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Prevalence of anaemia in Italian patients with inflammatory bowel disease: Preliminary results of the observational multi-centre IG-IBD study RIDART 1

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Background: Anaemia is the most common extra-intestinal manifestation in inflammatory bowel disease (IBD). The study "Clinical burden of anaemia in inflammatory bowel disease: Role of Iron Deficiency And iron Replacement Therapy, observational study (RIDART) 1" is an independent, observational, multi-centre study, promoted by the Italian Group for the study of inflammatory bowel disease (IG-IBD) with the primary aim to define the prevalence of anaemia in an unselected population of Italian patients with IBD.
Methods: 2347 unselected Italian patients with IBD were included. The follow-up of anaemic patients was extended up to six months after recruitment in order to evaluate how anaemic patients were treated and if the ECCO guidelines for the treatment of iron deficiency anaemia in IBD were correctly applied. Here we showed preliminary results describing the main features of IBD patients with anaemia in terms of demography, disease activity, anaemia pathogenesis and severity one year after starting the study.
Results: Of the 2347 IBD patients included, 305 (13%) had anaemia. A higher proportion of females was identified in the anaemic group (50%) compared with the non-anaemic one (43%; $p = 0.029$). No difference between anaemic and non-anaemic subjects were observed as far as patient age and disease duration are concerned. In most cases (84%) anaemia was mild (Hb≥9.5 g/dl), and only 4% of patients had severe anaemia (Hb<8.0 g/dl). Hb was lower in patients with active disease and correlated significantly with CDAI in Crohn's disease ($p = 0.0182$) and CAI in ulcerative colitis ($p = 0.0021$). An isolated iron deficiency was responsible for 60% of anaemic cases, the remaining cases being due to anaemia of chronic disease (8%), vitamin deficiencies (4%), and various combinations of iron and/or vitamin deficiencies and inflammation (22%).
Conclusions: The lower prevalence of anaemia in RIDART 1 (13%) in comparison to that reported in previous studies (39%) may be due to the fact that, in recent years, more attention is paid to anaemia in patients with IBD and both anaemia and IBD are more effectively treated than in the past. Caution, however, must be used in the interpretation of the present data since the RIDART-1 study is still under way.

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Cause and risk factors of death in patients with intestinal Behcet's Disease

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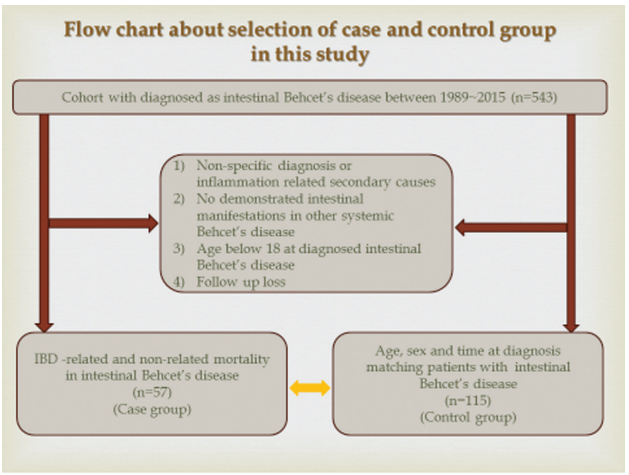
Background: There is a lack of studies addressing mortality and causes of death in cohorts of Asian patients with intestinal Behcet's disease (BD). This study aimed to assess causes of death in patients with intestinal BD and compare the related factors with mortality in a single center with a retrospective manner.
Methods: Total 543 patients who diagnosed intestinal BD in Severance hospital, Yonsei University College of Medicine, Seoul, Korea, between January 1989 and December 2015 were enrolled to this study. Patient's baseline demographic and clinico-laboratory data were collected based on electronic and paper medical records. The baseline characteristics and treatment-related outcomes were compared between dead intestinal BD patients and control group ($n = 115$, age, sex and diagnosis periods were matched). All factors with P value of <0.05 in the univariate analysis were included in a Cox proportional hazards multivariate model.
Results: Total 57 patients (10.5%) with intestinal BD died during study periods. The median duration of follow-up period was 32.1 months (range 1–280). Main causes of death included systemic infection ($n = 18$, 31.6%), malignancy ($n = 16$, 28.1%) and cardiovascular disease ($n = 14$, 24.6%). In multivariate analyses, Charlson's comorbidity index (hazard ratio [HR] 1.455, 95% confidence interval [95% CI] 1.264–1.674), loss of weight (HR 8.470, 95% CI 3.979–18.074) and disease distribution at first diagnosis (small bowel only and rectum, HR 2.111, 95% CI 1.016–4.385 and HR 7.040, 95% CI 1.506–32.910) were independently associated with the risk of mortality.



Conclusions: Main causes of death were systemic infection, malignancy and cardiovascular disease. The Charlson's comorbidity index, loss of weight and disease distribution at first diagnosis (small bowel only or rectum) were associated with increase of mortality in intestinal BD.