) when communicating the benefits of maintenance therapy for ulcerative colitis. In our view, the different modes of presentation of statistical data may be better suited for communicating events of different incidence rates. Whereas RR is the patients preferred and may be the most appropriate to communicate risks of events with relatively high incidence, such as the risk of relapse, AR may be more appropriate to communicate events with very low incidence, such as adverse events of drugs, and risk of dysplasia or cancer associated with IBD or its treatments. For example, communicating a 3-fold increase in the risk of pneumonia associated to anti-TNF treatment may be deterring for some patients to accept the therapy, whereas communication of an increase in risk from 1/1000 person years to 3/1000 person years is viewed as an acceptable risk for the majority of patients (JP, personal observation).

We should make use of all the resources at our hand to communicate effectively with our patients, ensuring their understanding and informed involvement in decision making for managing their disease.

Julián Panés, on behalf of authors

Disclosures:

Dr. Panés has received speaker fees from AbbVie, MSD, Shire Pharmaceuticals and UCB; acted as a scientific consultant for AbbVie, Actelion, Boehringer Ingelheim, Bristol-Myers Squibb, Ferring, Genentech, Janssen, MSD, Novartis, Nutrition Science Partners, Pfizer, Shire Pharmaceuticals, Tygenics and UCB Pharma; and received research grants from AbbVie and MSD.

AbbVie sponsored the Leading Change in IBD meeting held in Madrid on 18–19 January 2013; the published manuscript by Panés et al. summarised presentations made during the meeting. AbbVie reviewed and approved this letter prior to submission.

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2 July 2014