COVID-19 impact on care and prescribing for inflammatory bowel disease: Data from the IBD Registry

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Introduction The first wave of the COVID-19 pandemic saw a sharp rise in UK cases during March 2020. We analysed UK IBD Registry data to investigate changes in contacts and prescribing in the immediate post-COVID period to gain insights into the impact of the pandemic on IBD care.
Methods We aggregated quarterly data (Jan-Mar 2019 to Apr-Jun 2020), extracting counts of clinical events (outpatient contacts and biologics reviews), contact types (face-to-face, 'F2F'; or telephone/virtual, 'non-F2F'), new diagnoses and drug starts (oral steroids, further categorised as prednisolone and non-prednisolone; thiopurines; biologics). Rates are expressed as counts per 1,000 clinical events.
Results Comparing Apr-Jun 2020 (post-COVID) to Apr-Jun 2019 (pre-COVID): Total clinical event fell (9975 to 8208; -18%), with a sharp drop in F2F OPD (3436 to 1203; -65%) accompanied by a compensatory rise in non-F2F (1777 to 3161; +78%). Rate of new diagnoses fell (49 to 13 *per 1,000 events*; -74%). Prescription rates reduced sharply for thiopurines (26 to 5; -81%), with lesser reductions for biologics (89 to 55; -38%) and oral prednisolone (25 vs 20; -20%) but with a rise for non-prednisolone steroids (5 vs 8; +60%). No change in relative proportion of different biologic classes.
Conclusions Records of patient contacts were reduced in the immediate post-COVID period with a rapid shift from F2F to non-F2F. The drop in new patient records may reflect delayed pathways. Prescribing trends suggest a selective reduction in thiopurine and some shift from systemic to more topically-acting steroids. Longer term trends will be presented.
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