

## Introduction

Limited data suggest anti-tumor necrosis factor (TNF) antibodies have equal efficacy but higher morbidity and mortality in older compared to younger inflammatory bowel disease (IBD) patients<sup>1</sup>.

## Methods

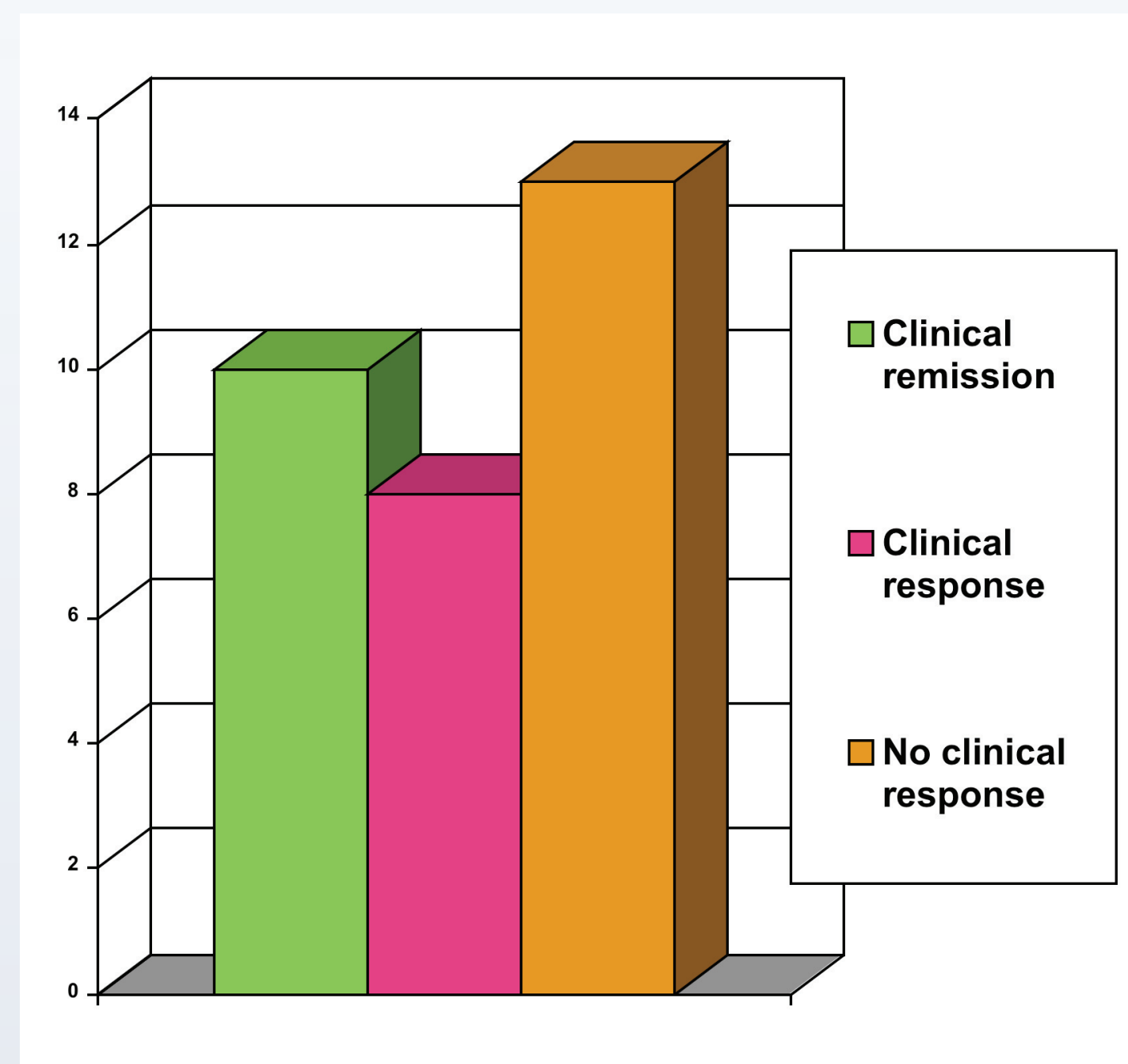
IBD patients  $\geq 60$  y.o. treated with infliximab (IFX) from 2006-11 were identified from ICD-9 codes. A retrospective chart review evaluated clinical and endoscopic response as well as adverse events related to IFX.

## Demographics

Among IBD patients treated with IFX at Jefferson (n=253), 27 (11%) were  $\geq 60$  y.o.; an additional 4 subjects previously treated with IFX elsewhere were included (n=31).

