



**300,000**

**REASONS**

**WHY** ———  
**CANADA**

# 300,000 Reasons Why:

Revealing the Key Challenges in IBD Care in  
Canada Overview

# Introduction

As the prevalence of Inflammatory Bowel Disease (IBD) is increasing across the world, its effects continue to be debilitating for millions of people.<sup>1,2</sup> Crohn's disease (CD) and ulcerative colitis (UC) are the two main forms of IBD, which are conditions characterized by chronic inflammation of the gastrointestinal (GI) tract.<sup>3</sup> IBD is considered an invisible disease, as its symptoms are difficult for others to see. The highest occurrence of both UC and CD is found in the developed countries of North America and Europe.<sup>1</sup>

In Canada, more than 300,000 people are living with IBD and this is forecasted to increase by more than 50 per cent to approximately 470,000 by 2035.<sup>4,9</sup> Despite the growing prevalence, Canadians living with IBD face several challenges from delayed diagnoses to increased risk for developing mental health issues, such as anxiety and depression.<sup>6</sup>

Takeda believes there is an urgent need to address these challenges, in order to elevate the standard of care for patients and future-proof the Canadian health care system. That is why Takeda has launched the *300,000 Reasons Why* campaign to bring awareness to these challenges, because when it comes to people living with this disease, the care they receive matters.

## Understanding the Challenges

IBD is a complex, unpredictable, chronic condition where there are challenges not only in treating gastrointestinal and extraintestinal manifestations of the disease, but also in addressing mental health concerns and psychological distress.<sup>5,6</sup>

To help better understand the impact of these challenges, Takeda sponsored a survey of Canadian's living with IBD and their caregivers. The *300,000 Reasons Why Survey* was conducted by Leger, a leading North American market research firm, from August 21 – 28, 2024, and surveyed 251 Canadians, which included 130 people living with IBD and 121 caregivers for people living with IBD.<sup>7</sup>

This overview reviews current IBD data and key findings from the *300,000 Reasons Why Survey* to highlight the areas where changes could be made in the Canadian healthcare system to optimize patient outcomes and enhance the quality of life for people living with IBD.

## Addressing Mental Health Impact

***Untreated mental health disorders have been associated with poorer outcomes for people with IBD and increase costs to our healthcare systems, with significantly greater likelihood of disease relapse, more frequent flares, poor medication adherence, hospitalization, and emergency department visits.***<sup>6,5</sup>

- Patients living with IBD are 1.5 – 2 times more likely to have a psychiatric disorder, with an estimated 21% diagnosed with clinical anxiety and 15% with clinical depression.<sup>6</sup>
- According to a 2024 survey by The Gastrointestinal Society, 82% of respondents living with IBD indicated they suffer from a mental health condition.<sup>8</sup>
- Findings from the *300,000 Reasons Why Survey* indicate that two thirds (63%) of Canadians living with IBD have experienced mental health issues due to their condition, with half (51%) reporting feelings of anxiety.<sup>7</sup>

- Respondents who reported having mental health impacts were significantly more likely to report impacts to work or schooling and social life:

- o 90% reported impacts such as missed time or decreased productivity, vs. 68% among those who have not experienced mental health impacts<sup>7</sup>
- o 7 in 10 (67%) reported impact on intimate relationships, connections with family/friends, and ability to participate in activities<sup>7</sup>

- The survey further reveals that 3 in 4 Canadians believe there is insufficient mental health support for those living with IBD, with 9 in 10 IBD patients indicating that mental health support should be an important part of IBD treatment planning.<sup>7</sup>

- Given the connection between IBD and mental health, there is a growing need for better integration of psychological and medical care in IBD clinics. However, cost and limited availability of psychologists specializing in chronic medical conditions are barriers to this care.<sup>4</sup>

- There is also a need for standardizing psychological assessments for all individuals living with IBD, rather than being limited to those expressing mental health concerns.<sup>4</sup> Evidence links these assessments and mental health management with reduction in anxiety, depression, general distress, healthcare resource, opioid and corticosteroid use, as well as improved quality of life.<sup>5</sup>



## Delays in Diagnosis & Access to Care

**Timely access to IBD care is important as it has been associated with reductions in diagnostic delays and improved outcomes.<sup>9,10</sup>**

