

# Inflammatory Bowel Disease in New Zealand

By Alex Clark

## Research Question:

“Do New Zealand Nurses working with diagnosed adult patients with Inflammatory Bowel Disease, convey appropriate expertise to deliver effective interventions/treatment?”

The rise of Inflammatory Bowel Disease (IBD) is having a major impact on not only individuals, but New Zealand society and the country's healthcare system, within tertiary level care. IBD embodies two separate incurable disorders, known as Crohn's disease and Ulcerative Colitis, which can cause major inflammatory alterations within the gastrointestinal tract in affected individuals, evidenced through diarrhoea, pain, weight loss and impaired linear growth (Bernstein et al., 2010).

Over recent decades the occurrence of IBD has distinctly increased, the severity of the conditions has worsened, and the onset of the disease is more frequent in the earlier ages of adulthood (PricewaterhouseCoopers, 2013). So, why is this disease so prevalent throughout New Zealand? How we can improve the delivery of effective interventions and treatments?

## Implications for Best Practice:

IBD tends to be underreported within the media, leading to varying and limited **Public Awareness** of the symptoms of the disease. Associated lingering symptoms can prevent individuals from seeking appropriate medical attention, as they may view their digestive issues as being 'shameful' or 'embarrassing'.  
(Kahui, Snivley, & Ternent, 2017)

The lack of **Physician Awareness** can hinder timely diagnosis. If there aren't adequate specialised health professionals available to educate individuals and their families in a way that they understand, psychosocial and medical outcomes can depreciate, the risk of stress and suffering may increase, and the patients could isolate themselves.  
(PricewaterhouseCoopers, 2013)

The **Access to Care** for IBD disease in New Zealand varies significantly across the country. Patients living rurally or who are socioeconomically disadvantaged have inadequate access to specialists. This can be dangerous as it can lead to sub-optimal self-care or incompetent reporting of worsening symptoms.  
(Kahui, Snivley, & Ternent, 2017)

The **Availability of Nurses** specialised in IBD care varies among District Health Boards. In regions that don't have an IBD nurse, the patients are required to navigate multiple areas and access sites to acquire imaging, testing and prescriptions, and usually don't know what support is available to them. This means that there is limited opportunity to ensure a consistent level of care across different settings.  
(PricewaterhouseCoopers, 2013)

## What can Nurses do to Improve the Effective Delivery of Treatments?

Develop a National IBD Registry to ensure the disease's incidence and prevalence is completely understood and recognised. This would improve the country's understanding and awareness of IBD and therefore the effectiveness of having beneficial medical interventions.

Improve the current reactive IBD model of care by introducing a proactive model. With the proactive model in place and the impact of flares decreased, it will work to reduce hospital admissions and unnecessary surgeries, therefore improving those patients' quality of life.

Implement measures to ensure an adequate nationwide availability of and access to trained IBD nurses. This would help to provide that essential component of caring to help patients cope with their chronic condition, through advocacy, suitable access to care and recognition of personal requirements

## Conclusion:

There is an essential necessity for acknowledging the standard of care that IBD patients receive across New Zealand. As the incidence and prevalence of the disease is accumulating throughout the country, awareness of the disease needs to improve, due to many diagnosed individuals battling to manage their illness and wellbeing. A significant change of thinking is required on how IBD is prioritised and treated. It is evident that IBD is a condition of increasing significance, and the impact it has on patients' lives makes the rethinking of IBD management imperative.

## References:

- Bernstein, C. N., Fried, M., Krabshuis, J. H., Cohen, H., Eliakim, R., Fedail, S., ... Watermeyer, G. (2010). World gastroenterology organisation practice guidelines for the diagnosis and management of irritable bowel disease in 2010. *Irritable Bowel Diseases*, 16(1). doi:10.1002/ibd.21048
- Kahui, S., Snivley, S., & Ternent, M. (2017). *Reducing the growing burden of inflammatory bowel disease in New Zealand*. Retrieved from Crohn's and Colitis New Zealand website: [https://issuu.com/crohnsandcolitisnz/docs/271017\\_master\\_formatted\\_bod\\_report](https://issuu.com/crohnsandcolitisnz/docs/271017_master_formatted_bod_report)
- Pricewaterhouse Coopers. (2013). *Improving Inflammatory Bowel Disease care across Australia*. Crohn's and Colitis Australia.

PECOT	Information relating to question	Explanation
Population	New Zealand Nurses working in tertiary level care	As Inflammatory Bowel Disease is a rising issue throughout New Zealand, nurses should be educated about the disease itself and aware of the impact the condition has on patients.
Exposure (Intervention)	New Zealand nurses caring for patients diagnosed with Crohn's Disease	I will examine a range of National and International literature which will allow me to understand the importance of the implementation of specialised IBD Nursing interventions in relation to the delivery of effective treatment to diagnosed patients.
Comparison (Control)	National and International literature.	I will compare National and International literature in order to compare the effects of having competent nursing interventions globally.
Outcome	Effective delivery of interventions and services to this specific target group.	By analysing a wide range of National and International literature on the impact of Inflammatory Bowel Disease throughout the world, it will allow me to recognise the implications involved and formulate recommendations that will work to improve the national awareness of the disease.
Time	Not Applicable.	Not Applicable.

### **Rationale:**

I have chosen to exhibit my evidence-based literature review in the form of a poster as it is a swift yet effective way of conveying research (University of Edinburgh, 2015). The use of a poster within a clinical setting exists to provide health professionals with an overview to help them improve their personal practice (Forsyth, Wright, Scherb & Gaspar, 2010). According to Gignon, Idris, Manaouil, & Ganry (2012), posters are typically utilised within health promotion due to the fact that they establish an economical approach of providing written material to a considerable proportion of the health professional population. This poster allowed me to visually display my findings in an efficient way, incorporating the main aspects of my research so the observing audience will focus on the key ideas displayed, including the introduction, findings, implications, recommendations and conclusion. I carefully matched the utilised colours to the background image of the human digestive tract and laid out the information/key ideas in a down flow movement from the top to the bottom of the page which complemented the body's gastrointestinal system, as pictured in the background of the poster.

### **References:**

- Forsyth, D. M., Wright, T. L., Scherb, C. A., & Gaspar, P. M. (2010). Disseminating Evidence-Based Practice Projects: Poster Design and Evaluation. *Clinical Scholars Review*. 3(1), 14-21.
- Gignon, M., Idris, H., Manaouil, C., & Ganry, O. (2012). The waiting room: vector for health education? the general practitioner's point of view. *BMC Research notes*, 5, 511. <http://doi.org/10.1186/1756-0500-5-511>
- University of Edinburgh. (2015). Presentations and posters. Retrieved from: <http://www.ed.ac.uk/institute-academic-development/postgraduate/taught/learning-resources/presentations>