"I am-sterdam" – we were in Amsterdam at the 10th N-ECCO Network Meeting.

261 nurses and dietitians attended from across the world with the shared goal of developing care for people with IBD worldwide. Delegates were welcomed by the N-ECCO Chair, Janette Gaarenstroom (the Netherlands), who opened the Meeting.

The first session focussed on patient involvement and participation. Kirsten Lomborg (Denmark) gave an introduction to the area. She highlighted the importance of patient involvement and gave examples on how this can be achieved. The expression "flipped healthcare" was introduced.

Kristine Sorensen (the Netherlands) then tackled the theme of Health Literacy. Do patients understand the health care system? Can they understand the information they are given? Instead of blaming the patient, we need to look at our own practice. Prior to the coffee break, Helen Terry (United Kingdom) gave a talk on how patient panels are used in the United Kingdom. She gave examples on how health is a co-creation between the patients and the health professionals. She also announced that a survey in the United Kingdom among patients with IBD had revealed that having an IBD nurse is a first priority. This was followed by enthusiastic applause from the audience!

The pre-lunch session concentrated on e-health and the role of IBD nurses. First Pia Munkholm (Denmark) gave an update on e-health in IBD. She led us through the development of an e-health tool for patients with IBD. The patients can monitor their disease activity at home and can book appointments with health care professionals according to their needs. How to communicate in a professional way via electronic media was the topic of the talk given by Annemiek Linn (the Netherlands). She challenged the audience’s knowledge and assumptions regarding patients’ use of electronic media. She also gave examples on how adherence can be monitored electronically.

Annemiek’s talk was followed by two examples of e-health. First Usha Chauhan (Canada) shared her experiences with two apps. One had a broad target group within GI diseases whilst the other was IBD specific. Then Susanna Jäghult (Sweden) gave a talk on the development of the Swedish e-health programme Swibreg. The programme started locally
but has now spread widely across Sweden, with over 50% of patients entered into the registry.

Following lunch and a sponsored satellite symposium, the focus turned to IBD nursing. Three of the submitted abstracts were chosen for oral presentation. First, **Gerda Drent** (the Netherlands) gave a presentation on a pilot study about the use of mindfulness in IBD. After this we heard from **Heather Johnson** (United Kingdom) about the benefit of nurses performing flexible sigmoidoscopy. Finally, **Alexandra Sechi** (Australia) described how a nurse-led advice line has proven to be cost effective for the hospital.

After the afternoon coffee break, the use of drugs in IBD was the subject of discussion. Two competent buddies, **Silvio Danese** (Italy) and **Pierre Michetti** (Switzerland), gave an informative and entertaining talk on the advantages and disadvantages of biosimilars. Attention focussed especially on whether to switch patients to a biosimilar if they are already being treated with another (original) drug. **Tariq Ahmad** (United Kingdom) closed the programme with an engaging talk on drug monitoring in IBD. He argued for more monitoring of both drug levels and antibodies.

Finally, the Meeting was closed by our retiring N-ECCO Chair, **Janette Gaarenstroom**, who threw open the door to a variety of opportunities for all IBD nurse Members. Please do consider the N-ECCO Travel Awards! Please do consider the other opportunities as they emerge, such as the upcoming revision of the N-ECCO Consensus Statements, e-CCO Learning modules and more!

*Let’s get even more involved and return for more networking and exploration of IBD care in Barcelona next year. We hope to see you there.*

Palle Bager  
N-ECCO Member