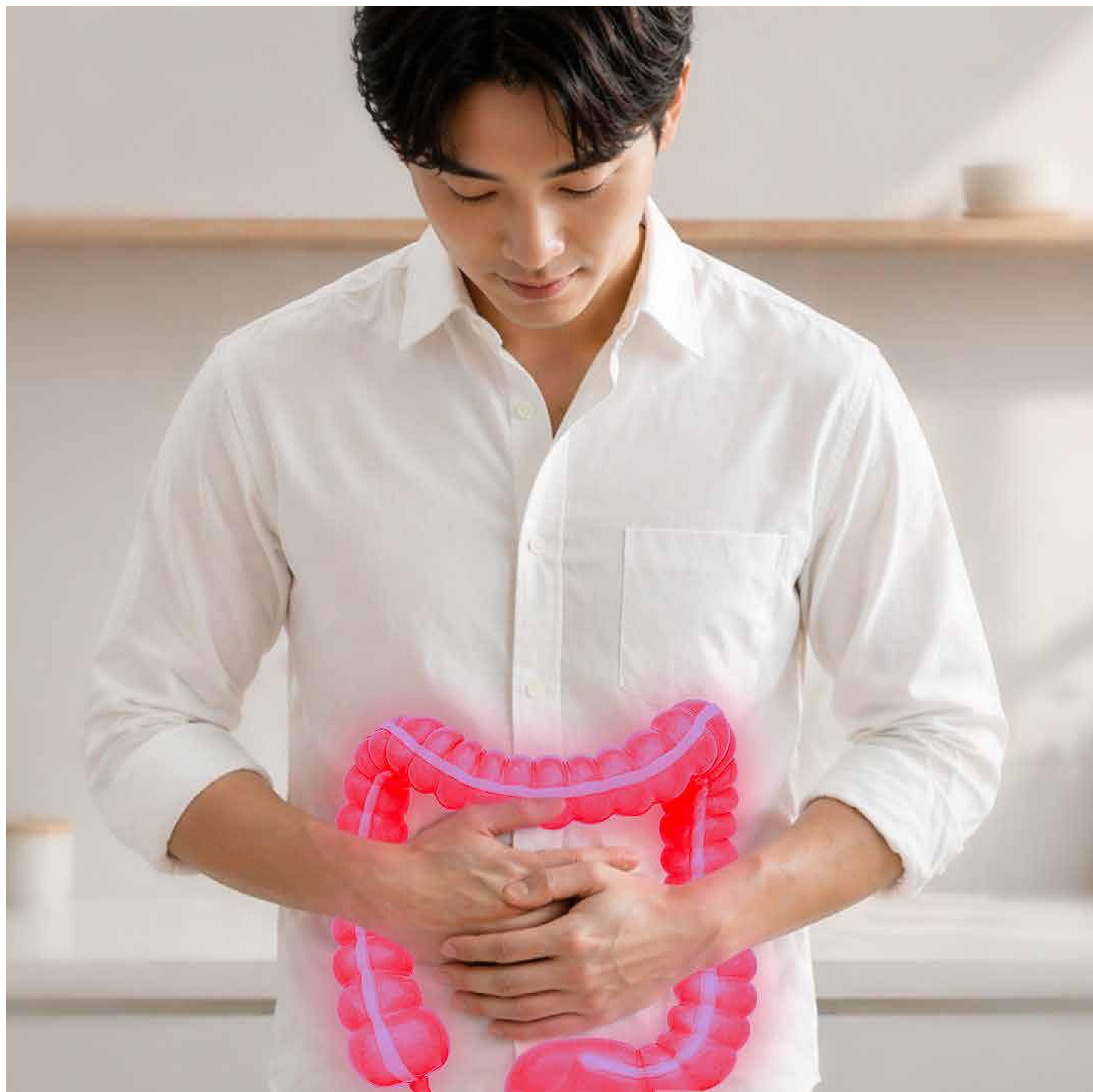


Johnson & Johnson

# IBD Patient Conversation Guide



# Inflammatory bowel disease (IBD)

If you have inflammatory bowel disease (IBD)—like Crohn’s disease (CD) or ulcerative colitis (UC)—how you feel doesn’t always show what’s happening inside your body.

