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Clinical characteristics of inflammatory bowel disease in elderly patients

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Background: The gradual ageing of the Galician population is a fact that has been observed in recent years. In 1930, 16.1% of the population was over 65 years old and in 2010 these figures had increased to nearly 23%. Every year the number of patients diagnosed with inflammatory bowel disease (IBD) at more advanced ages has been increasing. The aim of the study was to assess the clinical characteristics of IBD patients that were diagnosed at advanced ages.
Methods: A Retrospective observational study was performed by IBD specialists from 7 Hospitals belonging to EIGA (The Galician Association for Research into Inflammatory Bowel Disease). The inclusion criteria were all IBD patients that had been diagnosed over 60 years of age. Epidemiological characteristics like classification of disease in accordance with the Montreal classification, gender, family history of IBD, use of steroids, immunosuppressive or biological drugs and need for surgery were performed. The results are shown in percentages.
Results: 252 IBD patients were included: 162 (64.2%) with ulcerative colitis (UC) and 90 (35.8%) with Crohn's disease (CD). Regarding UC patients, 64% were male, and 96% had no family history of IBD. 29% of patients were older than 70 years of age at diagnosis. In accordance with the Montreal classification, 35.8% were E1, 46% E2 and 17.8% E3. In patients diagnosed between 60 and 70 years old, E2 (46.2%) was more frequent, but in patients over 70 years old, the most frequent extensions were E2 (46.35%) and E1 (43.6%). 30% needed steroids, developing 9.8% steroid-dependency; immunosuppressive drugs were needed for 11.7% and biological drugs for 3.7%. Only 2.4% of the patients required colectomy. Among CD patients, 56% were male, and 98% had no family history of IBD. 51% of patients were older than 70 years of age at diagnosis. In accordance with the Montreal classification, the most common location was L1 (48.8%). 57.7% of the patients presented B1 phenotype; 24.4% B2 and 16.6% B3. Perianal disease was present in 11.1% of CD patients. 52.2% needed steroids, developing 18.8% steroid-dependency; immunosuppressive drugs were needed for 26.6% (in all with perianal disease) and biological drugs for 13.3%. CD surgery was required for 18.8%.
Conclusions: In elderly IBD patients, UC seems to be more common than CD. Most cases of UC are limited to left side colitis and the need for aggressive therapies is very limited. CD patients who develop perianal disease should be given immunosuppressive or biological drugs.

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Bone disease in male veterans with ulcerative colitis: 10-year nationwide study

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Background: Low bone mineral density (BMD) is common in patients with inflammatory bowel disease and is a leading cause of morbidity in such patients. Data about bone disease in male with ulcerative colitis (UC) is scarce. Our aim was to assess the prevalence of low BMD among male UC patients on a nationwide level.
Methods: Nationwide data was obtained from the Veterans Affairs (VA) healthcare system. Male veterans seen by the VA between 2001 and 2011 were identified using ICD-9 and were included in our analysis. Automated data extraction captured information about the veterans' demographics, presence of bone disease and the other risk factors for low BMD [corticosteroid (CS) use, hyperparathyroidism, hypogonadism, malnutrition, vitamin D deficiency and smoking]. The rate of bone disease by cumulative CS decile was calculated. Multivariate logistic regression analysis was used to identify the independent effect of each factor on bone disease.
Results: We included 34,665 male UC patients (mean age 66, Caucasians 75%). Prevalence of osteoporosis among the included population was 6.5%, while for osteopenia it was 4.3%. Those who used CS (30% of the included population with mean duration of nine months) had higher prevalence of bone diseases (10.2% and 7%) compared to those who did not use CS (4.8% and 3.2%) for osteoporosis and osteopenia respectively, $p < 0.001$. By using multivariate analysis, we found that cumulative oral CS deciles was the most significant independent predictor of bone disease and showed a significant trend (dose-response) pattern even in those with lowest decile of cumulative CS exposure.

