



Co-funded by
the European Union



BOOST

Building Opportunities for Optimal Sports participation
and Training for people with IBD

Analysis of the Current Situation

Involvement of People with IBD in Sport and Physical Activity



Modena 01.05.2026.

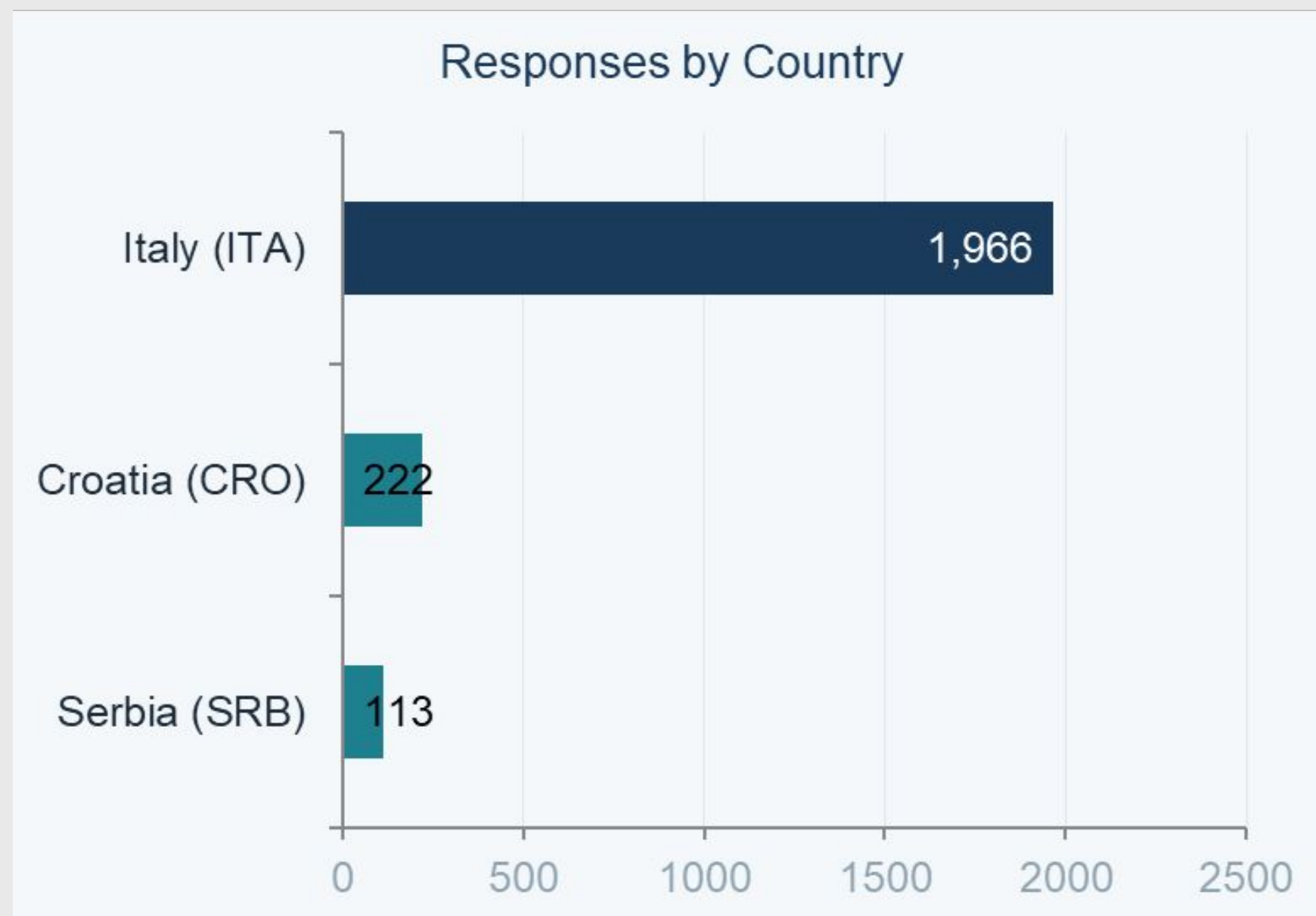


Co-funded by
the European Union



Methodology & Survey Sample

Context and data collection framework



45 questions

Across 9 thematic sections

3 countries

Serbia, Croatia, Italy

3 weeks

16 March – 6 April 2026

**Google Forms /
SurveyMonkey**

Platform differences noted

**UKUKS · HUCUK
AMICI**

Patient associations as
distributors

⚠ Italy: 1,192 respondents
used single-choice format;
774 used corrected
multiple-choice format..



Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or the European Education and Culture Executive Agency (EACEA). Neither the European Union nor EACEA can be held responsible for them.

