

# GI Report for Sarah Chen

Report Period: October 26 – November 25, 2025 (30 days) • Generated: November 25, 2025

Patient: Sarah Chen

DOB: March 15, 1985

Diagnosis: Crohn's Disease (Ileocolonic)

Gastroenterologist: Dr. Martinez

Clinic: Bay Area Gastroenterology

Last Report: October 25, 2025  
(31 days ago)

## Clinical Summary

2.3  
LOW RISK

Device Compliance: 78% (18.7 of 24 hrs/day average)

Assessment Completeness:

- Wearable Score: 1.4/3.5 (objective)
- Symptom Score: 0.9/3.5 (logged today)
- Combined: 2.3/7 (complete assessment)

✓ **Remission Maintained** — Your average HBI of 1.5 indicates clinical remission. Stelara adherence at 100% is likely contributing. Keep monitoring HRV trends.

## Wearable Health Trends (30-day)

METRIC	BASELINE	CURRENT	CHANGE	STATUS
Heart Rate Variability	45 ms	38 ms	↓ 16%	■ WARN
Resting Heart Rate	65 bpm	70 bpm	↑ 8%	● WATCH
Sleep Duration	7.5 hrs	6.8 hrs	↓ 9%	■ WARN
Daily Steps	7,200	5,800	↓ 19%	● WATCH
Sleep Efficiency	91%	85%	↓ 7%	● WATCH
Wrist Temperature	36.4°C	36.5°C	↑ 0.3%	✓ OK

▼▼ **HRV has declined 16% over the past 3 weeks.** While symptoms remain mild, this may warrant monitoring. HRV drops can precede symptom onset by 1-2 weeks. Worth discussing if the trend continues.

## Flare Event Analysis

### ■ Patient-Reported Flare

**Duration:** November 8-14, 2025 (6 days)  
**Peak Severity:** 4.2/7  
**Symptoms:** Cramping, Diarrhea, Fatigue  
**Wearable Correlation:** Moderate (HRV dropped 12% 3 days prior)

**Pre-Flare Signals Detected:**

- HRV: 42ms → 37ms (3 days before)
- Sleep efficiency: 89% → 78% (2 days before)
- Steps: 6,800 → 4,200 (1 day before)

**Summary:** 1 flare event this period. Algorithm detected early warning signals 3 days prior. Days in remission: 24 of 30 (80%)

## Medication Adherence

MEDICATION	DOSE	SCHEDULE	ADHERENCE	STATUS
Stelara	90 mg	Every 8 weeks	100%	✓ Excellent
Vitamin D3	2000 IU	Daily	79%	● Fair
Iron Supplement	325 mg	Daily	65%	■ Low
Probiotic	10B CFU	Daily	71%	● Fair

**Pattern Detected:** Iron and probiotic are most often missed in the evening. Consider consolidating to morning routine with breakfast.

## Clinical History

### Surgical History

- No prior surgeries

### Medication History (Discontinued)

- Humira — Used for 2 years (switched to Stelara 2024)
- Prednisone — Tapered off March 2024

### Montreal Classification

- Age at diagnosis: A2 (diagnosed March 2018, age 33)
- Location: L3 (Ileocolonic)
- Behavior: B1 (Non-stricturing, non-penetrating)

### Allergies

- Penicillin (rash)

## Harvey-Bradshaw Index (HBI) — Recent Entries

DATE	SCORE	STATUS
November 24, 2025	1/16	✓ Remission
November 20, 2025	2/16	✓ Remission
November 15, 2025	5/16	● Mild Activity
November 10, 2025	7/16	■ Moderate

**Average Score:** 1.5/16 over recent entries (excluding flare period) — Clinical remission maintained.

## Personalized Recommendations

### Based on Your Data

- Your November flare showed pre-flare HRV signals 3 days before symptom onset. Consider a quick check-in if HRV drops below 35ms in the future.
- HRV has been declining for 2+ weeks while symptoms remain mild. This could indicate subclinical stress or early inflammation. Worth mentioning to Dr. Martinez.
- Your 6-day flare included cramping and diarrhea without blood. If similar symptoms recur, consider requesting fecal calprotectin to assess mucosal healing status.

### Maintenance Recommendations

- Your Stelara adherence is excellent at 100%. Continue on schedule — this is likely contributing to your remission.
- Average sleep is 6.8 hours (below 7-hour target). Poor sleep correlates with flare risk in IBD. Consider sleep hygiene improvements if this persists.
- Iron and probiotic adherence are below target. While less critical than Stelara, iron deficiency is common in Crohn's. Try morning dosing with food.
- Step count is down 19% from baseline. Light physical activity supports gut health — consider a daily 15-minute walk if energy permits.

## Questions for Your Provider

Generated based on your data — bring these to your appointment:

- 1. My HRV has dropped 16% over 3 weeks while symptoms are mild. Could this indicate subclinical inflammation worth investigating with labs?*
- 2. I had a 6-day flare with cramping and diarrhea. Should we check fecal calprotectin or Stelara drug levels to assess mucosal healing?*
- 3. My sleep has been below target (6.8 hrs average). Could this be affecting my disease, or could the disease be affecting my sleep?*
- 4. My iron supplement adherence is only 65%. Should I switch to a different formulation, or is IV iron worth considering?*

## Quick Reference

### Patient Summary

Diagnosis: Crohn's Disease (Ileocolonic, L3-B1)  
Surgery: None  
Current Status: Remission (HBI 1.5)  
Allergies: Penicillin

### Current Medications

Stelara 90mg q8wk — Biologic  
Vitamin D3 2000 IU daily  
Iron 325mg daily  
Probiotic 10B CFU daily

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This report was generated by Flarity and is intended to supplement, not replace, clinical judgment. Share with your gastroenterologist at your next appointment.

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