**Table 1. Study characteristics**

| Study ID | Population | Age mean (range or SD) | Sample size | Intervention Components | Settings/Mode of delivery, structure | Comparator | Outcomes | Study design |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Group-based interventions:Patient education + peer support  |  |  |  |  |
| Berding 2017(30) | Outpatients with long-lasting IBD | Intervention 39.6 (13.2)Control40.1 (12.3)  | 207 | Education programme covering both medical and psychological aspects.Medical sessions: hold by physician specialists providing information on IBD (e.g. anatomy, epidemiology, clinical aspects, diagnosis and therapy). Psychological sessions: hold by psychologists using patient-centred approach, with participants being encouraged to exchange experiences, ask questions and present individual coping strategies and self-management skills. | IBD referral centres/ Group-based, 1 weekend, 15 participants per batch (16 batches),medical modules lasted 8 h, psychological modules 3.5 h. | Waiting group | HRQoL, anxiety, depression, disease activity | RCT |
| Reusch 2016(31) | Inpatient rehabilitants with IBD | 43.4 (11.0)  | 540  | Education programme covering medical and psychological modules. Medical modules: delivered to large open groups in lecture format by gastroenterologists, providing information on IBD (e.g. anatomy, diagnostic, treatment options). Patients had time to ask questions.Psychological modules: delivered in small, closed groups by psychologists using patient-centred approach designed to encourage participants to share their personal experiences about how to best cope with the disease. Patients discussed ways of coping with feelings of anxiety and role-played self-confident communicative behaviour in common difficult social situations. | Rehabilitation centres/ Group-based, eight modules of 1.5 h each, with five medical modules and three psychological modules  | Education programme with same medical modules.Psychological modules were lecture-based (no interactive approach) | HRQoL, anxiety, depression | Cluster RCT |
| Oxelmark 2007(32) | People from IBD-outpatient clinic | Intervention 36.3 (18-71) Control 38.5 (21-59) | 46 | Group therapy held in unstructured way, but with a certain guidance and special theme to start every session (psychological reactions, receiving information of the diagnosis, coping). The group members had the chance to express their reactions and emotions.The medical social worker and psychotherapist took notes during the sessions, which were discussed at the next group therapy session.The lectures comprised information and education about the diseases and included time for questions and discussions. | IBD-outpatient clinic/ Group-based, 9 weekly sessions for 3 months circa, lasting 1/2 hours. | On demand medical and psychosocial/psychological treatment | HRQoL | RCT |
| Oliveira 2007(33) | People with IBD | Median (range) Intervention 44.5 (19-63) Control 38 (18-53) | 39 | Support group delivered by health professionals experienced in dealing with groups, aimed at facilitating and stimulating discussion about the problems and concerns of patients with IBD (e.g. ostomies, surgery, relation to cancer, diet). The meetings aimed mainly to place individuals who shared the same concerns and difficulties side by side. The meetings provided information on the rights of patients with chronic diseases and debated issues related to IBD that could be of interest to the patients. | Primary Health care Unit/ Group-based, programme run on a monthly basis for about 18 months | Regular treatment | HRQoL | RCT |
| Krause 2003(35) | People with IBD, members of an existing self-help group | (25-45)\*  | 38 | Programme aimed at 1) promoting sharing of experiences, emotions and information regarding the illness 2) providing information about the psychosocial processes associated with the disease, 3) providing training on mutual social support strategies and coping with stressful events 4) providing information about the illness. | One day per month lasting 2.5 hours | Control group not participating to any group or equivalent activity | Quality of life | Non-randomised controlled trial |
| Haapamäki 2018(36) | Inpatients with IBD  | 43.4 (21–65) | 195 | Adaptation courses aiming at reducing the impact of the illness on the patient’s working capacity and their mental, physical and social functioning. Participants are provided with adequate information on the disease and specialist support.Peer support aimed at encouraging towards a healthy lifestyle and adequate physical exercise. | Rehabilitation centres/ Group-based, SII adaptation courses: 10–12 days, divided into two periods separated by 4–6 monthsPatient organisation’s adaptation courses: shorter in duration (usually five days in one period) | NA | HRQoL, depression | Before-and-after study (observational) |
| Szigethy 2009(39) | Adolescent girls with IBD + their mothers | 14.5 (2) | 12 | Education programme (topics included: exercise, diet, stress management, intimacy) concluding with a question-and-answer period facilitated by group leaders/gastroenterologist. Mothers and daughters socialized over dinner for the first hour of each group meeting. Girls and mothers were then separated to allow each group to ask questions independently to the guest speaker, group leaders, and each other. This was followed by discussion between mothers and daughters. | Local community centre/ Group-based, 10 months | NA | HRQoL | Before-and-after study |
| Arenas 2018(CA)(40) | Adolescents with IBD | (13-17) | 8 | Multidisciplinary programme delivered by 2 paediatric psychologists and a paediatric dietitian, and focused on emotional issues and nutritional aspects.  | NR/ Group-based, 6 weekly sessions | NA | Anxiety  | Before-and-after study |
| Group-based interventions: Self-management programme |  |  |  |  |  |  |
| McDonnell 2014 +Forry 2013(34, 45, 46) | People with IBD with no active flare | NR | 53 | Self-management programme aimed at enhancing participant self-efficacy through the use of weekly action planning and feedback, modelling of behaviours, group problem-solving and a range of cognitive strategies. Opportunity to meet others with the same condition as themselves. Some co-facilitators were people with the disease to increase the level of empathy and rapport building between the group members. | Tertiary referral teaching hospital/ Group-based, weekly session for 6 weeks, lasting 2.5-hours | Waiting group | HRQoL, anxiety, depression | Non-randomised controlled trial |
| Zhang 2020(29) | Inflammatory bowel disease arthritis (IBDA) | Routine treatment: 35.48 (4.96)Narrative education: 37.22 (5.34)Peer support 36.85 (4.58)Combined narrative education & peer support: 38.46 (6.18) | 132 | Patients participated in online discussion groups (Wechat). Patients discussed and shared diseases, treatment and daily life, and comfort and ‘helped each other’. The online group contained doctors, nurses, psychotherapists, & nutritionists. | Patients’ questions were gathered and answered twice a week. The program lasted 6 weeks. | Routine education | HADS, Polysomnography, Arthralgia numerical rating scale (0-10), Irritable Bowel Syndrome (y/n), Inflammatory factor serum levels | RCT |
| Group-based interventions: Psychosocial support |  |  |  |  |  |  |
| Shepanski 2005(37) | Children and adolescents with IBD | (9-16)  | 61  | Summer camp with children of the same age living together along with several counsellors who were trained with information about IBD to understand their needs Children participated in group activities but not in formal IBD educational classes or group sessions to discuss their experiences. Informal conversations and sharing experiences among the campers and counsellors about their own illness were common.  | Summer campgrounds/ Group-based, 1 week | NA | HRQoL, anxiety | Before-and-after study (observational) |
| Plevinsky 2014 +Plevinsky 2012(38, 47) | Children and adolescents with IBD | 15.33 (1.07) | 25  | Children campCampers participating in fun activities ranging from arts and crafts to sports. Camp was staffed with volunteer counsellors.Facebook group Aimed at facilitating the continuation of the social interaction fostered by the camp experience. Participants were free to like, comment on, or create an unlimited number of original posts within the group.  | Summer campgrounds/ Group-based, 1 week (camp)+at least two months (Facebook group) | NA | HRQoL | Before-and-after study |
| Day 2016(CA)(41) | Children and adolescents with IBD | Median (range) 14 (10-18) | 44 | Campers undertaking a range of physical activities and group activities. No specific IBD-related educational activities were included. Children were supervised by volunteer leaders, many of whom also had IBD. Benefits thought to derive from mixing with people who are knowledgeable about the illness. | Camp/ Group-based, 4 days | NA | HRQoL | Before-and-after study |
| 1:1 interventions:In-patient peer support |  |  |  |  |  |  |  |
| Hashash 2016 +Regueiro 2016 (CA)(42, 48) | Inpatients with IBD | NR  | 677 | IBD connect programme delivered by trained volunteer peer specialists that provide the patient and family with support and encouragement to reduce stress and fears, as well as educational materials that are individually tailored for the patient and their family. It serves as a channel to link patients to resources and the services. | Hospital- inpatient IBD service/ 1:1 programme | NA | Stress related to hospitalisation | Before-and-after study (observational)  |