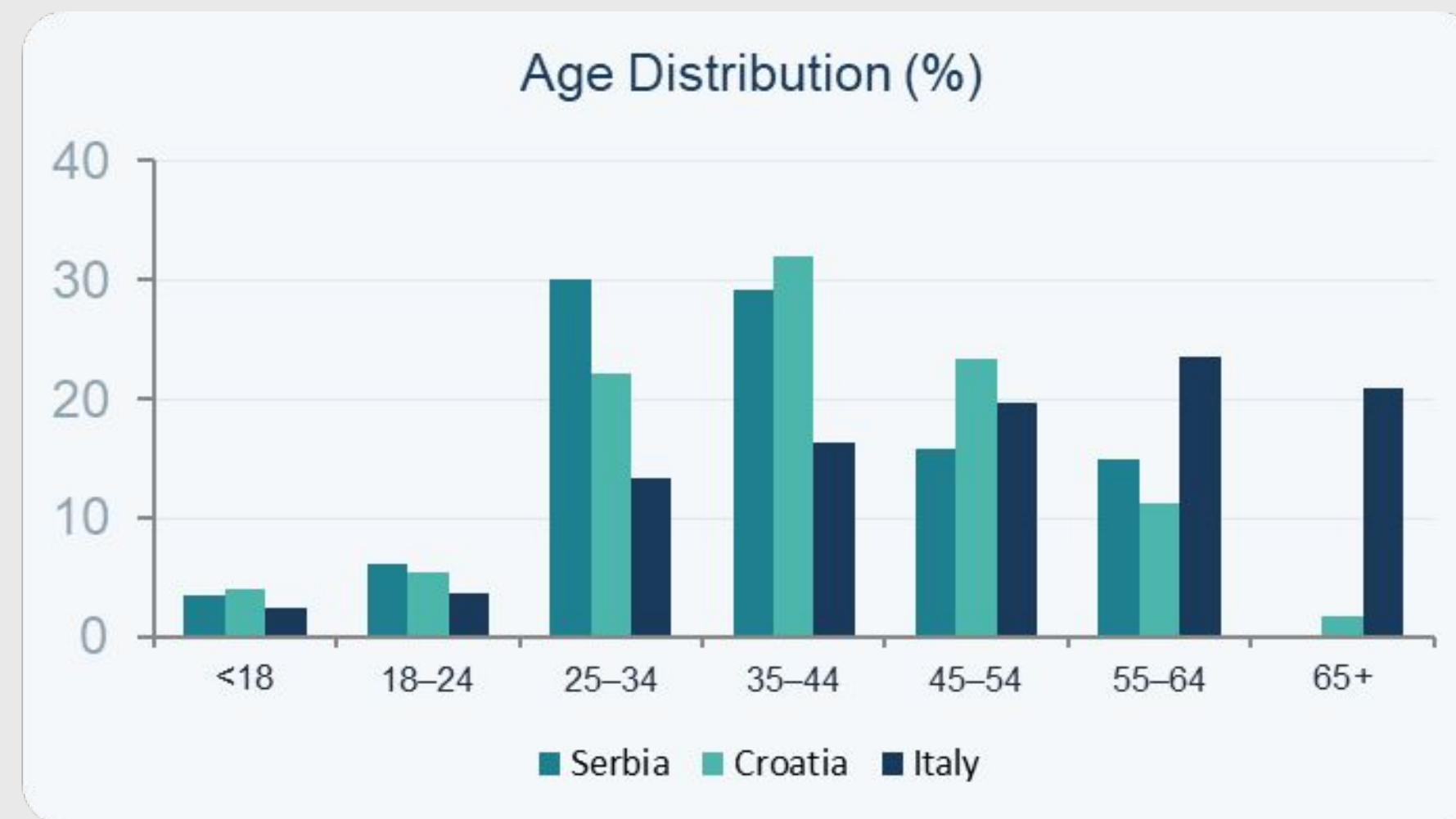
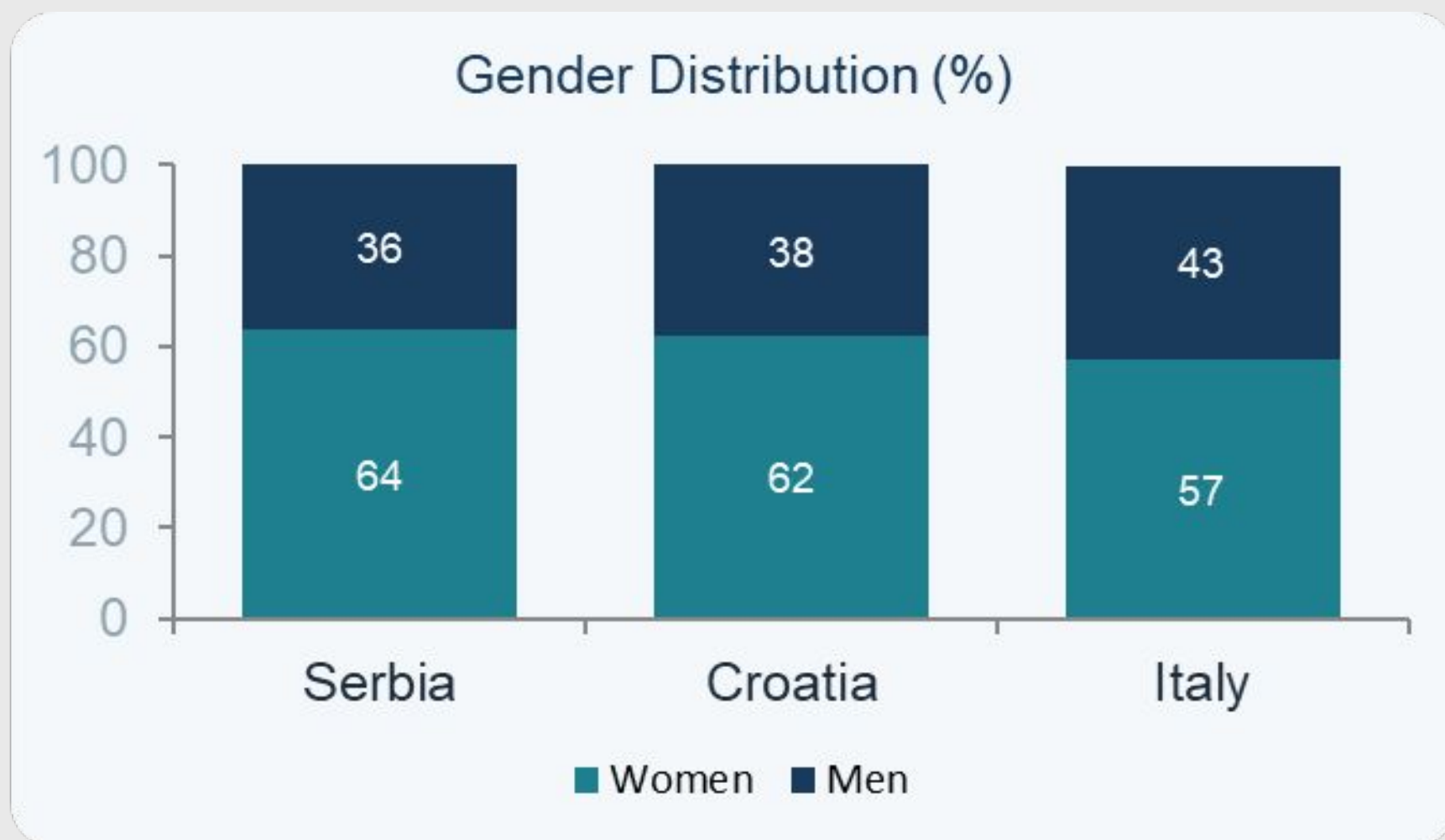


Co-funded by
the European Union



Demographic Profile of Respondents

Gender and age distribution across three countries



Key Insight: Serbia and Croatia skew younger (25–44 dominant); Italy skews significantly older (55+ dominant at 44.5%). This demographic gap has major implications for programme design — younger cohorts need active sport reintegration, while older Italian patients require gentler, chronic-disease-adapted approaches.



Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or the European Education and Culture Executive Agency (EACEA). Neither the European Union nor EACEA can be held responsible for them.

