

Elderly inflammatory bowel disease patients: patient and disease characteristics

Karakteristike bolesnika starije životne dobi s upalnim bolestima crijeva

Filip Babić, Petra Čačić, Dominik Kralj, Alen Biščanin, Vedran Tomašić, Ivana Burčul, Doris Ogresta Kordej, Zdravko Dorosulić, Davor Hrabar

University Hospital Centre Sestre Milosrdnice, Department of Internal Medicine, Zagreb, Croatia
filip.babic18@gmail.com

Introduction: Recent data suggest a rise in the number of older IBD (inflammatory bowel disease) patients and a rising burden of illness in IBD in elderly. Therefore, it is becoming increasingly important to accurately characterize the unique traits of this population as it may influence treatment strategy.

Methods: A retrospective, non-interventional, data review study was conducted among adult bio-naïve IBD patients treated in Sestre milosrdnice University Hospital, Zagreb, Croatia in the period from January 2015 to February 2021 who were initiating biological therapy. Data were gathered using patient's medical records which were reviewed for basic patient information at the time of biologics initiation, as well as for disease characteristics and therapy information. Elderly (patients of 65 years of age or older) and non-elderly patient data were compared. Categorical variables were described as percentages and compared using X2 and Fisher exact test, whereas continuous variables were described as mean value. P-value <0.05 was considered to be statistically significant in all tests.

TABLE 1. GENERAL, DISEASE AND THERAPY CHARACTERICS OF ELDERLY AND NON-ELDERLY BIO-NAÏVE IBD PATIENTS

	CD <65 years	UC <65 years	Combined <65 years	UC 65+ years	CD 65+ years	Combined 65+ years
Number of patients, n	135	49	184	6	5	11
Female, %	48.9	53.1	50	50	100	72.7
Mean age, years	35	37.3	36	74	68	71
Smokers, %	37.8	14.3	34.5	16.7	80	45.5
Mean disease duration, months	86	88.3	86.8	115	112	113
Combotherapy, %	58.1 (n= 93)	69.2 (n=26)	60.5 (n=119)	50 (n=2)	0 (n=2)	25 (n=4)
Combotherapy drug, %:						
-azathioprine	83.3	88.9	84.7	100	/	100
-methotrexate	16.6	11.1	15.3	0	/	0
Biologic, %:						
-infliximab	40	46.9	41.8	0	0	0
-adalimumab	40.8	16.4	34.2	16.7	40	27.3
-ustekinumab	16.2	2	12.5	0	60	27.3
-vedolizumab	3	30.6	10.3	66.7	0	36.7
-tofacitinib	0	0	0	0	0	0
-golimumab	0	4.1	1.1	16.7	0	9.1
Ekstraintestinal manifestations, %	22.2	16.3	20.1	16.7	0	9.1%
Perianal disease, %	22.2	/	/	/	20	/
Surgery, %	31.1	/	/	/	40	/
Disease extension, %:	/		/		/	/
-proctitis		0		0		
-left-side colitis		22.4		50		
-extensive disease		77.6		50		
Disease location, %:		/	/	/		/
-small bowel	28.9				60	
-colon	13.3				0	
-ileocolon	52.6				40	
-upper GI tract	0.7				0	
-upper and lower GI tract	4.4				0	

*CD – Crohn's disease, UC – Ulcerative colitis

Results: A total of 184 non-elderly and 11 elderly patients were analyzed. Baseline IBD patient and disease characteristics were comparable in elderly and non-elderly group as there was no statistically significant difference in female or smoking rates, as well as in disease duration or extraintestinal manifestations rates. When comparing treatment data, anti-TNF α drugs were used significantly less in the elderly group ($p=0.001$). Combination therapy with an immunomodulator and a biologic (combotherapy) was evaluated on patients starting anti-TNF α drugs and was significantly higher in the non-elderly patient group ($p=0.02$) with azathioprine being the most used drug in both groups. Overall gathered and processed data are presented in Table 1.

Conclusion: Elderly IBD patients in our cohort were less likely to be initiated with anti-TNF α therapy and were more likely to have monotherapy compared to younger IBD patients. These results, although limited in value due to the small low number of elderly IBD patients included, indicate a significant difference in treatment approach to elderly IBD patients compared to non-elderly patients with similar disease characteristics. A personalized approach to treatment is important at any age, especially in the older population which is more susceptible to adverse events and often burdened with co-morbidities.