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MEDIA RELEASE

INFLAMMATORY BOWEL DISEASE: PREVALENCE HIGHER IN OLDER AGE GROUPS

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THE prevalence of inflammatory bowel disease in a metropolitan area of Sydney – 348 per 100 000 population – was found to be the “highest ever reported in Australia”, with the rates in older age groups even steeper, according to research published today in the Medical Journal of Australia.

The burden associated with inflammatory bowel disease (IBD) is high in Australia; it was estimated to have incurred more than \$2.7 billion in costs in 2012, according to the authors of the research, led by Dr Aviv Pudipeddi, a gastroenterologist at Concord Repatriation General Hospital in Sydney.

Pudipeddi and colleagues analysed clinical data for people with IBD living in the City of Canada Bay (postcodes 2046, 2047, 2137, 2138) in Sydney during 1 March 2016 – 10 November 2016, including those reviewed by gastroenterologists outside the study area. They identified 364 cases of IBD.

“Our major finding was that age-specific prevalence of IBD increased with age. We found the highest age-standardised prevalence rates of IBD (348 cases per 100 000 population), Crohn disease (166 per 100 000 population) and ulcerative colitis (148 per 100 000 population) of any study in Australia or New Zealand,” the authors wrote.

“The prevalence rate among people aged 65 years or more was 612 per 100 000 population, and 380 per 100 000 for people under 65 years of age; 79 patients with IBD (22%) were 65 years or more old, compared with 12 916 of 88 015 (14.7%) of the City of Canada Bay population. We also found that the prevalence of IBD among people aged 85 years or more was 891 per 100 000 people.” There was a steady increase in IBD prevalence with age, particularly for patients with ulcerative colitis.

“As ulcerative colitis is more common among non-smokers, these patients may have a lower mortality as they may be healthier than the age-matched general population”. Our findings also suggest that there is a good level of quality care provided to IBD patients possibly due to regular medical reviews, leading to patients living with the disease into their older age.

“The high age-specific IBD prevalence in the middle-aged and older age groups has important implications for treatment decisions.

“Systemic immunosuppressive therapies should be de-escalated when possible, and newer biological agents less likely to lead to adverse events, such as ustekinumab and vedolizumab, should be considered.”

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