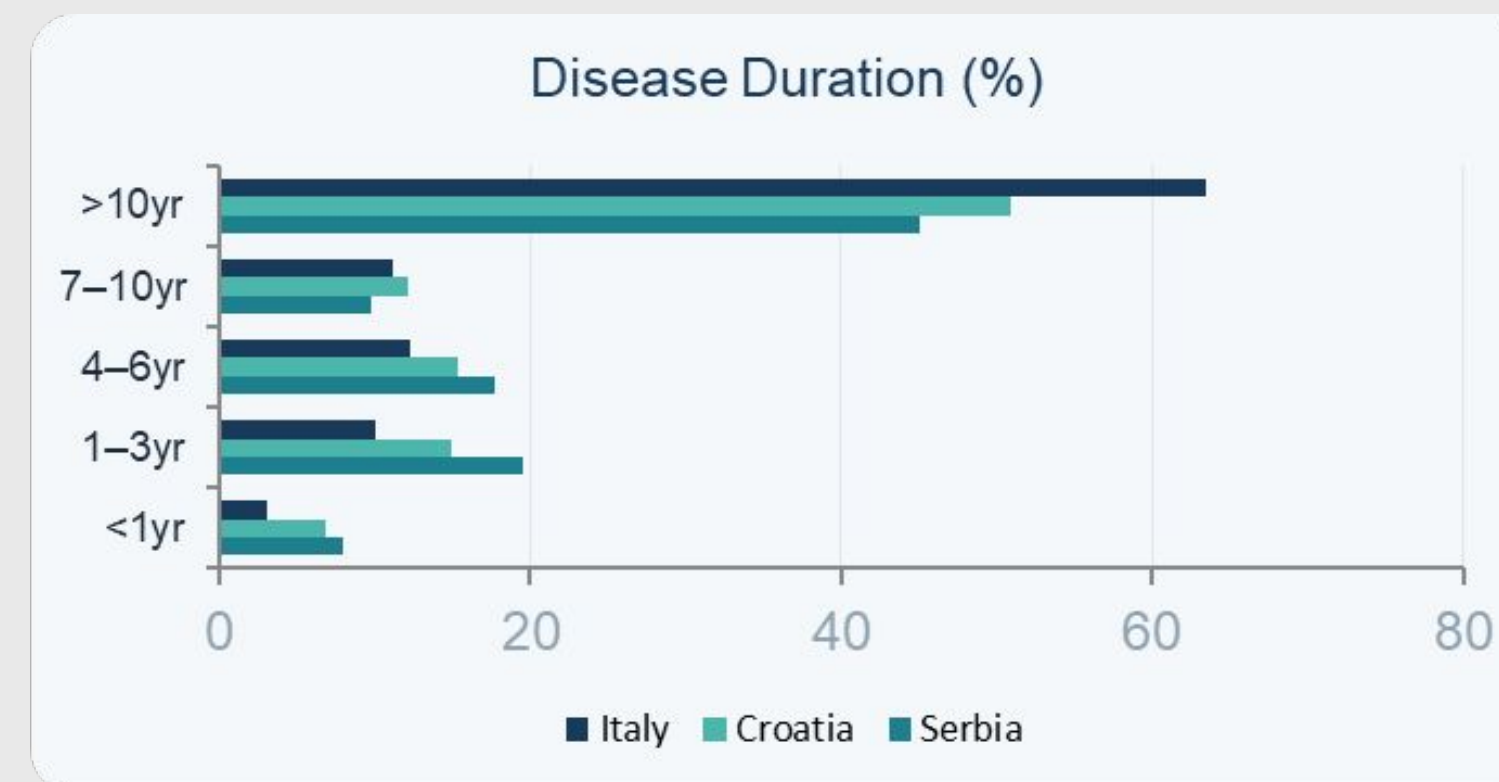
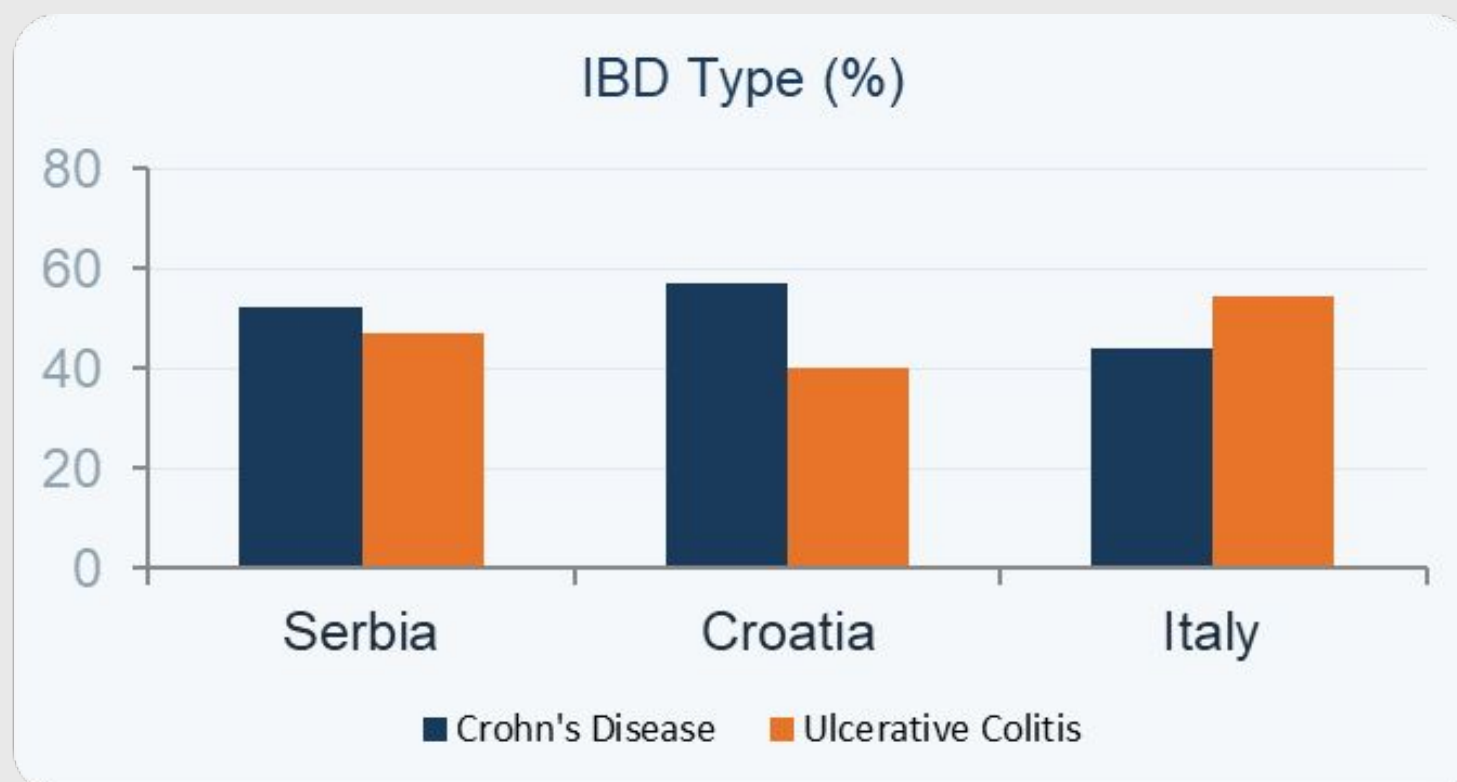


Co-funded by
the European Union



Clinical Profile – IBD Diagnosis

Disease type, duration and remission status



~64%
In Remission
SRB/CRO/ITA

27-32%
Surgical History
SRB/CRO/ITA

~49%
1-3 Relapses
(past 5 yrs)

63.4%
>10 yrs with IBD
(Italy)



Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or the European Education and Culture Executive Agency (EACEA). Neither the European Union nor EACEA can be held responsible for them.

