

# N01 Does physical activity positively impact fatigue in individuals with Inflammatory Bowel Disease?



Dawn Farrell<sup>1</sup>, Palle Bager<sup>2</sup>, Fran Bredin<sup>3</sup>, Vida Cairnes<sup>4</sup>, Mary Forry<sup>5</sup>; Ellie Gilham<sup>3</sup>, Nuala Godwin<sup>5</sup>, Rosaleen Herdmangrant<sup>6</sup>, Doireann Ni Dhalaigh<sup>1</sup>, Tadhg O’ Shea<sup>1</sup>, N, Kathleen Sugrue<sup>7</sup>

<sup>1</sup> Munster Technological University – Kerry Campus, Ireland; <sup>2</sup> Aarhus University Hospital, Aarhus, Denmark; <sup>3</sup> Queen Elizabeth Hospital, Kings Lynn, UK; <sup>4</sup> Royal Devon and Exeter, Exeter, UK; <sup>5</sup> Beaumont Hospital, Dublin, Ireland; <sup>6</sup> Kingston Hospital, Kingston upon Thame, UK; <sup>7</sup> Mercy University Hospital, Cork, Ireland

## Background

- Fatigue is a problematic and burdensome symptom experienced by individuals with Inflammatory Bowel Disease (IBD)
- The optimal management of fatigue remains poorly understood, with physical activity likely to be a beneficial way to manage the symptom
- Limited insight into the type, duration and intensity of physical activity that may positively impact IBD-fatigue

This study aims to investigate the relationship between fatigue and the level of physical activity and intensity of activity in individuals with IBD across Europe

## Methods

**DESIGN:** A multicenter European, cross-sectional, correlational study

**SAMPLE:** A consecutive sample of 188 adult patients with an endoscopic and histological diagnosis of Crohn’s disease (CD) or ulcerative colitis (UC)

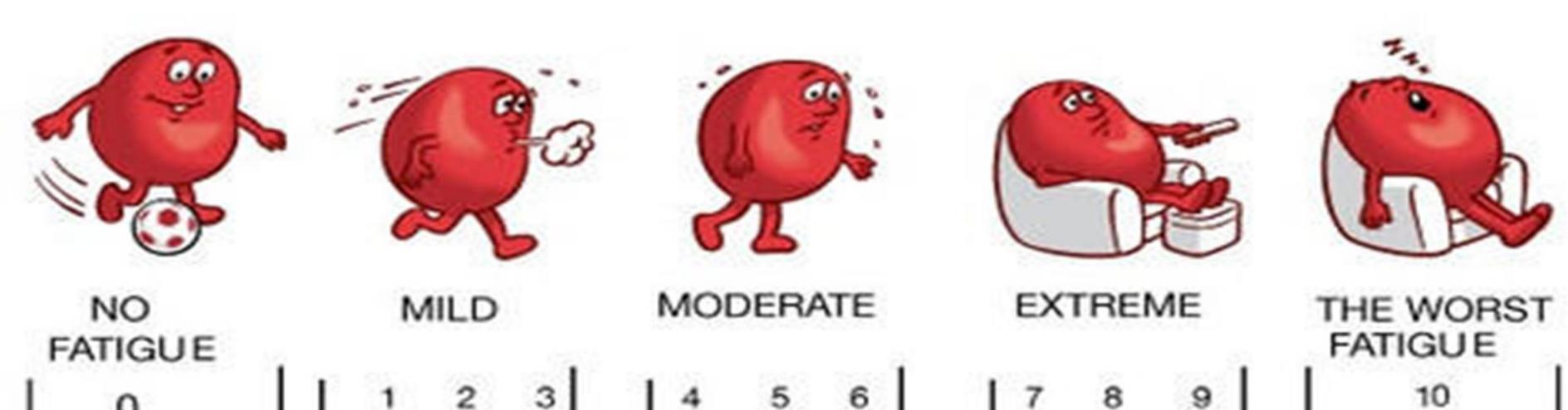
**SETTING:** Six IBD centres across Ireland (n = 2 sites, 42%), the United Kingdom (n = 3; 40%) and Denmark (n = 1; 17%)

### OUTCOMES:

1. Fatigue - IBD Fatigue scale (Czuber-Dochan et al. 2014)
2. Physical activity levels and intensity of activity - objectively measured using the triaxial accelerometers (ActiGraph wGT3X-BT) and subjectively measured using self-reported physical activity log during a seven consecutive day period
3. Disease activity - Harvey Bradshaw Index (CD) and the Simple Clinical Colitis Activity Index (UC)
4. Sociodemographic and clinical variables

**ETHICAL APPROVAL:** Approved by Beaumont Hospital Ethics Committee[Ref number: 17/65]; Cork Research Ethics Committee [Ref number: ECM 4 (gg) 07/11/17], NHS Health Research Authority (Ref number: 19/NS/0075)

