BF-P7 RANO I ODRŽIVO POBOLJŠANJE KVALITETA ŽIVOTA NAKON ZAPOČINJANJA BIOLOŠKE TERAPIJE KOD PACIJENATA SA INFLAMATORNIM BOLESTIMA CREVA

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Biološka terapija je značajno promenila pristup lečenju inflamatornih bolesti creva (IBD). Cilj istraživanja je bio da se proceni promena u kvalitetu života povezanog sa zdravljem (HRQoL) nakon uvođenja terapije. Prospektivno je praćen HRQoL u monocentričnoj longitudinalnoj opservacionoj kohorti bolesnika sa IBD kod kojih je započeta biološka terapija. Upitnik IBDQ-32 (domeni crevnih simptoma, sistemskih simptoma, emocionalnog funkcionisanja i socijalnog funkcionisanja; ukupni skor 32–224) popunjavan je na početku terapije, nakon 3 i 12 meseci (n=113/110/89). Promene tokom vremena analizirane su primenom linearnih mešovitih modela sa slučajnim odsečkom po bolesniku. Za poređenje vremenskih tačaka korišćena je *Holm* korekcija, a veličina efekta procenjena je pomoću uparenog *Cohen*-ovog d (95% *CI*). Relativni doprinos promena pojedinačnih domena ukupnom poboljšanju IBDQ skora procenjen je multiplom linearnom regresijom sa standardizovanim regresionim koeficijentima (β). Ukupan IBDQ skor povećan je sa 158±34,8 na početku terapije na 178±28,6 nakon 3 meseca (Δ=+21,0; d=0,93; 95% *CI* 0,69-1,17) i 189±27,5 nakon 12 meseci (Δ=+25,5; d=1,00; 95% *CI* 0,73-1,27). Sva četiri domena pokazala su velika i održana poboljšanja (d=0,77-1,01), uz značajan vremenski trend (p<0,01). Promene emocionalnog domena imale su najveću povezanost sa poboljšanjem ukupnog IBDQ skora (standardizovani β=0,37), nakon čega su sledili crevni simptomi (β=0,33). Uvođenje biološke terapije povezano je sa brzim i trajnim poboljšanjem specifičnog kvaliteta života kod bolesnika sa IBD, pri čemu emocionalno funkcionisanje i crevni simptomi predstavljaju ključne doprinose ukupnom poboljšanju kvaliteta života. Ovi nalazi ukazuju na multidimenzionalni značaj biološke terapije, koji prevazilazi samu kontrolu kliničke aktivnosti bolesti.

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BF-P7 EARLY AND SUSTAINED IMPROVEMENT IN QUALITY OF LIFE FOLLOWING BIOLOGIC THERAPY INITIATION IN INFLAMMATORY BOWEL DISEASE PATIENTS

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Biologic therapy has transformed inflammatory bowel disease (IBD) management, yet real-world data on health-related quality of life (HRQoL) trajectories following treatment initiation remain limited. We prospectively evaluated HRQoL in a single-center longitudinal observational cohort of IBD patients initiating biologic therapy. The IBDQ-32 (bowel, systemic, emotional, and social domains; total score range 32-224) was completed at treatment initiation, month 3, and month 12 (n=113/110/89). Longitudinal changes were analyzed using linear mixed-effects models with random patient intercepts and time as a fixed effect. Pairwise comparisons were adjusted using Holm correction, and paired Cohen's d (95% CI) was used to quantify effect size. The relative contribution of domain changes to total IBDQ improvement was assessed using multiple linear regression with standardized regression coefficients (β). Total IBDQ score increased from 158±34.8 at baseline to 178±28.6 at month 3 (Δ=+21.0, d=0.93, 95% CI 0.69-1.17) and 189±27.5 at month 12 (Δ=+25.5, d=1.0, 95% CI 0.73-1.27). All four domains demonstrated large and sustained improvements (d=0.77-1.01), with significant time trends across domains (p<0.01). Domain scores were highly correlated; changes in the emotional domain showed the strongest association with total IBDQ improvement (standardized β=0.37), followed by bowel symptoms (β=0.33). Initiation of biologic therapy was associated with rapid and sustained improvement in disease-specific HRQoL across all IBDQ-32 domains, with emotional well-being and bowel symptoms representing key contributors to overall HRQoL improvement. These findings emphasize the multidimensional benefits of biologic therapy beyond clinical disease control.

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