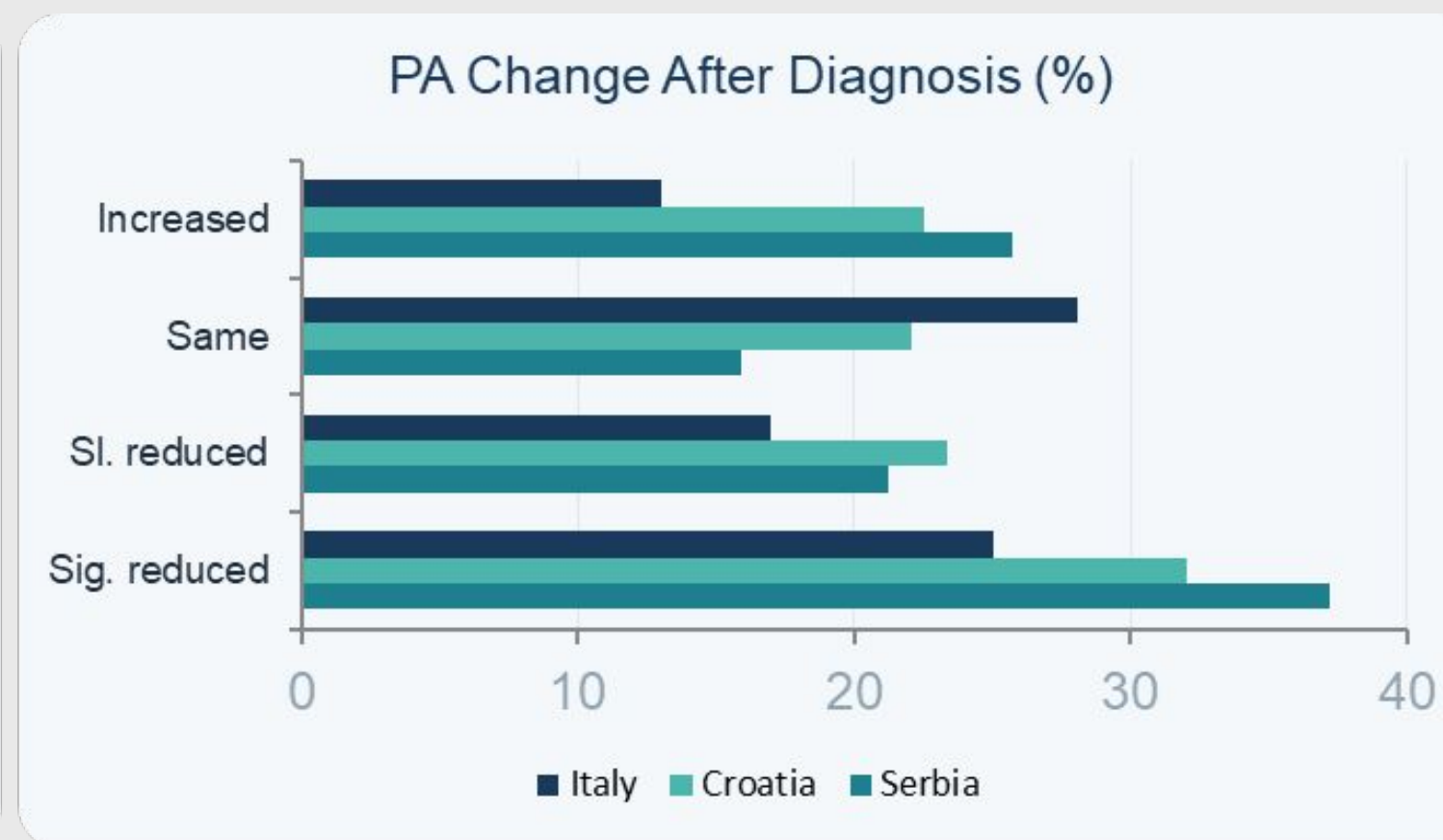
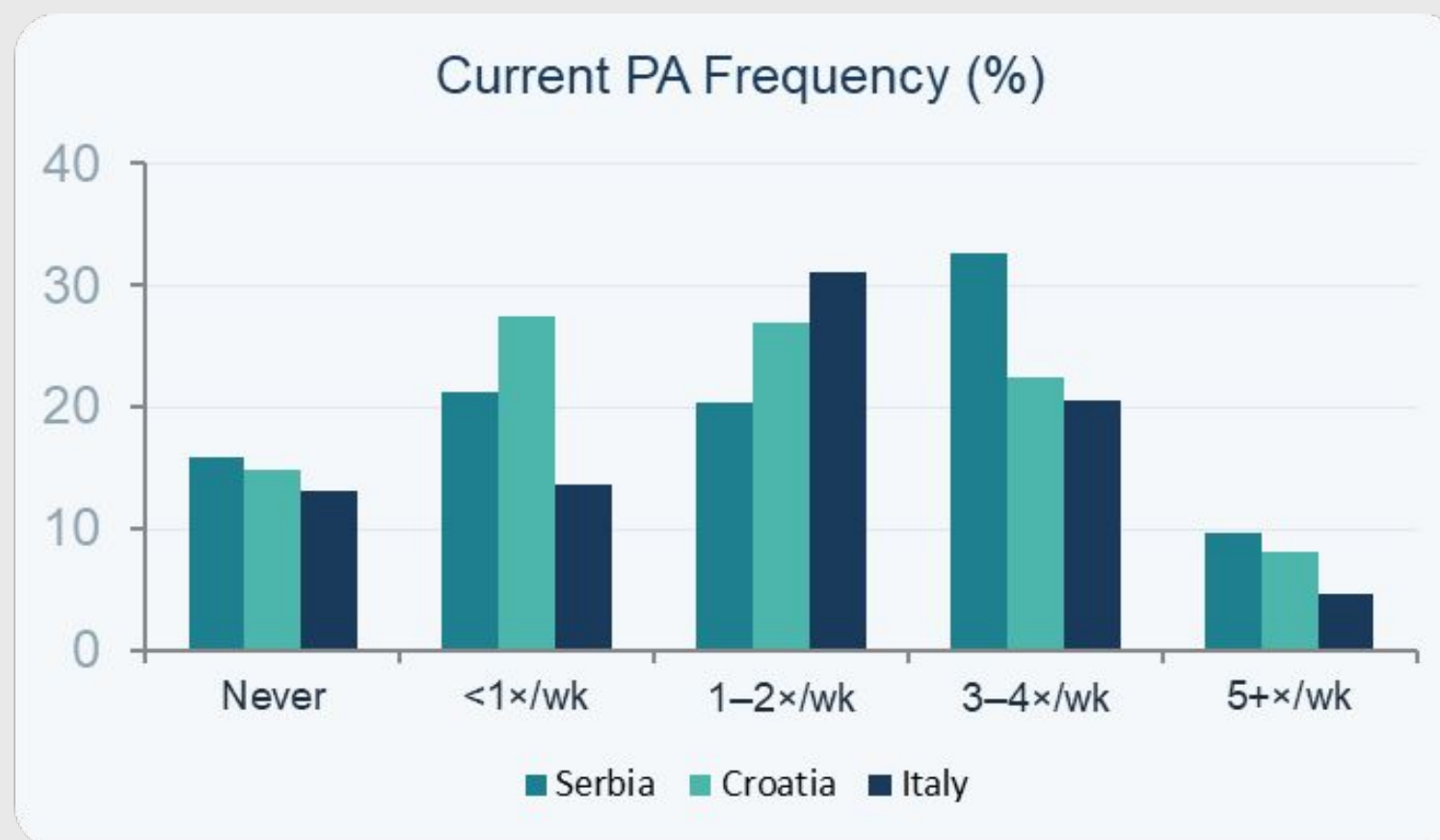


Co-funded by the European Union



Physical Activity – Frequency & Change After Diagnosis

Core behavioral data across all three countries



Respondents who NEVER or RARELY exercise:

37.2%	42.3%	26.9%
SRB	CRO	ITA



Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or the European Education and Culture Executive Agency (EACEA). Neither the European Union nor EACEA can be held responsible for them.