**DATA ANALYSIS:** Descriptive and inferential analysis



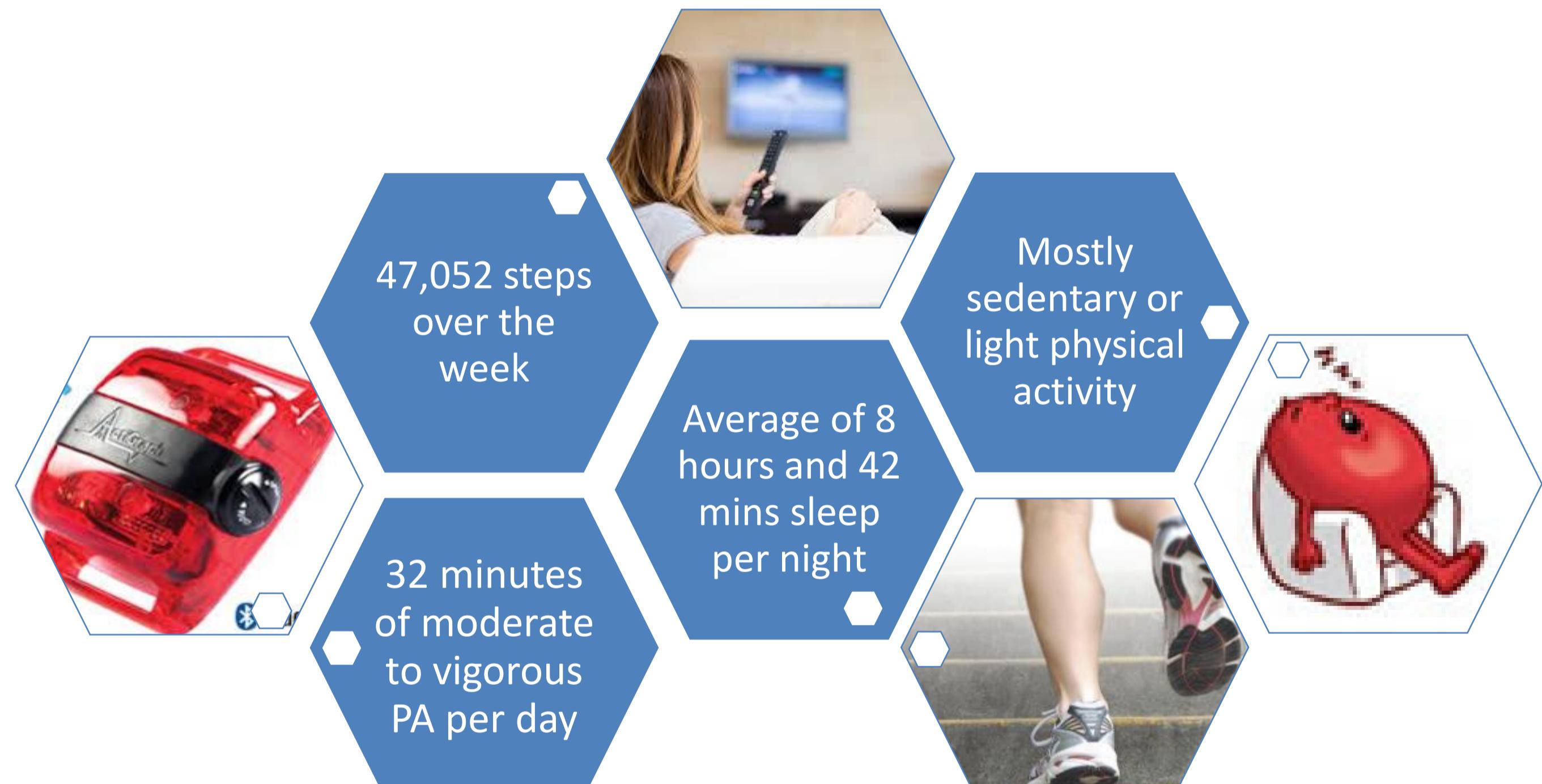
## Results

**Table 1. Demographic and clinical characteristics, n=188**

	n (%)
Age (years): mean (SD)	40.4 (14.7)
range	67
Sex <sup>1</sup>	
Male	70 (42.2)
Female	108 (57.4)
Disease type <sup>1</sup>	
Crohn’s Disease	111 (59.0)
Ulcerative colitis	76 (40.6)
Years since diagnosis: median (IQR)	6.7 (2.8 - 12.8)
range	50.0
Disease activity <sup>3</sup>	
Remission	95 (56.2)
Active Disease	73 (43.8)

<sup>1</sup> n = 187; <sup>2</sup> n = 184; <sup>3</sup> n = 168

- A moderate level of fatigue (IBDF Section 1 Md [IQR] = 10 [6 – 13]), but low impact of daily activities (IBDF Section 2 Md [IQR] = 31.5 [18 – 53]) reported
- Fatigue was predominantly intermittent in nature (72%)



- There was no evidence of a unique linear or non-linear relationship between each of the objective measurements of physical activity with IBD-fatigue
- This lack of evidence extended separately to patients in remission and to patients with active disease
- A statistically significant moderately-strong relationship was found between disease activity (measured using both HBI and SCCAI) and level of fatigue for both patients of Crohn’s disease ( $rs = .327, p = .001, n = 96$ ) and ulcerative colitis ( $rs = .353, p = .003, n = 71$ )

## Conclusion

This large multicenter study revealed no association between objective measurements of physical activity and self-reported IBD-fatigue, regardless of disease activity or country of origin. Results indicate that **engaging or not engaging in physical activity has no differential impact on self-reported IBD-fatigue**.

Contact Details: dawn.farrell@mtu.ie