- In the publication, *Access to and Models of Care*, the current referral processes in Canada are resulting in prolonged wait times, with the average time from symptom onset to IBD diagnosis exceeding six months.<sup>5</sup> Further, IBD patients are often subject to prolonged wait times for procedures such as radiology, endoscopy and surgery.<sup>5</sup>

- The [Crohn's and Colitis Canada's Impact of IBD in Canada Report](#) states that the inadequate availability of specialist resources, access to gastroenterologists, and surveillance options, such as intestinal ultrasound, are all factors that lead to gaps in accessing care.<sup>4</sup>

- Results from the *300,000 Reasons Why Survey*, showed that 3 in 4 respondents experienced challenges accessing adequate, timely medical care for their health needs:

- o 43% indicated extensive wait times to see a healthcare provider or receive treatment<sup>7</sup>
- o While 1 in 4 (22%) had to wait 6 months or more to see an appropriate healthcare provider or receive treatment<sup>7</sup>

- As a result of these delays, 81 per cent said they experienced negative health impacts, which included worsened symptoms, compounding medical issues, and increases in medical and hospital visits:<sup>7</sup>

- o 40% more frequent, prolonged, or severe symptoms
- o 31% increased medical visits
- o 28% a relapse of IBD symptoms
- o 28% compounding / increasing physical health problems
- o 24% hospitalization and/or ER visit(s)

## Timely Availability of Therapies and Care

*In Canada, timely access to therapies and care is crucial for effective disease management and long-term outcomes.<sup>4</sup>*

- According to the [Crohn's and Colitis Canada's Impact of IBD in Canada Report](#), minimizing exposure to corticosteroids, avoiding surgery and ensuring remission is maintained are critical to the management of all people living with IBD.<sup>4</sup>
- Being able to identify appropriate treatment for the right patient at the right time in their treatment journey is a significant goal for IBD management. Given that no two people living with IBD are alike – there should be no 'one-size-fits-all' approach, rather evidence-based choices to optimize outcomes.<sup>9</sup>
- Approximately, 7 in 10 patients reported needing to try other medications before finding one that worked for them, with 42 per cent stating it took more than a year to find a medication that worked for them.<sup>7</sup>
- Inequalities in drug coverage also exist with varying listings and criteria by province and by private insurance company. In the [Conference Board of Canada Access and Time to Patient Report](#), research showed that in 2022 the average wait times for provincial reimbursement took 736 days (more than 2 years). This is double the average time reported in comparable Organisation for Economic Development (OECD) countries.<sup>12</sup>
- To enhance IBD care in Canada, there is a need to improve timely access to therapies and personalized treatment plans. Providing flexible, tailored treatment plans to meet patient needs and addressing drug coverage disparities to help streamline the provincial reimbursement and reduce wait time for coverage, are essential to improving patient outcomes.

- Disparities in health services utilization and within-province differences also leads to health inequities in Canada.
- This is particularly acute in remote and Northern communities such as Canada's territories.<sup>11</sup>
- For example, Indigenous people are more likely than the general IBD population to be hospitalized,<sup>9</sup> while IBD patients living in rural areas or those of lower socioeconomic status are more likely to visit the emergency department or be hospitalized than those living in urban centres.<sup>9</sup>
- There is an inconsistent range of accessibility where 18 per cent of Canadians live in rural communities, but they are only served by 8 per cent of the physicians practicing.<sup>11</sup>
- Further, patients frequently experience communication gaps between healthcare providers, and they recognize that IBD related care is often siloed.<sup>4</sup>
- Yet, Canadians living with IBD achieve better outcomes when integrated with multidisciplinary models of care, improving communication between healthcare providers and enhancing timely access to diagnosis and care.<sup>4</sup>
- Given the anticipated rise in prevalence of IBD in Canada, there is a need to reduce delays in diagnosing and accessing effective care, while ensuring reduction of health inequities by improving access in rural and indigenous communities, ultimately enhancing patient outcomes.<sup>9,10,11</sup>
- There is a need to increase specialist resources by expanding the availability of gastroenterologists and utilizing telemedicine for remote areas, streamline referral processes through centralized systems and integrated care models, and enhance multidisciplinary teams to provide comprehensive, coordinated care.<sup>9,10,11</sup>

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