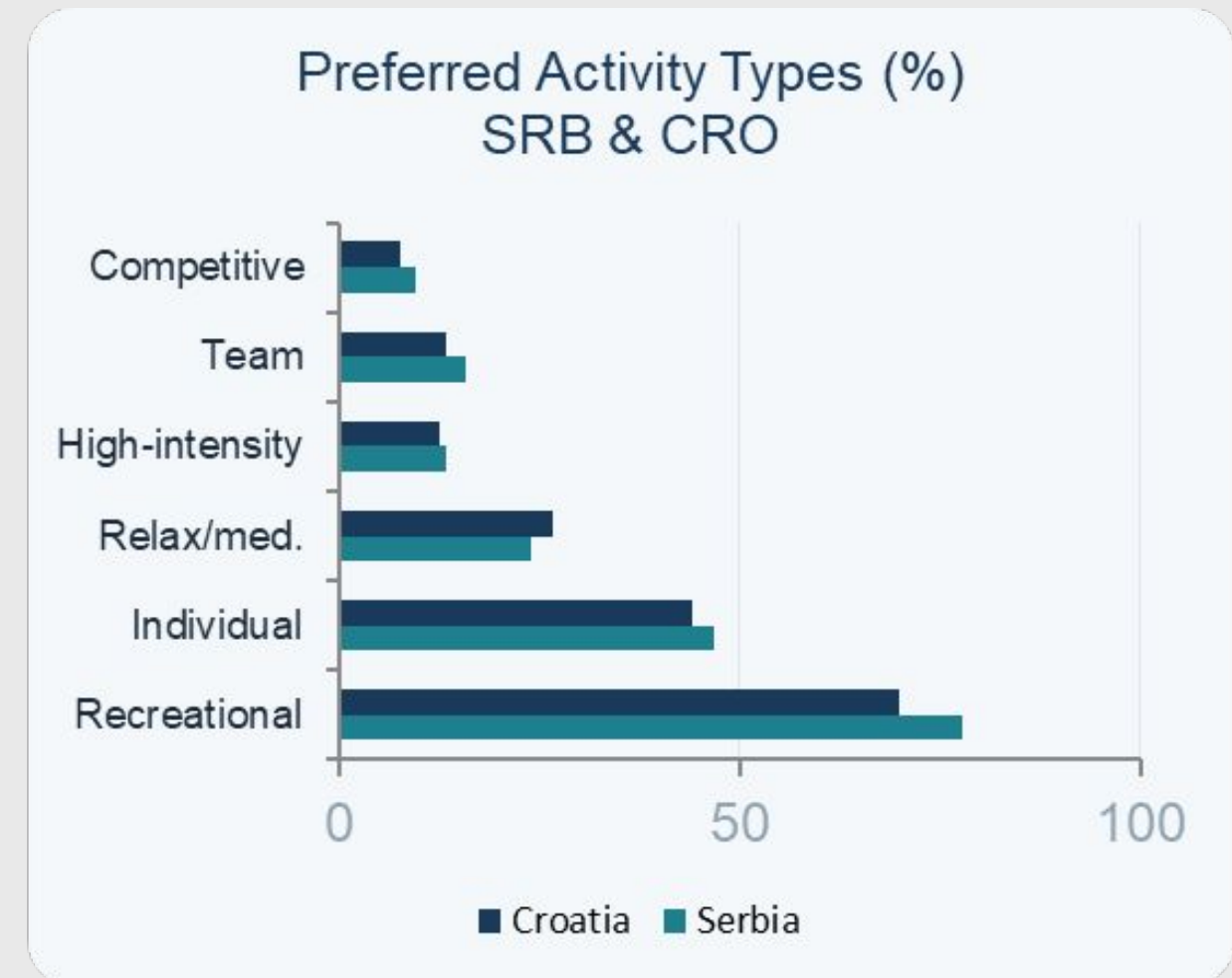
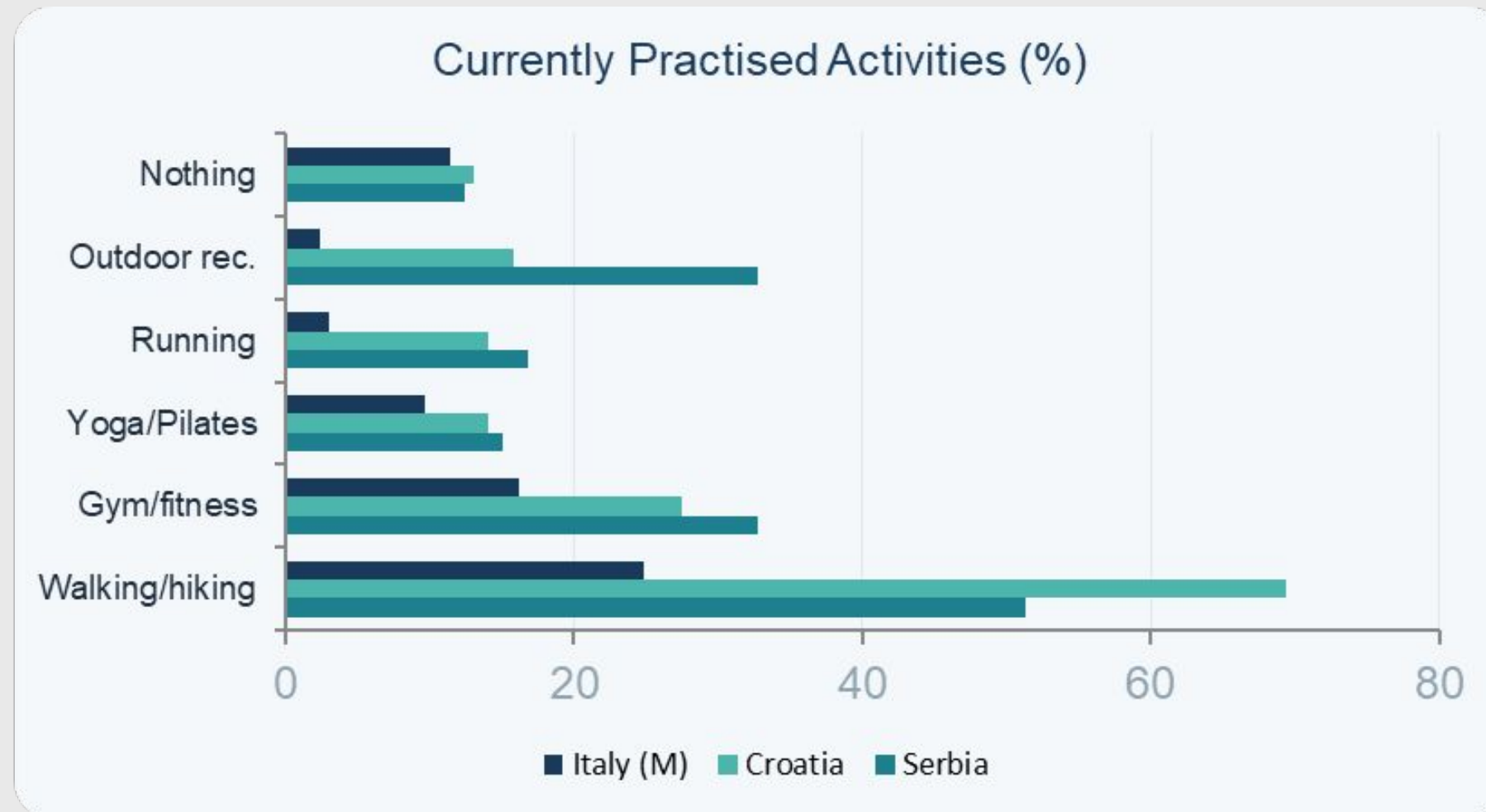


Co-funded by
the European Union



Current Activities & Preferred Types

What people with IBD actually do and want to do



◆ Walking & hiking dominate across all countries. Recreational and individual formats are strongly preferred over team or competitive sport — key input for programme design.



Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or the European Education and Culture Executive Agency (EACEA). Neither the European Union nor EACEA can be held responsible for them.