Even if your symptoms calm down, your gut can still be irritated on the inside. That can lead to surprise flare-ups and make it harder to plan things like school, work, friendships, and your goals.

Your goals matter. **Dual control** means **control inside, control your dreams**. A possibility to manage both your IBD and the dreams that matter most to you — so you can live fully and keep moving toward the life you want.

Use this guide to help start a conversation with your doctor about controlling your IBD from within. The healing process deep within your gut that can help you work towards achieving dual control of your IBD and your life.



## Why going deeper matters

### The evolved treatment goals in IBD

Feeling better doesn’t always mean your gut is better on the inside. IBD remission exists on a spectrum, including symptomatic remission, biomarker remission, endoscopic remission, histological remission, and transmural remission.<sup>1</sup> IBD can be “quiet” for a while, even if there is still irritation (inflammation) in your gut.

That is why proof inside matters. IBD treatment has advanced over the past decades, and endoscopic remission which defined as healing of the inner lining (mucosa) of the gut<sup>2</sup> has been recommended as a key long-term treatment target.<sup>3</sup> It correlates with a better quality of life,

lower risks of surgery and hospitalization,<sup>4</sup> and a higher likelihood of sustained remission.<sup>5</sup>

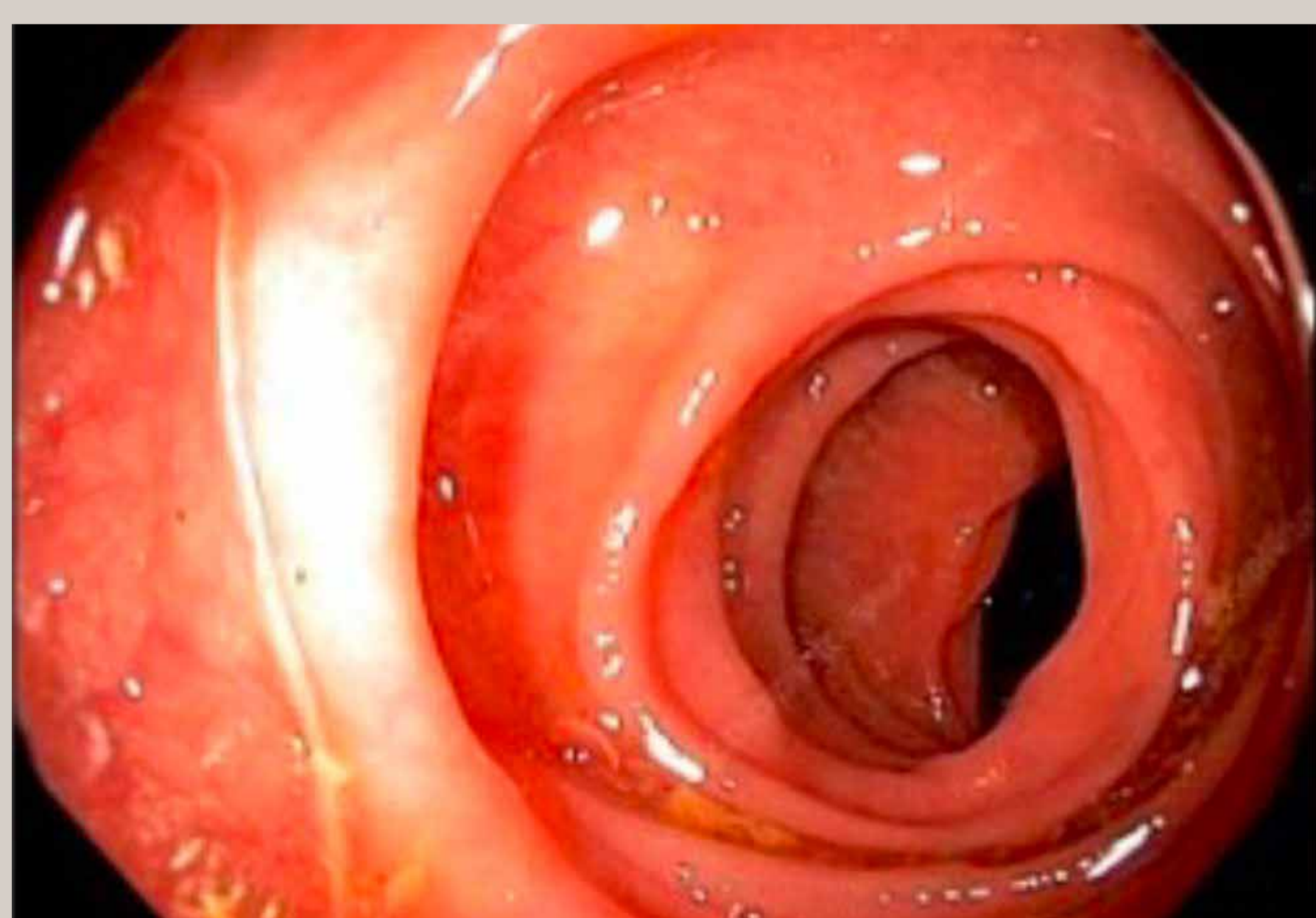
So it helps to look a little deeper. An endoscopic examination can help you and your doctor understand what’s really going on in your gut — not only what you can feel, but what is truly getting better.

