Effects of Inflammatory Bowel Disease on Students' Adjustment to College

913 S. Bashar Almadani,*,a Jeremy Adler,†,a Jeff Browning,§ Elan H. Green, Karla Helvie, Raf Rizk, and Ellen M. Zimmermann

*Department of Internal Medicine, Division of Gastroenterology, Rush University Medical Center, Chicago, Illinois; ‡ Department of Pediatrics and Communicable Diseases, Division of Pediatric Gastroenterology, $^{||}$ Department of Internal Medicine, Division of Gastroenterology, University of Michigan Medical School, University of Michigan, Ann Arbor, Michigan; §Virginia Commonwealth University, Richmond, Virginia

BACKGROUND & AIMS:

Successful adjustment to college is required for academic success. We investigated whether inflammatory bowel disease (IBD) activity affects this adjustment process.

METHODS:

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Q8

We created an online survey that included a standardized adjustment to college questionnaire (SACQ), a general quality of life survey (SF-12), a disease-specific short IBD quality of life survey (SIBDQ), and disease activity indices. Undergraduate students across the United States were recruited via social media.

RESULTS:

Surveys were completed by 65 students with Crohn's disease (CD), 28 with ulcerative colitis, and 214 healthy students (controls). Disease-specific quality of life (SIBDQ results) correlated with IBD disease activity (rho = -0.79; P < .0001). High college adjustment scores (SACQ results) were associated with high SIBDQ scores. Students with IBD had lower mean SACQ scores than controls (307 vs 290; P < .0001). There was a modest inverse correlation between CD activity and SACQ (rho = -0.24; P < .04). Disease activity in students with CD was associated strongly with their self-reported ability to keep up with academic work (P < .0089) and confidence in their ability to meet future academic challenges (P < .0015). Students with active IBD reported feeling as if they were not doing well for the amount of work they were doing (P < .018), and students with ulcerative colitis reported irregular class attendance (P < .043).

CONCLUSIONS:

Students with IBD do not adjust to college as well as healthy students. Disease activity affects their adjustment and attitudes about academics-especially among students with CD. Successful adjustment is important for academic success, affecting graduation rates and future economic success. Strategies to increase disease control and provide social and emotional support during college could improve adjustment to college and academic performance, and increase patients' potential.

Keywords: Transition; Age; Teen; Young Adult; UC.

The formative years of college are critical to a successful career after graduation. Students who do not adjust well to college achieve lower grades and have higher drop-out rates, both of which have lifelong implications regarding career opportunities, earning po-

tential, and the availability of high-quality health insurance. Little is known about how students with chronic illnesses adapt to the challenges and demands of college life. Even less is known about how students with inflammatory bowel disease (IBD) adjust to college.

Students with IBD are known to experience greater perceived stress than their classmates without IBD.¹ Perceived stress has a detrimental impact on a student's ability to adjust to college.^{2,3} The relationship between IBD disease activity and stress is complex. It is not clear how disease activity or the stress of coping with active IBD is related to college adjustment. In a pilot study assessing college adjustment in University of Michigan students with IBD, we found that students with

^aAuthors share co-first authorship.

Abbreviations used in this paper: CD, Crohn's disease; HBI, Harvey-Bradshaw Index; IBD, inflammatory bowel disease; SACQ, student adjustment to college; SCCAI, simple clinical colitis activity index; SF-12, general quality of life survey the short-form 12; SIBDQ, disease-specific short inflammatory bowel disease quality of life survey; UC, ulcerative

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Crohn's disease had more difficulty adjusting to college than their healthy classmates and that the students with more active disease had greater difficulty adjusting to college than those with less active disease.4 To enlarge the study population and increase the power to detect subtle differences, we designed a nationwide, Internetbased study to examine the relationship between IBD disease activity and college adjustment. Our national study confirmed observations that students with IBD adjusted less well to college than their peers. This was particularly true of social and emotional adjustment. Further, worsening disease activity negatively impacted college adjustment and had alarming affects on selfreported academic attitudes. Our findings could provide important information for students, parents, and caregivers, as well as college faculty and administration, which could help students be more successful in college and later in life.

Materials and Methods

We performed an Internet-based case-control study that was administered nationwide from May 2008 through September 2011. We intended to recruit a 2:1 ratio of healthy students to students with IBD. We recruited students through multiple modalities to maximize the number of students reached. This included pamphlets, fliers, newspaper advertisements, e-mails sent out by local university student health services (Table 2 shows the states that were represented), as well as e-mails to student support or interest groups. We also implemented an e-marketing campaign using social media websites such as www.facebook.com and www.myspace.com, as well as various IBD-related websites including the Crohn's and Colitis Foundation of America's website (www.ccfa.org). Recruitment of students as

healthy controls was accomplished by asking each student with IBD to provide the link to the survey to 2 friends who do not have IBD, but are approximately the same age, have a similar major of study, and who have similar study habits as determined by the student with IBD. To do so, they were prompted to submit their friends' e-mail addresses. An automatic e-mail generator then sent an automatic e-mail invitation. The healthy friends of each IBD student formed the matched control group. This study was approved by the University of Michigan institutional review board, including waiver of parental consent for 17-year-old students.

Survey Instruments

We created a web-based informed consent with Q14 subsequent links to surveys created with SurveyMonkey Q15 (www.surveymonkey.com). The surveys included both disease-independent and disease-specific questionnaires. The disease-independent surveys were administered to all study participants and included the Student Q16 Adjustment to College Questionnaire (SACQ) and the short-form 12 (SF-12). The SACQ (Table 1) is a well-validated, self-reported, adjustment to college survey, using 67 questions on 4 different subscales: academic, social, emotional, and school attachment. Questions address how well a student perceives that they are adapting to the demands of college life. The SF-12 is a well-validated, general quality of life survey containing questions on physical and mental subscales.

The disease-specific surveys were administered to subjects with IBD. We used the Short Inflammatory Bowel Disease Questionnaire (SIBDQ) to assess IBD-related quality of life. This validated questionnaire consists of 10 questions that measure the impact of IBD on social and emotional domains as well as physical

 Table 1. Demographics

			CD.	UC vs CD <i>P</i> value	Control vs IBD P value
	Control	Control UC	CD P value		
Age (mean ± SEM) ^a	19.9 ± 1.3	20.3 ± 1.7	20.2 ± 1.6	.07	.6
Duration of disease, y	_	3.8 ± 0.6	4.8 ± 0.5	.2	_
Sex, female/total ^b	136/214	20/28	46/65	.5 ^c	.1 ^c
Class standing ^b					
Freshman	40	3	14	.6 ^c	.5 ^c
Sophomore	52	6	10		
Junior	58	8	18		
Senior	64	11	23		
Hospitalized in past 2 years	_	12/28	29/65	.9 ^c	_
Surgery for IBD	_	3/28	10/65	.6 ^c	_
Part-time student for health reasons	1/214	1/28	4/65	.6°	.05°
Live at college	.198/214	25/28	60/65	.6°	.7 ^c

^aTen students failed to report their age (2 with UC, 6 with CD, and 2 controls).

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^bOne student failed to report their class standing and sex.

 $^{^{}c}$ Pearson chi square.

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