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Crohn's Disease and Treatment in a Predominantly African American General GI Clinic

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Given the high percentage of African Americans (AA) in our GI clinics and the paucity of AA focused studies on Crohn's Disease (CD), we assessed racial disparity of the disease and its treatment in our predominately AA patient population. Patient records were examined to determine the accuracy of the CD diagnosis and to obtain relevant information for characterizing patients' characteristics and treatments. In addition to race, patients were also categorized by GI visits to distinguish between patients under long term care (three or more visits) and those being seen to establish care (one or two visits). The 146 CD patients were 55% male, 71% AA, and the average age at diagnosis was 28 years. Patients with 3 or more visits were not significantly different with respect to therapy as compared to patients with only 1 or 2 visits to GI. AA patients with multiple visits had higher C-Reactive Protein (CRP) early in their disease as compared to non-AA patients (40.7 ng/ml vs 18.8 ng/ml). Although Non-AA patients were more likely to be on combination therapy, the difference was not statistically significant (single therapy (AA 61% vs non-AA 56%); combination therapy (AA 29% vs non-AA 37%)). When improvement of CRP was used as the objective criteria of therapeutic efficacy of the current therapy, both AA and Non-AA patients improved in individual CRP, but only the AA improvement was statistically significant.