Abbreviations: CA (conference abstract), HADS (Hospital Anxiety and Depression Scale), HRQoL (health-related quality of life), IBD (inflammatory bowel disease), NA (not applicable), NR (not reported), RCT (randomised controlled trial)

**Table 2. Characteristics of ongoing studies**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Study ID | Population | Age (inclusion criteria) | Estimatedsample size | Intervention | Comparator | Outcome | Study design |
| Blockman 2018(CA)(49) | Teens living with chronic illness | 12-20\* | 26  | Peer support for teens and their parents | NA | Physical health, depression | Before-and-after study |
| Luu 2011(50) | Individuals with IBD and their family members | NR | NR | Power of Two: peer support programme providing psychosocial support services by telephone or email through peer laypersons with experiential knowledge of comparable medical and personal concerns | NA | Anxiety, health practices | Before-and-after study |
| NCT03938324 2019(51) | Adolescents and young adults with chronic disease | 16-22 | 225 | Peer i-coaching: telephone/text based secure interface to allow adolescents and young adults to access knowledge, experience, and instrumental/emotional support from a trained peer coach (18-26 years), who has already developed independence and is an active self-manager | Monthly newsletter with educational content and monthly phone call from study staff to answer questions regarding content | HRQoL, emotional health | RCT |
| NCT038271092019(52) | Youth with IBD  | 10-17 | 300 | Mentee-mentor relationships with group educational activities, online educational information, and a parent support component.Weekly contact (e.g. text, phone), with in-person contact 1 - 2 times per month, one of which can be attending a group activity together | Educational group events on the same topics (with no social time), educational information posted online, and monthly encouragement to engage in activities in the community | HRQoL, disease severity, number of hospital admissions, clinic appointments, missed appointments, mentor and parent QoL | RCT |
| NCT03630146 2018(53) | Teens with IBD | 12-18 | 262 | iPeer2Peer programme:peer mentorship programme where mentors will encourage youth to develop and engage in disease self-management skills and provide social support, through Skype video sessions | Standard care but without the iPeer2Peer Program | HRQoL, anxiety, disease activity, health Services  | RCT |

\*Information retrieved from clinicaltrials.gov register (NCT03170167). The study described in the register is conducted on people with various chronic diseases including inflammatory bowel disease.

Abbreviations: CA (conference abstract), HRQoL (health-related quality of life), IBD (inflammatory bowel disease), NA (not applicable), NR (not reported), RCT (randomised controlled trial)