

A cross-sectional study of Older Person's IBD across Australasia

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INTRODUCTION

- The prevalence of people with IBD >70 years is increasing, due to increased incidence of IBD at this age, and longer survival of those with earlier onset disease
- Management of older people with IBD is challenging with higher comorbidities, polypharmacy, frailty, infection risk and malignancy often coinciding
- There are limited data on optimal management as usual clinical trials frequently exclude this older cohort

AIM

- To present the real-world characteristics of IBD in older people (diagnosis and management) across Australasia

METHODS

- Crohn's Colitis Care (CCCare) is a cloud based electronic medical record from which data from routine encounters feed into a de-identified clinical quality registry (CQR).
- Inclusion: Patients with a care encounter in the last 14 months
- The cohort was divided into 3 age groups: <40 years; 40 – 69 years; and ≥70 years

RESULTS:

- 6,388 people with IBD were included with those ≥70 years comprising 8.3% (n=531)
- Median disease duration was 16.3 years in the ≥ 70 group
- 'Time out of role' scores were lowest in this group, with 97.9% indicating IBD had no impact on their daily activities
- Comorbidity analysis found cardiovascular related diseases to be the most common amongst those ≥70 years.
- In those in the older cohort, there was a greater proportion of patients prescribed ustekinumab and vedolizumab
- The older cohort had the highest composite score for endoscopic and radiologic remission

	Age < 40	Age 40 – 69	Age ≥ 70	Total	p-value
Number of patients, n (%)	2887(45.2)	2970 (46.5)	531 (8.3)	6388	
Currently receiving steroid therapy, n (%)	383 (13.3)	298 (10.0)	56 (10.5)	737 (11.5)	< 0.001
Currently receiving an IMS, n (%)	1175 (40.7)	972 (32.7)	115 (21.7)	2262 (35.4)	< 0.001
Currently receiving an Advanced therapy, n (%)[†]	1686 (58.4)	1464 (49.3)	208 (39.2)	3358 (52.6)	< 0.001
Infliximab, n (%)	623 (37.0)	424 (29.0)	43 (20.7)	1090 (32.5)	< 0.001
Adalimumab, n (%)	399 (23.7)	341 (23.3)	34 (16.3)	774 (23.0)	
Ustekinumab, n (%)	311 (18.4)	314 (21.4)	50 (24.0)	675 (24.0)	
Vedolizumab, n (%)	246 (14.6)	309 (21.1)	75 (36.1)	630 (36.1)	
Admissions in past 12 months, n (%)	117 (4.1)	76 (2.6)	17 (3.2)	210 (3.3)	< 0.01
Faecal calprotectin remission (<250 ug/g), n(%)	717 (71.6)	708 (78.7)	122 (74.8)	1547 (74.9)	< 0.01
Composite endoscopic and radiologic remission, n (%)	346 (40)	438 (50.8)	67 (54.0)	851 (46.0)	< 0.001

[†] Top 4 most utilized therapies included

CONCLUSIONS

- Advanced therapies (such as IL12/23) are commonly used in those ≥ 70 years and suggest that long term disease control is being achieved in older patients
- Further inclusion of older patients in registry studies and real-world cohort databases such as CCCare will help to guide optimal therapy for this growing cohort