

What are the Dietary Treatment Research Priorities for Inflammatory Bowel Disease? A Short Report Based on a Priority Setting Partnership with the James Lind Alliance

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For which topic were research priorities identified?

dietary treatment for inflammatory bowel disease

In which location was the research priority setting conducted?

Europe - United Kingdom

Why was it conducted at all?

Treatment of inflammatory bowel disease (IBD) involves a multidisciplinary approach comprising medical management and sometimes surgery. Although diet is central to IBD management, the optimal diet for patients with IBD is uncertain.

What was the objective?

to develop research priorities in inflammatory bowel disease

What was the outcome?

a ranking list of 10 research questions

How long did the research prioritization take?

No information provided.

Which methods were used to identify research priorities?

JLA method

How were the priorities for research identified exactly?

Step 1: setting up PSP: steering group established, stakeholders and partner organizations identified. Step 2: collecting uncertainties: survey asking participants to provide up to five treatment uncertainties, 1671 uncertainties submitted. Step 3: data processing: list of 70 indicative questions compiled. Step 4: interim ranking: survey to select top five research questions and to rank them in order of priority for research, resulting in priority list of 25 questions. Step 5: final prioritization: workshop: small group discussions, small group rankings

Which stakeholders took part?

IBD patients, carers, IBD specialist nurses, gastroenterologists, surgeons and dietitians. Survey: 513 participants. Workshop: steering group members and partner organizations.

How were stakeholders recruited?

The survey was advertised widely in IBD patient and healthcare professional networks.

Were stakeholders actively involved or did they just participate?

Stakeholders not only participated but were also actively involved in the research prioritization process: They were part of a steering group. The steering group consisted of 2 patients with IBD, 2 gastroenterologists, 2 IBD specialist nurses, 2 colorectal surgeons, 2 dietitians, 1 representative from the UK inflammatory bowel disease charity organization, Crohn's and Colitis UK, 1 representative of the James Lind Alliance, and 1 administrator. The members developed the survey, were involved in interim ranking and participated in the workshop.