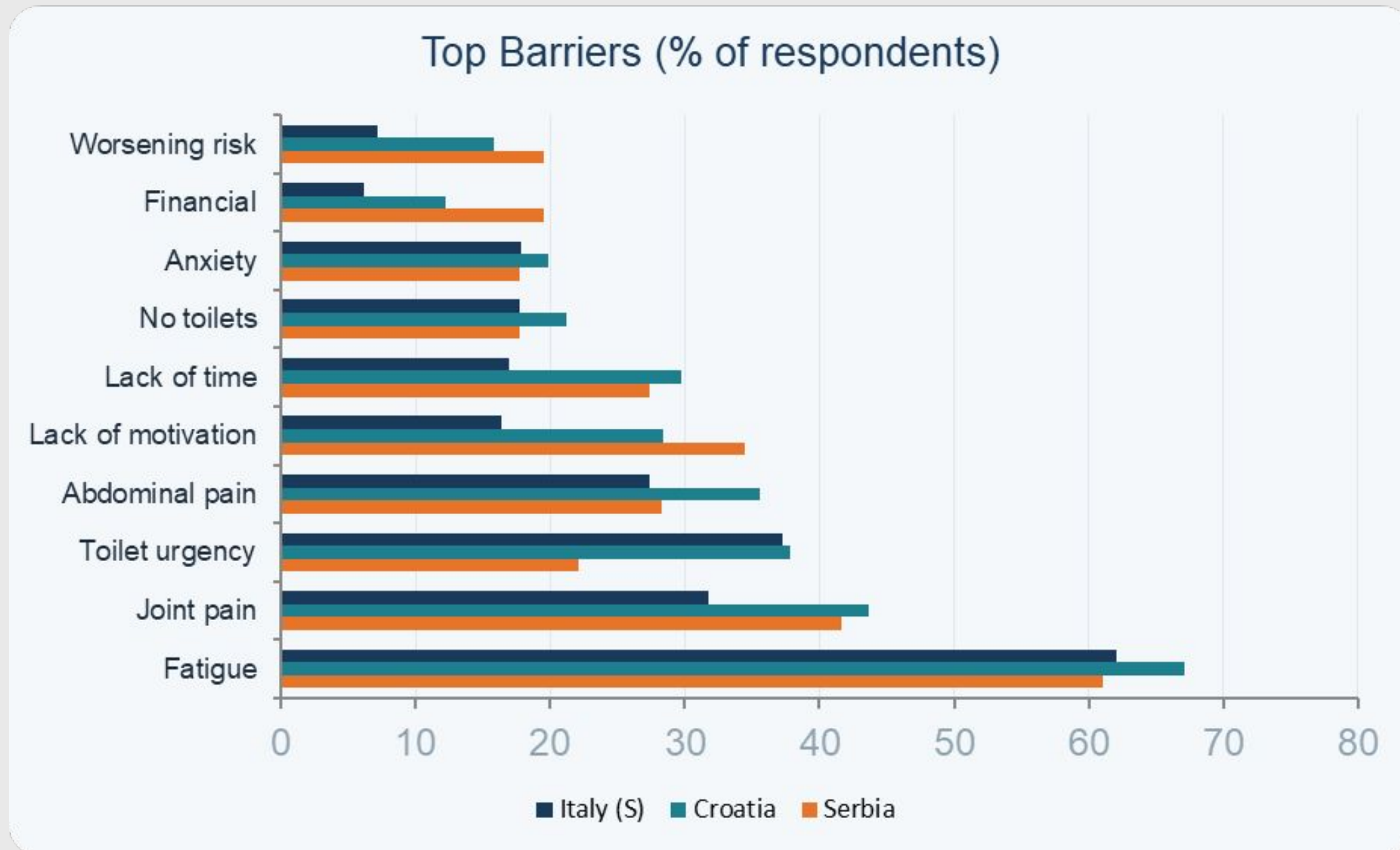


Co-funded by
the European Union



Barriers to Physical Activity

What stops people with IBD from exercising?



#1 **Fatigue**

57–67% across all samples
Multifactorial: anaemia, inflammation, medication

#2 **Joint Pain**

32–44% across all samples
Extra-intestinal IBD manifestation

#3 **Toilet Fear + No Toilets**

22–38% combined
Concrete infrastructural barrier



Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or the European Education and Culture Executive Agency (EACEA). Neither the European Union nor EACEA can be held responsible for them.

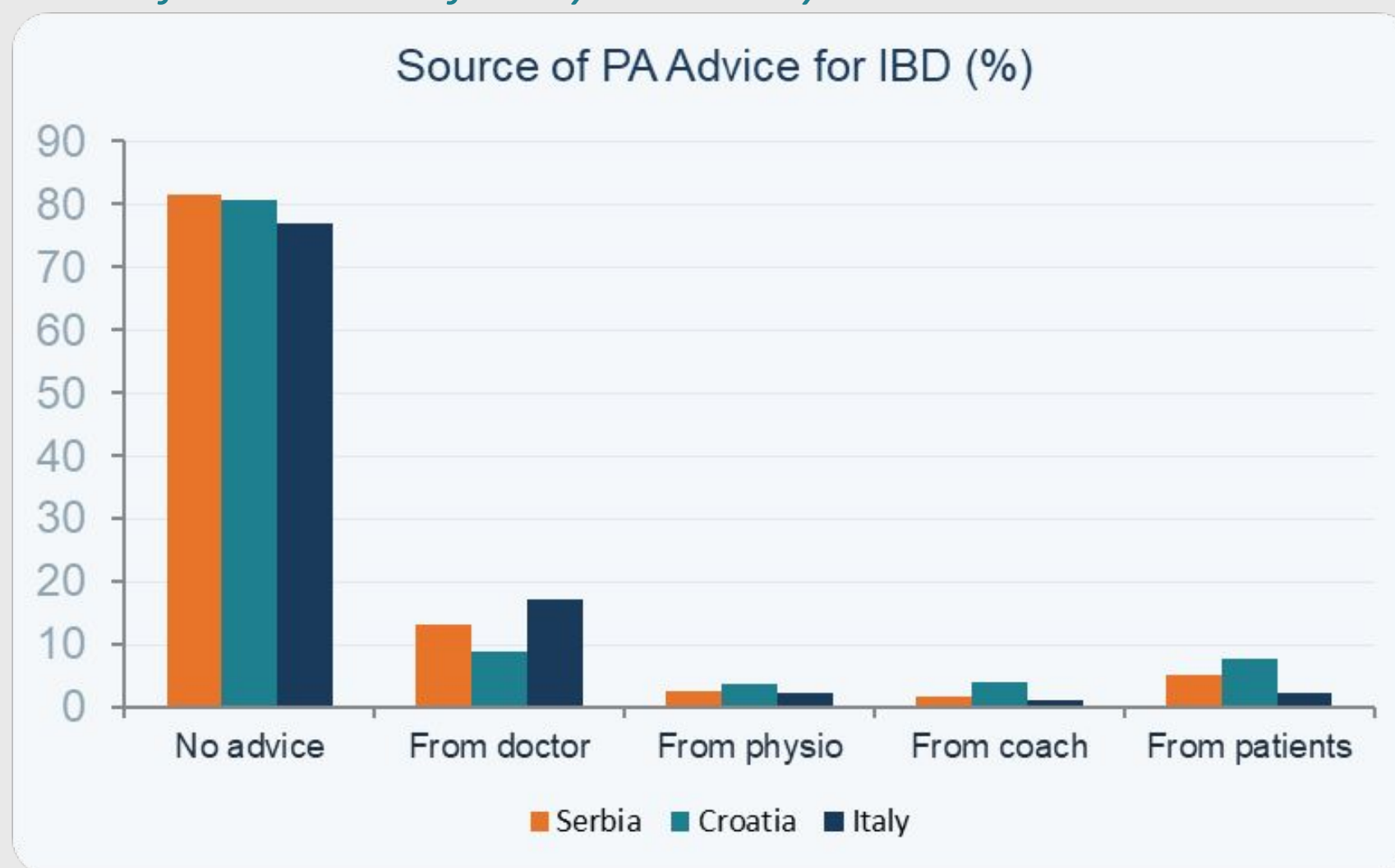


Co-funded by
the European Union



Professional Advice Gap & Coach Knowledge

Critical systemic failures identified by the survey



77.9%

Serbian respondents say coaches lack sufficient IBD knowledge

61.7%

Croatian respondents agree that coaches lack IBD knowledge

⚠ SYSTEMIC FAILURE: Over 80% of SRB/CRO respondents and 77% of ITA respondents have NEVER received adapted PA advice from any health professional.



Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or the European Education and Culture Executive Agency (EACEA). Neither the European Union nor EACEA can be held responsible for them.

