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Letter to the Editor

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Aminosalicylates and Elderly-onset Colonic Crohn's Disease—More Than Meets the Eye?

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I read with interest the insightful and thought-provoking systematic review by Ananthakrishnan and colleagues.[1] Resurgent interest in inflammatory bowel disease [IBD] in the elderly has sparked large epidemiological and cohort studies exploring aetiology and clinical behaviour and evolving treatment paradigms.[1–5] The commonalities of some observations therein seem improbable by chance alone and raise several important questions. 'Elderly-onset' Crohn's disease [CD] tends to be colonic in distribution predominantly, consistently inflammatory with a lower incidence of fistula or stricture formation and characterized by an indolent disease course.[1–5]

In the population-based EPIMAD study of elderly-onset IBD, the most frequent phenotype at diagnosis in patients with CD was colonic [65%], with 78% demonstrating an inflammatory disease pattern.[3] Over a 6-year median follow-up, disease progression was exceptional with only 9% progressing to complicated [stricturing/penetrating] disease as opposed to over 50% in younger patients.[3]

A striking observation from the EPIMAD study was the use of 5-aminosalicylic acid [5-ASA] therapies in CD; 5-ASA treatment was prescribed in 75% of patients with similar clinical phenotype in CD and ulcerative colitis. Thus among CD patients, 68% received 5-ASAs at 1 year, 77% at 5 years and 80% at 10 years. Over 50% of the patients were on 5-ASA monotherapy and did not require surgery.[3] Indeed, 88–90% of patients with colonic CD were receiving 5-ASAs and at maximal follow-up over two-thirds were still maintained on them.[3] This wide use of 5-ASA in patients with CD is in agreement with other population-based cohorts.[1,3–5] This observation is curious, in as much as it raises more questions than it can presently answer.

It is entirely plausible that prescribing patterns are driven by physician hesitancy to 'escalate' treatment in the light of challenges posed by clinical comorbidities, the potential for polypharmacy and drug interactions, the likely mismatch between chronological and biological age and indeed the perceived and often real risk of more pronounced adverse effects in even 'well selected' elderly IBD patients.[1,2]

Such considerations and indeed limitations of 5-ASA treatment in CD notwithstanding, the lack of disease progression in the majority of elderly-onset IBD [and colonic CD in particular] in the EPIMAD cohort is intriguing. On the one hand, colonic CD [and elderly-onset disease in particular] deserves further study, but also it somewhat provocatively suggests that 5-ASAs may in fact have a role in elderly-onset CD. Whether a signal or noise, this hypothesis deserves study, supported or refuted by rigorous science and clinical studies.

Conflict of Interest

None.

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