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How Can We Achieve Good Compliance for Bowel Preparation?

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See “Effect of Sending Educational Video Clips via Smartphone Mobile Messenger on Bowel Preparation before Colonoscopy” by Sung Chan Jeon, Jae Hyun Kim, Sun Jung Kim, et al., on page 53-58.

Colonoscopy is the current optimal method for the inspection of the whole colonic mucosa. Large-scale reviews have revealed rates of incomplete colonoscopy, defined as failed cecal intubation and insufficient mucosal visualization, between 10% and 20%.^{1,2} For the appropriate accuracy and safety of colonoscopy, good-quality bowel preparation is essential. Inadequate bowel preparation can cause overlooked small lesions,³ shortened surveillance intervals,⁴ substantial impediment in progressing the colonoscope, increased likelihood of complications, and more requirements for sedatives and analgesics.⁵ From the patient's point of view, bowel preparation is a difficult, uncomfortable, and frightening process. Therefore, many patients fail to fully ingest the prescribed colon-cleansing solution. For good compliance, sufficient explanation and education about the necessity and process of colonoscopy can reduce the anxiety of the patient and increase the success of bowel preparation. Several approaches can be considered to increase patient compliance. For example, many hospitals provide written explanations of the method of bowel preparation. Education can also be provided using cartoons,⁶ videos,⁷ telephone conversations,⁸ and smartphone applications.⁹ To main-

tain an appropriate preparation-to-colonoscopy interval, the patient can be informed of the time of the last intake of the preparation agent via short message service,¹⁰ according to the scheduled time of colonoscopy. Further, a method of evaluating bowel cleansing using a smartphone application has been introduced to reduce the dosage of the bowel preparation agent.¹¹ In this issue of *Clinical Endoscopy*, Jeon et al.¹² reported the usage of smartphone mobile messenger to help bowel preparation before colonoscopy. The objective of this study was to maintain good compliance for better bowel preparation by using educational video clips via a smartphone.¹² This was based on the idea that “more information leads to better action”; however, this concept has some limitations. First, as we know, no matter what one says, people do not feel willing to experience suffering and unpleasant things. Second, there is a question of whether the educational method can be used in the general population. As the authors mentioned in their discussion, older people, who cannot use smartphones with ease, did not show better bowel preparation. Therefore, it is necessary to develop persuasive technology that can motivate people to voluntarily do the required work. With such technology, the process of achieving the desired goal must be pleasant, and it must be able to cause smooth behavioral changes without the need for complex and difficult tasks. Despite these limitations, however, it is significant to demonstrate the effectiveness of various methods for patient education, as attempted in this study, because most people will become more accustomed to using smartphones in the years ahead and the development of artificial intelligence will lead to better persuasive techniques for changing human behavior.

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Conflicts of Interest

The authors have no financial conflicts of interest.

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