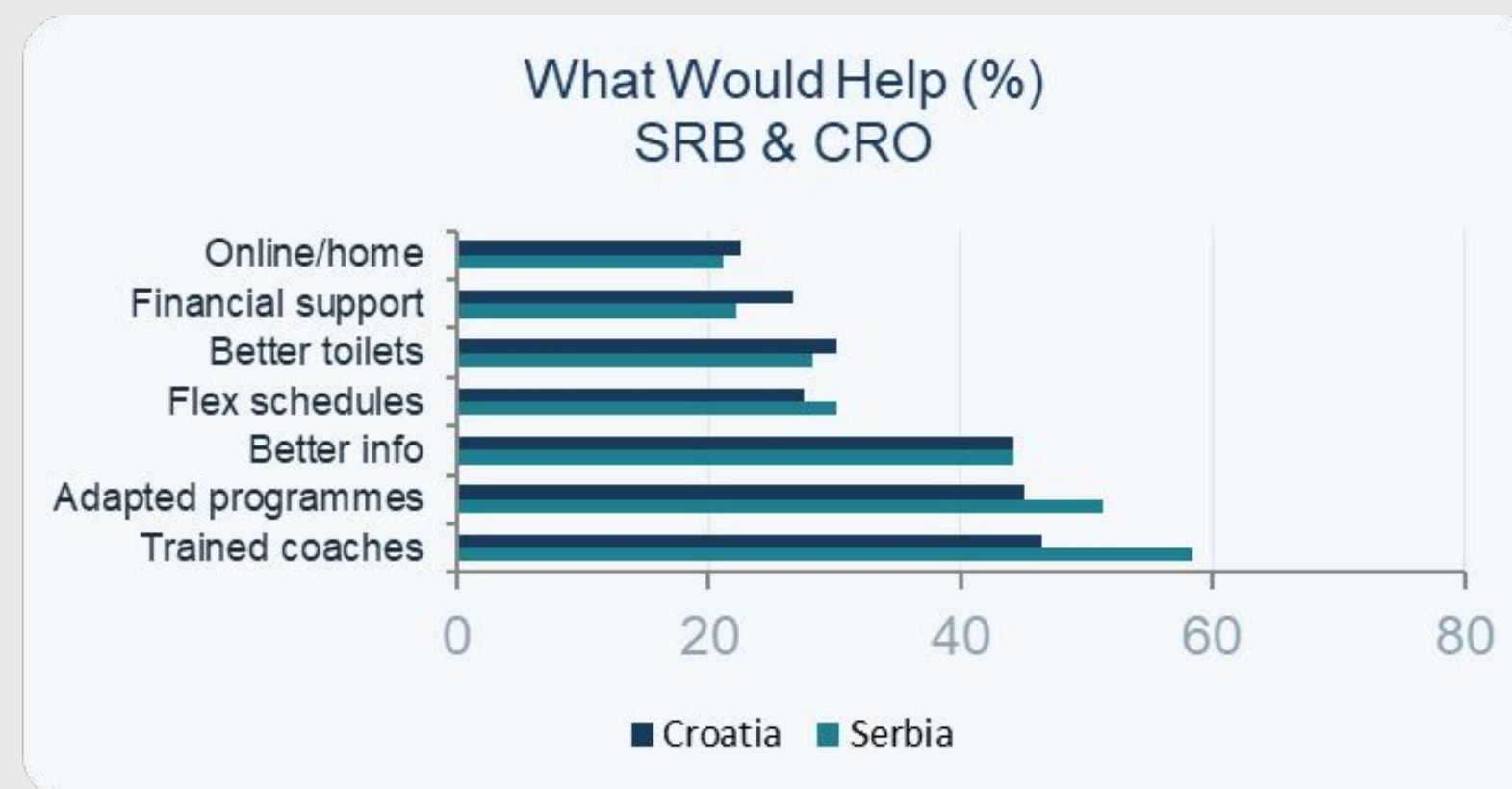
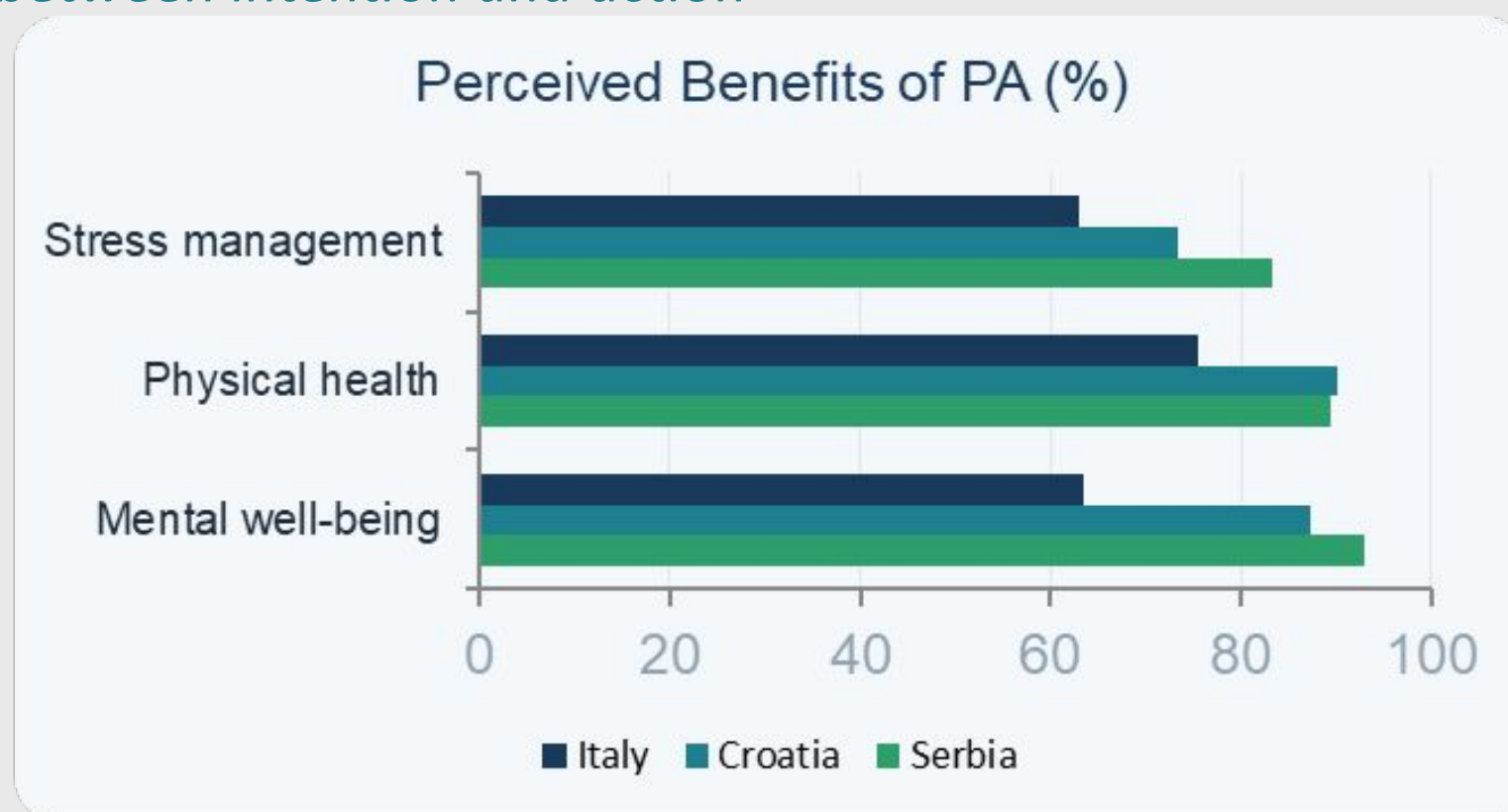


Co-funded by
the European Union



Motivators, Perceived Benefits & Support Needed

The gap between intention and action



72.6%

Serbia: believe PA can help control IBD symptoms

60.4%

Croatia: believe PA can help control IBD symptoms

37%

Italy: agree PA helps; 34% neutral



Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or the European Education and Culture Executive Agency (EACEA). Neither the European Union nor EACEA can be held responsible for them.