### An HCP-Patient Disconnect on IBD Remission

## Did you know?

While patients define remission primarily by resolution of IBD symptoms, **65%** of physicians define remission using test results.<sup>6</sup>

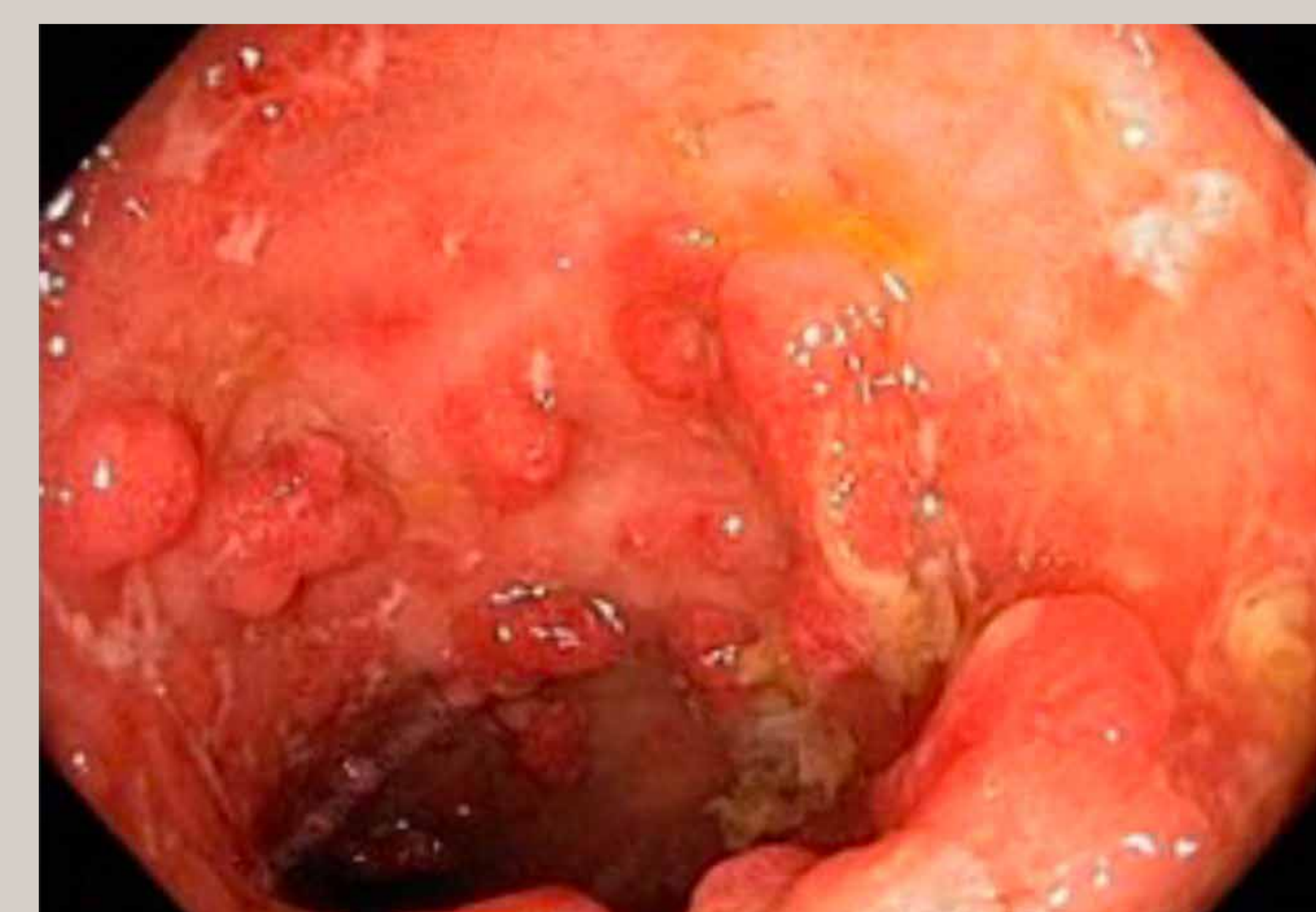
However, more than **60%** of patients have not heard of endoscopic remission.<sup>6,7</sup>