Table 1. Multivariate logistic regression analysis, outcome is having bone disease (osteoporosis or osteopenia)

	Total N of patients	% of patients with bone disease	Odds ratio	p	95% CI
Age					
1st quartiles (20–59)	8666	6.5%			
4th quartile (77–105)	8671	14.8%	3.31	<0.001	(2.9–3.7)
Hyperparathyroidism	414	34.3%	2.76	<0.001	(2.2–3.5)
Hypogonadism	1386	23.1%	2.36	<0.001	(2–2.7)
Smoking	2708	14.2%	1.23	<0.001	(1.09–1.4)
Vitamin D deficiency	2053	26.8%	2.95	<0.001	(2.6–3.3)
Prednisone cumulative dose (deciles)					
No exposure	24091	8.0%			
1st (<180 mg)	1061	11.3%	1.51	<0.001	(1.2–1.8)
10th (>11136 mg)	1057	41.0%	8.90	<0.001	(7.7–10)

CI, confidence interval.

Conclusions: In this large nationwide male UC cohort, 41% of those in the highest CS use decile had osteoporosis or osteopenia. CS use is the most important independent risk factor for low bone density among UC male patients. Efforts should be taken to reduce CS utilization among these patients by using other immunosuppressant agents.

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A nation-wide registry of paediatric inflammatory bowel disease: improvement of diagnostic workup and Paris Classification

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Background: A nationwide registry may serve as a mirror reflecting the quality of health care. It is a method for detecting failure in diagnostic workup or in management practice. We evaluated whether diagnostic workup of paediatric inflammatory bowel disease (IBD) patients fulfils Porto Criteria. Furthermore, we analyzed whether the diagnostic practice has changed since the Hungarian Paediatric IBD Registry exists. In addition, there has been no large paediatric IBD cohort analyzed according to Paris classification.
Methods: Newly diagnosed paediatric patients with IBD (0–18 years) are registered in this prospective registry. All the twentyseven paediatric institutes with paediatric gastroenterology serve data ensuring a nationwide approach. The questionnaire includes epidemiological data, disease extension, disease activity (PCDAI, PUCAI) and initial therapy.

Results: Between 2007 and 2011, 712 new IBD cases were identified (449 Crohn's disease (CD), 217 ulcerative colitis (UC) and 46 IBD-unclassified). Upper endoscopy was performed in 52.6% of the patients in 2007, and this rate has increased to 78.2% by 2011. Proportion of ileoscopy has changed from 53% to 69%. Imaging of the small bowel did not change during the years (range: 31.2–42%), but the modality of imaging has altered. MRI was performed in 7.5% of patients in 2007 and in 24.8% in 2011. Localization (Paris classification) could be evaluated in 512 patients. 84/173 UC patients had E4 classification, 32 children had E3 localization and 10 cases presented with proctitis. S1 severity was found in 15 patients (11.5%) at diagnosis.
In CD 219 (64%) children had upper gastrointestinal involvement, 72.6% patients had L4a, 12.3% had L4b, and 15.1% had L4ab classification. Six patients (1.4%) belonged to B2B3, 10 children (2.3%) had B3 and 46 (10.4%) CD patients had B2 phenotype. Localization differed in age groups: involvement of the terminal ileum was significantly lower in A1a age group than in A1b (U=6216, $p < 0.001$) or A2 groups (U=768, $p = 0.022$). Perianal disease was significantly higher in patients with L4b than in L4a (25.9% vs. 9.4% $p = 0.023$). PCDAI was significantly higher in patients with L3 than in patients with L1 or L2 disease extension (35.9 vs. 28.2 ($p = 0.001$) and 35.9 vs. 27.2 $p < 0.001$).
Conclusions: The quality of diagnostic workup in paediatric patients with IBD improved in the last 5 years. Paris classification of the IBD patients seems to be a more precise classification, providing distinct subgroups for further analysis.

