CROHN'S COLITIS CURE

Corticosteroid and opiate use in inflammatory bowel disease, 25 years after the TREAT Registry was established

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INTRODUCTION & AIM

- Despite data from the TREAT registry, corticosteroids and opiates are still frequently used in people with inflammatory bowel disease (IBD)
- During an IBD flare, corticosteroids are a common first line option, and opiates are often prescribed for associated abdominal pain
- Longer term use of both agents increases the risk of complications, other adverse IBD outcomes and can impair quality of life
- We therefore examined the current real-world prescribing practices of corticosteroids and opiates in people with IBD across Australia and New Zealand

METHODS

- Crohn's Colitis Care is a cloud-based electronic medical record used in Australasia
- Data feed into a de-identified clinical quality registry, which was interrogated in April 2024
- People with IBD under active care (encounter within 14 months) were included.

RESULTS

- **6382** eligible people
  - Median age = 42 years (IQR 31–56)

Opiate use in people with CD, UC and IBDU between March 2023 and April 2024.

Opiate Group	Crohn's Disease	%	IBDU	%	Ulcerative Colitis	%	Total	%
Never	2987	83.6	133	78.7	2315	87.7	5435	85.2
Opiates - Ever	360	10.1	16	9.5	143	5.4	519	8.1
Current - IBD	19	0.5	0	0.0	8	0.3	27	0.4
Current - Other	72	2.0	3	1.8	34	1.3	109	1.7
Previously - IBD	108	3.0	1	0.6	26	1.0	135	2.1
Previously - Other	161	4.5	12	7.1	75	2.8	248	3.9
Not Recorded	225	6.3	20	11.8	183	6.9	428	6.7
Total	3572	100.0	169	100.0	2641	100.0	6382	100.0

Opiates – Ever; includes all people who have received opiates for any reason.
Current – IBD; includes people receiving opiates for IBD management
Current – Other; includes people receiving opiates for non-IBD indications
Previously – IBD; includes people who have but are no longer receiving opiates for IBD symptoms.
Previously – Other; includes people who have but are no longer receiving opiates unrelated to IBD.

RESULTS

- **76.9% (n=4,907)** resided in Australia and **23.1% (n=1,475)** in NZ.
- **50.2%** were male
- Median disease duration was 10.7 years (IQR 5.1-18.8)
- In the preceding year, **9.3% (n=591)** of the cohort were prescribed a course of corticosteroids
  - **57.9% (n=342)** were also prescribed an advanced therapy (biologic or novel small molecule)
  - Most common reasons for discontinuing steroids were "rationalisation and/or deep remission" **(30.6%, n=166)**, "inadequate efficacy" **(29.0%, n=157)** and "course completed" **(20.3%, n=110)**
  - No differences in the rate of steroid use between IBD subtypes (8.7% in Crohn's disease (CD) vs 11.2% in IBD unclassified (IBDU) vs 9.8% in ulcerative colitis (UC), p=0.22)
- Opiates were prescribed in **8.1% (n=519)**
  - However, **opiates were only prescribed for an IBD indication in 27 people (0.4% of the cohort)**
    - Others received opiates for non-IBD indications
    - **People with CD were more likely to have been prescribed opiates than those with UC and IBDU (p<0.001**

CONCLUSIONS

- Globally, reported corticosteroid used in IBD is variable (13-57%). Our reported use is at the lower end of this at 9.3%
- However, much of the comparative data were explored over longer time periods
- Local use appears to be short term with "deep remission" and "course completed" being common reasons for cessation
- Opiate use within this large Australian and NZ cohort is comparable to international data
- Interestingly, while corticosteroids are predominately used for IBD, opiate use appears related to other comorbidities

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