Crohn's Disease Treatment Paradigm

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Abstract

Purpose: This study aimed to understand patterns of treatment in patients with CD, including the initiation of treatment and changes of regimens over time.

Methods: Cross-sectional data were collected via the Inflammatory Bowel Disease (IBD) Study Project during Q3 2008. Study participants were recruited from an Internet panel, and were reported to have physician-diagnosed IBD. Survey respondents were aged ≥18 years.

Results: A total of 500 patients with CD completed the survey. Nearly half (43.5%) reported being diagnosed within a year of experiencing symptoms, and another 20.4% were diagnosed within 1-2 years. Most patients presented with moderate (36.2%) or severe (45.6%) disease at diagnosis. More than half (56.8%) began drug treatment within a month of diagnosis. When evaluating treatment patterns, 79.6% of patients used more than one treatment, and most changed to their second treatment within one year. Steroids (52.0%) and 5-aminosalicylic acid (54.0%) are the most common initial treatment options. Immunomodulators and biologics are not used often as first line therapy, but their use increases with the number of treatments. More than half of patients (53.0%) had the dose of their initial treatment increased, but increasing dose becomes a less common strategy for future treatments. Paradoxically, as the number of treatments increase, the number of patients experiencing surgery and reporting severe disease decreases.

Conclusions: The majority of CD patients are diagnosed and treated within a year of experiencing symptoms. Multiple treatments are common, with self-reported disease severity decreasing with an increase in the number of treatments, especially when immunomodulators and biologics have been utilized. Research identifying the most effective treatments that control disease and decrease surgery, and the optimal time when they should be used during the natural course of the disease, is needed.

Introduction

- Crohn's disease (CD) is a form of inflammatory bowel disease (IBD) characterized by chronic idiopathic inflammation of the gastrointestinal tract
- Although CD can occur anywhere in the gastrointestinal tract, it most commonly affects the terminal ileum and colon; the hallmark transmural inflammation may result in fistulas, abscesses, and strictures[1]
- Symptoms of CD vary depending on the location and disease subtype, but often include abdominal pain, diarrhea, fever, and weight loss[1,2]

Objective

- The primary objective of this study was to understand patterns of treatment in patients with CD, including the initiation of treatment and changes of regimens over time

Methods

- Cross-sectional pateient reported data were collected via the IBD Study Project during Q3 2008
- Study participants were ≥18 years of age
- Participants were recruited from an Internet panel, and self-reported a physician diagnosis of IBD

Results

- A total of 500 patients with CD completed the survey

Figure 1: Time elapsed from symptoms to diagnosis

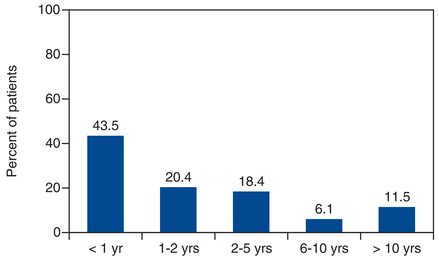
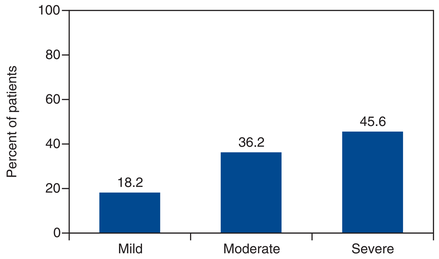
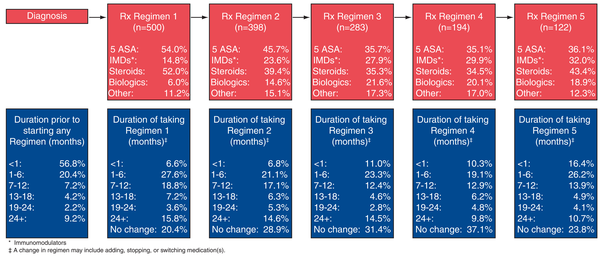


Figure 2: Disease severity at the time of diagnosis



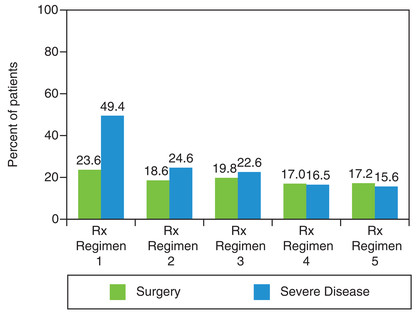
- More than half (56.8%) began drug treatment within one month of diagnosis (Figure 3)
- When evaluating treatment patterns, 79.6% of patients used more than one treatment regimen sequentially, and most changed to their second treatment within one year

Figure 3: Treatment regimens



- Immunomodulators and biologics were not used often as first line therapy, but their use increased with the number of treatment regimens a patients underwent
- More than half of patients (53.0%) had the dose of their initial treatment increased, but increasing a dose became a less common strategy for future treatment regimens
- As the number of treatment regimens increased, the number of patients who experienced surgery and reported severe disease decreased (Figure 4)

Figure 4: Analysis of surgery and severe disease rates with regimen modifications



Conclusions

- The majority of CD patients are diagnosed and treated within a year of experiencing symptoms
- Multiple treatments are common, with self-reported disease severity decreasing with an increase in the number of treatments, especially when immunomodulators and biologics have been utilized
- Research is needed to:
  - Identify the most effective treatment(s) that control disease and decrease surgery
  - Identify the optimal time when the treatment(s) should be used during the natural course of the disease

References

1. Srinvasan R, Su CG, Lichtenstein GR. Medical therapy for Crohn's disease. In: Lichtenstein GR, ed. The Clinician's Guide to Inflammatory Bowel Disease. Thorofare, NJ: SLACK, Inc.; 2003:221-54.
2. Dassopoulos T, Hanauer S. Presentation and diagnosis of inflammatory bowel disease. In: Cohen RD, ed. Inflammatory Bowel Disease: Diagnosis and Therapeutics. Totowa, NJ: Humana Press, Inc.; 2003:75-90.

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