

**Question for written answer E-004776/2014  
to the Commission**

Rule 117

**Erik Bánki (PPE), Csaba Sógor (PPE), Petru Constantin Luhan (PPE), Teresa Riera Madurell (S&D), Oreste Rossi (PPE), Carl Schlyter (Verts/ALE), Nikos Chrysogelos (Verts/ALE), Michèle Rivasi (Verts/ALE), Monika Panayotova (PPE) and Kathleen Van Brempt (S&D)**

Subject: Inflammatory bowel disease

Inflammatory bowel disease (IBD) is a chronic disease which affects over 2.5 to 3 million people in Europe (5.5 to 7 million worldwide), with numbers expected to increase further. IBD can occur at any age, but is diagnosed especially frequently among children and young adults. Symptoms include diarrhoea, rectal bleeding, cramps, fatigue, weight loss and, particular to children, delays in growth and the onset of puberty. Symptoms often lead to hospitalisation, with 85 % of IBD sufferers in Europe having required special treatment in hospitals over the past five years. Furthermore, IBD can cause severe damage to the digestive tract, with at least half of all sufferers requiring surgery.

Despite these worrying facts, the level of awareness on IBD is rather low among EU citizens, which contributes to social isolation, reduced school attendance and reduced participation on the labour market among IBD sufferers.

The 2010-2011 IMPACT survey showed that around 25 % of IBD sufferers in Europe experience some sort of discrimination. Another alarming finding in the survey is the level of participation on the labour market of those suffering from IBD, with the results showing that the disease leads to high levels of absenteeism and that 44 % of respondents had even lost or been obliged to quit their jobs as a result of IBD. In addition to being an inconvenience for IBD sufferers and their families, low labour market participation and the high costs of treatment also place a significant economic burden on European society as a whole. The FP7-funded study entitled 'IBD Character' found that the annual aggregate costs of IBD exceed EUR 25 billion in Europe alone.

1. Given that the causes of and cure for IBD are still unknown and considering that treatment costs constitute a heavy burden on national healthcare systems and lead to significant losses in productivity, will the Commission advocate research – in particular pharmaceutical, environmental and nutrition-oriented research – on IBD under Horizon 2020 that would contribute to tackling this scientific challenge?
2. In terms of policy, does the Commission intend to place greater emphasis on IBD within the context of strategies geared towards chronic diseases, such as those identified during the reflection process on chronic diseases?
3. How does the Commission intend to assist Member States in improving the daily lives of IBD sufferers, in particular with regard to non-discrimination, improved working conditions, stress management and access to home schooling?