- Sex: 18 women, 13 men
- Age:  $\bar{x}$ = 69.3 y.o. (60-81)
- IBD type: Crohn's n=14 (45%), ulcerative colitis n=15 (48%), indeterminate colitis n=2 (7%).
- Duration IFX:  $\bar{x}$  =26.5 mos (2-86)
- Concomitant immunomodulators (IMM): n=11 (35%)

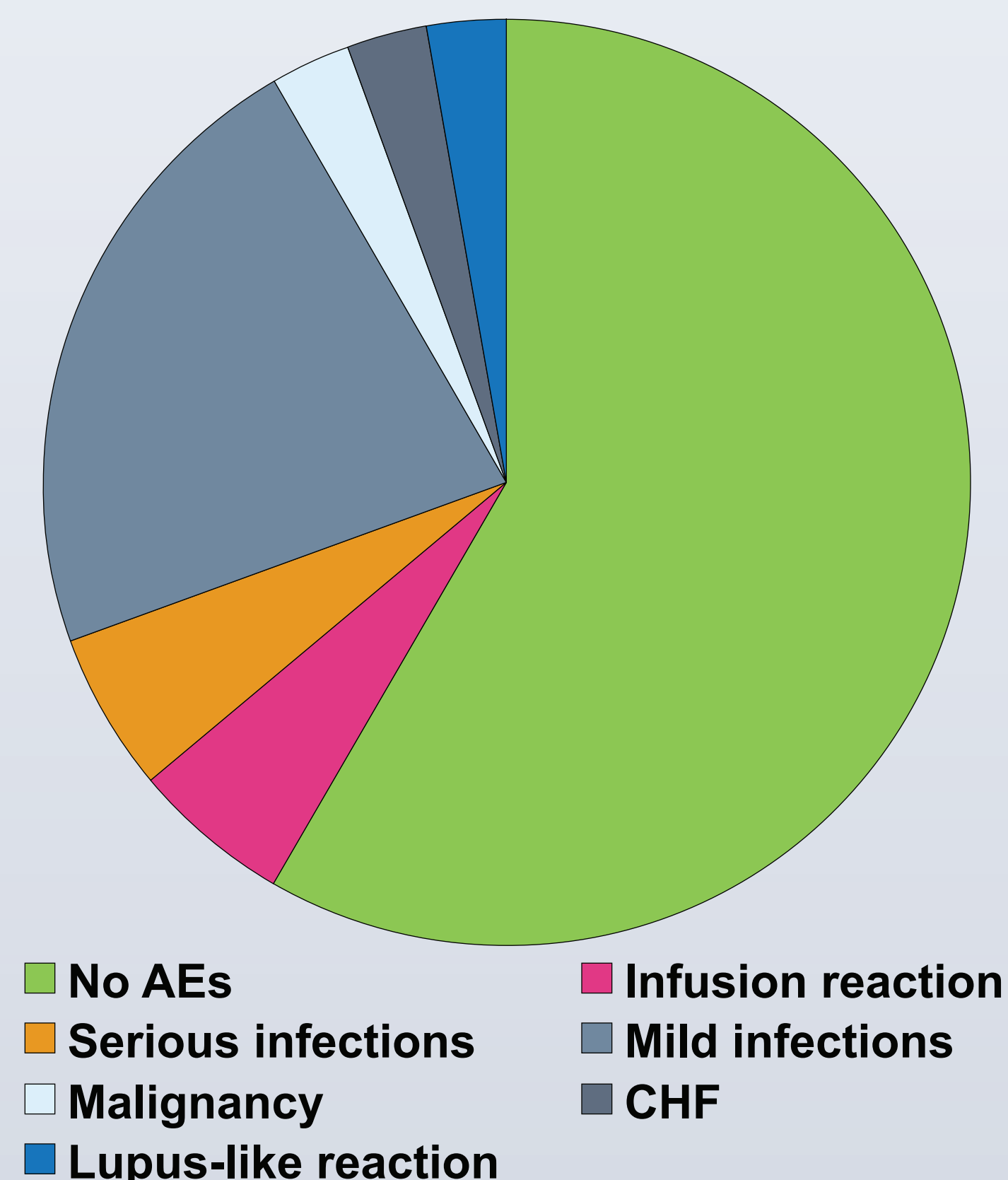
## Results – response to IFX



- Clinical remission: n=10 (32%)
  - Defined by physician global assessment, and no pain meds, steroids, additional IBD meds, or hospitalizations for IBD
- Clinical response: n=8 (26%)
- No clinical response: n=13 (42%)
- Endoscopic data pre & post IFX: n=17
  - Mucosal healing: n=4 (24%)
  - Improvement: n=5 (29%)
  - No improvement: n=8 (47%)

## Results – Adverse Events (AEs)

- Patients with AEs related to IFX: n=10 (32%); 13 AEs total.
- Serious AEs: n=6 (19%)
- Mild infections: n=6 (19%)
- Severe infections: n=2 (6%)
- Infusion reactions: n=2 (6%)
- Malignancies: n=1 (2 melanomas)
- Congestive heart failure: n=1
- Lupus-like reaction: n=1
- AEs with concomitant IMM: 3/11 (27%)
- There were no deaths



## Conclusions

- IBD patients  $\geq 60$  y.o. treated with IFX have a similar rate of clinical remission and response but a higher rate of serious AEs compared to younger patients<sup>2</sup>.
- IFX is an effective therapy in older patients but should be used judiciously secondary to a higher rate of complications.

## References

- 1) Cottone M, Kohn A, Daperno M, et al. Advanced age is an independent risk factor for severe infections and mortality in patients given anti-tumor necrosis factor therapy for inflammatory bowel disease. *ClinGastroenterolHepatol*. 2011 Jan;9(1):30-5. Epub 2010 Oct 15.
- 2) Hanauer SB, Feagan BG, Lichtenstein GR, et al; ACCENT I Study Group. Maintenance infliximab for Crohn's disease: the ACCENT I randomised trial. *Lancet*. 2002 May 4;359(9317):1541-9.