Endoscope view of a healthy colon<sup>8</sup>



Endoscope view of a colon with CD showing inflammatory polyps (red swellings) and ulceration (white areas)<sup>8</sup>



Endoscope view of UC showing inflammation and ulceration<sup>8</sup>

# IBD Patient Conversation Guide



## Things to consider before your next consultation

### Reflect on your dreams and what matters most

Your doctor is here to help you. Before you talk about tests or treatment, think about your dreams and what “control inside” could help you do.

You might want to ask yourself:

- If my IBD was more under control, what would be easier in my day-to-day life?
- If I knew my gut was healing on the inside, what would I feel brave enough to do?
- What dreams or plans do I want to do in the next few months or years?

## Understanding your current symptoms<sup>9</sup>

### In the past 2 weeks, I have experienced

#### Diarrhea

- Every day
- Several days a week
- Once a week or less
- Not at all

#### Stomach pain or cramping

- Every day
- Several days a week
- Once a week or less
- Not at all

#### Blood in my stool

- Every day
- Several days a week
- Once a week or less
- Not at all

#### Urgency to go to the toilet

- Every day
- Several days a week
- Once a week or less
- Not at all

#### Fatigue / Tiredness

- Every day
- Several days a week
- Once a week or less
- Not at all

### You can also note:

- The last time I had a flare-like day (bad symptoms):<sup>10</sup>
- Any triggers I noticed (for example, certain foods, stress, missed medicines):<sup>11</sup>

## Conversation guide for your next visit

Use these questions to talk with your doctor about how you feel and what's happening inside your gut to help you **Control Inside, Control Your Dreams.**<sup>10</sup>

### What does “remission” mean? (And what are we aiming for?)

1. If I'm not having diarrhea, stomach pain, or blood in my stool, does that mean my IBD is gone, or could it still be active inside my gut?
2. Right now, one important life goal for me is:   
What should our treatment goal be so I can keep my IBD under control and still reach this goal?

### Checking what's happening inside (not just symptoms)

3. What tests can tell us if there is still inflammation inside? (For example: stool tests, blood tests, scans like intestinal ultrasound (IUS), sigmoidoscopy and endoscopy)
4. What does endoscopic remission mean for my treatment and future health?

### Treatment choices

5. What treatment is usually used to help people reach that goal?
6. In the long run, what does “IBD under control” look like for me?



## What's next?

Finishing this guide is your next step toward control inside so you can control your dreams.

At your next doctor visit, ask what remission means for you, how to check if your gut is healing on the inside, and what you can do to reach that goal.<sup>10</sup>



### Before your appointment:

Note any recent symptoms, even if they come and go, and bring details of any tests you've had along with a list of the treatments you are currently on.



### During your appointment:

Tell your doctor about your goals and dreams. Ask what remission means for you. Ask if symptoms alone are enough to show your IBD is controlled, or if you should check inside your body for signs of gut healing.



### After your appointment:

Plan regular appointments and follow your doctor's advice. Contact your clinic if symptoms return, worsen, or start affecting your daily life again.

Remember: feeling better is important, but it's not the whole story. Proof inside helps you and your doctor choose the next step — for **control inside and control of your dreams.**

Certain visuals in this material were created or enhanced using artificial intelligence (AI). These are intended for illustrative purposes only and do not represent actual patients or healthcare professionals. Any resemblance to real individuals is coincidental.



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