

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/crohns-colitis-foundation-perspectives/keys-to-approaching-difficult-cases-in-crohns-disease/11757/>

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Keys to Approaching Difficult Cases in Crohn's Disease

Announcer:

Welcome to Crohn's and Colitis Perspectives on ReachMD. The following program is produced in collaboration with the Crohn's & Colitis Foundation and the American Gastroenterological Association. Here's Dr. Iris Dotan from the Rabin Medical Center in Israel sharing his insights about difficult cases in Crohn's disease.

Dr. Dotan:

How do you define a difficult case? It's an interesting question, right? We're not getting asked that too often. So I'll highlight a few aspects. A difficult case would be a patient that failed a few lines of therapy, doesn't need to be with a longer course of the disease. So that's one. A patient that has comorbidities that make treatment choices a little bit more problematic. Many times you choose according actually to the comorbidity more than the disease itself. That's a second thing. And of course, it's the condition of the patient. So I'm talking not only about physical condition, but also sometimes the mental and psychosocial exhaustion of a patient. So sometimes it's just that that would make a patient actually less compliant, less adherent, less willing to take advice. So this I think would make a difficult patient definition as a whole.

So, to the exhausted patient, I think that the first thing that needs to be done is to engage the patient into the treatment plan. You sit with a patient, and you explain the strategy. There are many patients who come to my clinic and I'll say nice meeting you, and I'll speak to them for a few minutes, and then I'll ask, so what have you been treated with. And usually, a typical answer of an exhausted patient or of a "difficult" patient would be, "Oh I've taken everything. They've given me everything."

So I usually respond to that that I'm not even aware of everything, so let's try and look one by one at every medication because, first of all, then the patient learns that there are many more options, so there is never everything. Second, I am able to see were all options optimized, and maybe the patient abandoned or maybe the physician abandoned maybe too fast an option that might be reused. So I think this is very important to engage him or her with a treatment plan and make sure that we understand that there is a therapeutic horizon each time. So I think this is critical.

Announcer:

That was Dr. Iris Dotan from the Rabin Medical Center in Israel. This program was produced in collaboration with the Crohn's & Colitis Foundation and the American Gastroenterological Association. If you missed any part of this discussion, or to find others in this series, visit ReachMD.com/foundation, where you can be part of the knowledge.