

IMPROVING CARE FOR YOUNG IBD PATIENTS

Psychosocial and clinical factors

1. Considering the prevalence of anxiety and/or depressive symptoms, screening should be implemented for children, adolescents and young adults with IBD. *(This thesis)*
2. Systematic reviews with meta-analysis investigating the prevalence of anxiety and depressive symptoms are challenging due to the high heterogeneity in used instruments and cut-offs. *(This thesis)*
3. A full protocol of cognitive behavioural therapy (CBT) does not seem necessary for the treatment of subclinical symptoms of anxiety/depression in young IBD patients. *(This thesis)*
4. In patients with quiescent IBD, that have subclinical symptoms of anxiety/depression, CBT does not positively affect clinical course of intestinal disease. *(This thesis)*
5. Patients as well as health care providers think self-management skills are more important outcome parameters for success of transition than disease-related issues. *(This thesis)*
6. Being chronically ill requires chronic optimism. *(Frontiers in Psychology, 2016)*
7. Investing in a psychologist as a member of the IBD-care team has advantages for patients and providers. *(Health Psychology and Behavioral Medicine, 2015)*
8. Third trimester of pregnancy is a good period to finish a PhD thesis. *(Journal of Clinical Experimental Neuropsychology, 2014)*
9. In multicenter research, a dedicated local research nurse is necessary to ensure the quality of obtained data. *(Journal of Clinical Nursing, 2007)*
10. The greatest gift you can give another is the purity of your attention. *(Richard Moss)*
11. The bidirectional relationship between body and mind is centuries old: A cheerful mind is good for your health, but a broken spirit weakens the body. *(Proverbs 17:22, the Bible)*

Gertrude van den Brink
Rotterdam, 3 juli 2019