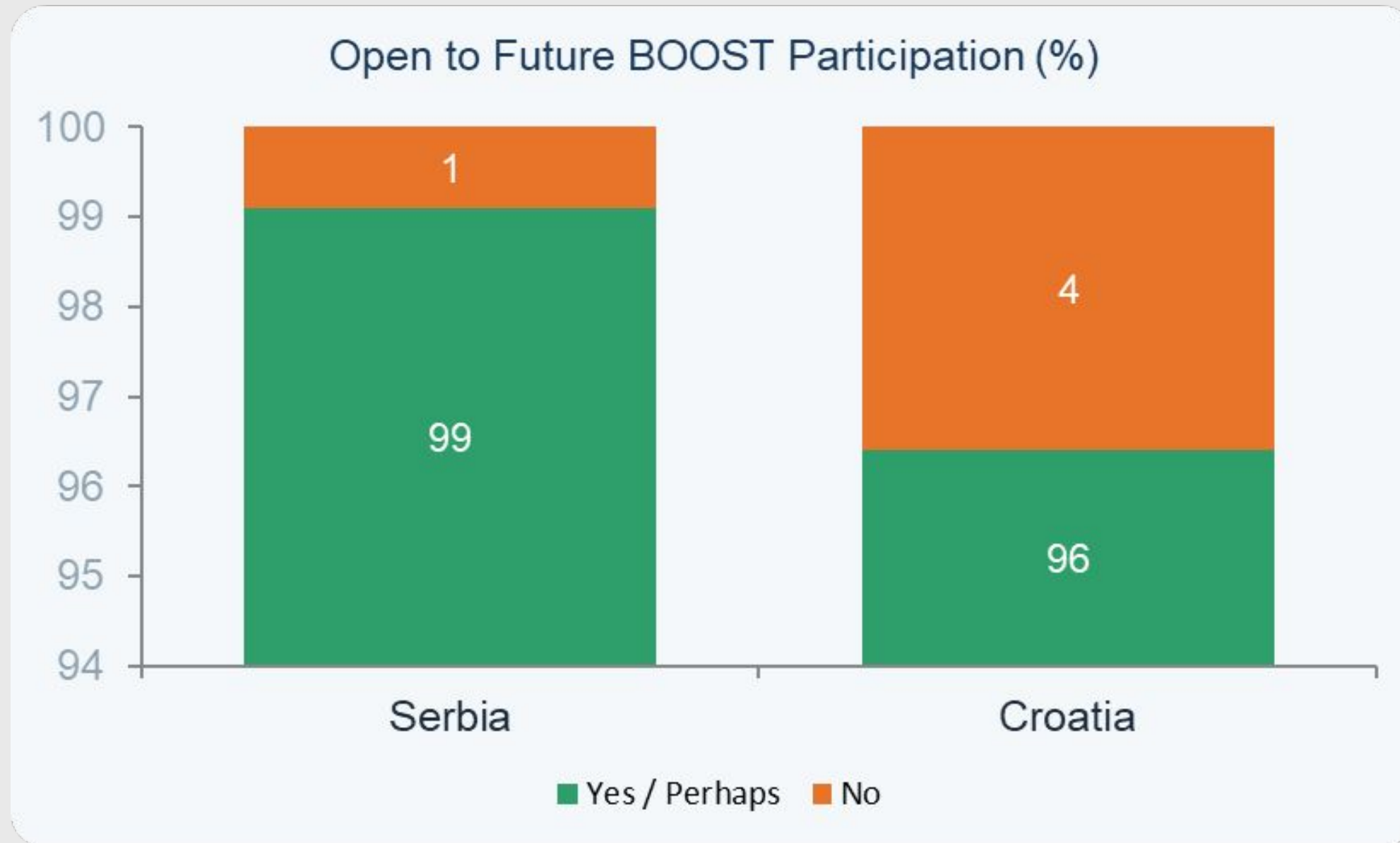


Co-funded by
the European Union



Readiness for Future Engagement

Exceptional uptake potential across all countries



99.1%

Serbian respondents open to future engagement
(Yes/Perhaps)

96.4%

Croatian respondents open to future engagement
(Yes/Perhaps)

Italy: similar high engagement potential documented across both survey versions



Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or the European Education and Culture Executive Agency (EACEA). Neither the European Union nor EACEA can be held responsible for them.



Co-funded by
the European Union



Key Findings – 9 Strategic Trends

Summary of core conclusions from the D1.2 analysis

1	<p>IBD Reduces PA</p> <p>58% SRB, 55% CRO, 42% ITA report activity decrease after diagnosis</p>	2	<p>Fatigue is Structural</p> <p>57–67% report fatigue — multifactorial, not solvable by motivation alone</p>	3	<p>Toilet Access = Barrier</p> <p>22–38% cite urgency; infrastructure change can directly raise activity levels</p>
4	<p>Systemic Advice Gap</p> <p>>80% of SRB/CRO have never received adapted PA advice from health professionals</p>	5	<p>Coaches Perceived as Unprepared</p> <p>77.9% SRB and 61.7% CRO say coaches lack IBD knowledge — central training need</p>	6	<p>Intention–Behaviour Gap</p> <p>72% believe PA helps IBD, yet 37% rarely or never exercise</p>
7	<p>Preference: Low-Intensity & Individual</p> <p>Walking, hiking, yoga and gym dominate; team/competitive sport is minority</p>	8	<p>Exceptional Future Potential</p> <p>99.1% SRB and 96.4% CRO open to future BOOST engagement</p>	9	<p>Country Profiles Differ</p> <p>SRB/CRO: younger, more Crohn's, less advice. ITA: older, longer disease, better network</p>



Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or the European Education and Culture Executive Agency (EACEA). Neither the European Union nor EACEA can be held responsible for them.



Co-funded by
the European Union



Strategic Guidelines for BOOST Activities

Evidence-based recommendations from D1.2 findings



Educational Modules for Sports Professionals

Cover IBD basics, fatigue/urgency/joint pain, training adaptations and communication. Priority: Serbia & Croatia.



Adapted Physical Activity Programmes

Start from walking, yoga and fitness; build gradually. Include clear protocols for modification during exacerbation.



Digital & Home-Based Programmes

~21–22% of SRB/CRO respondents need online options, especially relevant during relapses.



Advocacy for Toilet Infrastructure

Recommend toilet availability at public sports facilities as a minimum inclusion standard to local authorities.



Materials for Physicians & Medical Teams

Systematically direct IBD patients towards PA; fill the advice gap identified in >80% of respondents.



Respect Demographic Heterogeneity

Adapt for younger active profiles (SRB/CRO) and older long-term patients (ITA). One size does not fit all.



Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or the European Education and Culture Executive Agency (EACEA). Neither the European Union nor EACEA can be held responsible for them.



Co-funded by
the European Union



Key message

People with IBD want to be active, know the benefits, and are ready to engage - but face structural, clinical and infrastructural barriers that no motivational programme alone can solve.

BOOST addresses these barriers at the source.



Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or the European Education and Culture Executive Agency (EACEA). Neither the European Union nor

EACEA can be held responsible for them.