

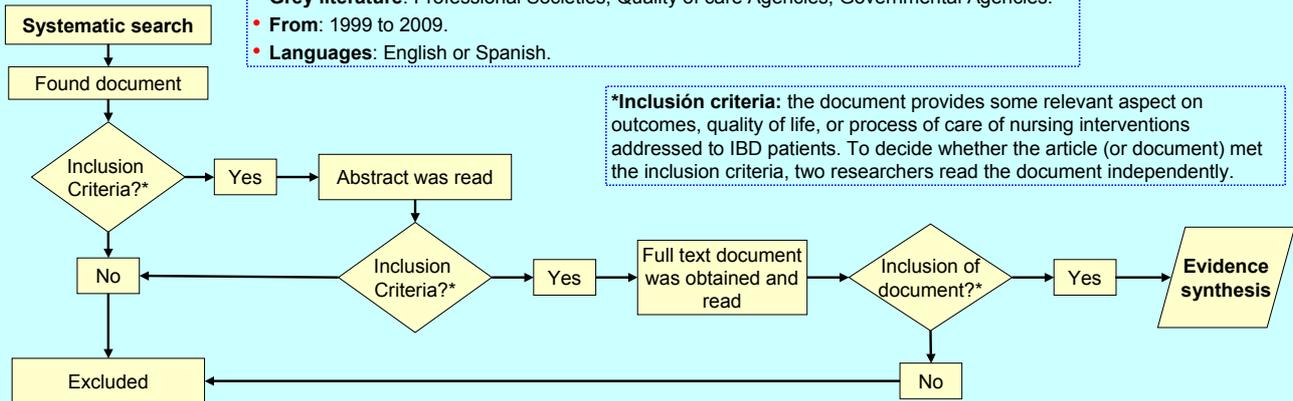
Do nursing interventions improve the process and outcomes of patients with Inflammatory Bowel Disease?

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Purpose: To know the improvement in clinical outcomes, quality of life, and process of care in patients with Inflammatory Bowel Disease (IBD) attributable to the role of nurses, according to the available scientific evidence.

Methods:



Results:

Articles found	
Database	Titles
• Medline	232
• Embase	33
• SMI	6
• Cochrane Library	1
TOTAL	272

6 articles met the inclusion criteria

Institutions found (Grey literature)	
Institution type	N
• National level	34
• International institutions	3
• Quality of care agencies	10
TOTAL	47

One document selected

Studies design	
Design	N
• Systematic review	2
• Non-systematic review	3
• Observational (pre-post)	3
• Controlled trial	1

*Studies may have more than one type of design

Interventions	
• Nurse advice and counselling	
• Specialized nurse in the multidisciplinary team	
• Nurse available for patients telephone and/or e-mail contact	
• Early adverse events detection	
• Treatment compliance control	
• Others	

Reported outcomes	
• improvement in the mental domain of the quality of life (SF-36 questionnaire) in patients with Crohn's disease (but not with ulcerative colitis) at six months but not later. Other authors found no differences in quality of life.	
• Reduction in hospital visits and hospital stay.	
• Increase of patient satisfaction.	
• Early detection of adverse effects.	
• Increase the number of patients in remission.	

Limitations	
All studies have important methodological limitations (design flaws, lack of statistical analysis, inappropriate analysis, and numerous sources of bias).	

Discussion/conclusions:

Some of the findings point out that better outcomes and quality of care are associated with organized nurse care. However, the scientific evidence on the effects on clinical outcomes, quality of life, and quality of care in patients with IBD attributable to nursing activities is scarce and affected by poor methodological quality. Studies with enough methodological robustness should be designed to test the hypothesis that nursing interventions in integrated care units improve process and outcomes on patients with IBD.