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Asthma prevalence in patients with inflammatory bowel disease

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Background: Inflammatory bowel diseases (IBD) are associated with a variety of extraintestinal manifestations, involving the respiratory system. The relation between IBD and asthma is not clear and whether it is an extraintestinal manifestation it is unknown. The aim of the study was to assess the prevalence of asthma in IBD patients.
Methods: A prospective study was designed. The case-studies all consisted of consecutive patients with IBD (Crohn's disease [CD] and ulcerative colitis [UC]) over 18 years of age who attended the monographic IBD unit for 6 months and who agreed to participate in the study. All were sent to the Respiratory department where the same protocol was performed. All patients completed the European Community Respiratory Health Survey (ECRHS) questionnaire. A spirometry with bronchodilator, a fractional exhaled nitric oxide (FeNO) test and a skin allergy test using the skin prick test method (SPT) were also performed. Probable asthma was considered as affirmative answer to one of the next questions of the ECRHS questionnaire: 1) Have you been woken by an attack of shortness of breath at any time in the last 12 months?; 2) Have you been woken by an attack of coughing at any time in the last 12 months?; 3) Have you woken up with a feeling of tightness in your chest at any time in the last 12 months?; 4) Have you had an attack of asthma in the last 12 months?; 5) Are you currently taking any medicines including inhalers, aerosols or tablets for asthma?. Confirmed asthma was diagnosed in cases with Probable asthma if values in the FeNO test were over 30 ppb or a change in the FEV1 was over 12% and 200 ml. Results are shown in percentages.
Results: 132 patients were consecutively included, 53 (40.1%) CD; 79 (59.9%) UC, having a mean age of 45 years, ranging from 18 to 77, 65 (49.2%) being female. In UC more were men (59%) and in CD more were women (60%) ($p = 0.03$). Regarding asthma determination, 31 patients (23.5%) presented asthma symptoms in the ECRHS questionnaire. The prick test was positive in 31.3% of patients, the FeNO test was over 30 ppm in 24.1% of patients and a positive bronchodilator test was observed in 30.5% of patients. Overall we observed a probable asthma in 23.5% of all IBD patients and confirmed asthma in 16.9% of our sample. These figures are clearly higher than in an average population where asthma is present in around 5% of people.
Conclusions: Asthma prevalence seems to be high among our IBD patients, being superior to that of the average population.

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Association of drugs and autoimmune diseases in patients diagnosed with microscopic colitis

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Background: Microscopic colitis (MC) predominantly affects to middle and old age population, where consumption of drugs is more common. Some drugs have been suggested as causative or triggering agent of MC. Various autoimmune conditions are often seen in patients with MC. The aim of our study is to assess the epidemiological characteristics and the association between MC, drugs and autoimmune disease in our region.
Methods: A retrospective and descriptive study of all patients diagnosed with (MC) within 01.01.2009–31.12.2011 where conducted. We included patients diagnosed with collagenous colitis (CC), lymphocytic colitis (LC) and incomplete microscopic colitis (MCi).
Results: We retrospectively analyzed 44 new cases diagnosed in the last three years, in four tertiary hospitals catering to a population of 838,000 people. The incidence rate of microscopic colitis that we observed, inhabitants aged 15 years or over, is 1.7 cases per 100,000 inhabitants per year. The majority of cases happened in females (72%). The median age of diagnosis of the disease is 62 years-old. 38% of patients were older than 70 years, and no one were younger than 30 years at the time of diagnosis. Histologic examination shows the same incidence for both types (LC and CC) 40%. 74% of patients were taking any of these drugs: Proton Pump Inhibitors therapy (PPI), selective serotonin reuptake inibitors (SSRI), statins or non steroidal antiinflammtory drugs (NSAIDs). The association with autoimmune diseases is 20%, being reumatoid arthritis the most commonly associated disease (33%), in this group, the most common histology is the LC (70%).
Conclusions: There is a high percentage of patients diagnosed with MC taking PPI, statins drugs, NSAIDs or SSRIs. We observe that reumatoid arthritis is the most common autoimmune disease associated with the diagnosis of microscopic colitis in our patients.