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Prolonged and repeated steroid exposure in inflammatory bowel disease: National population based study
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Background: The use of oral steroids in the management of inflammatory bowel disease should be reserved for active disease and has no role in maintenance. Prolonged or repeated exposure to steroids is indicative of steroid dependent disease and also correlates with quality of care. Our aim was to determine steroid exposure patterns using a nationally representative database.

Methods: We constructed an incident cohort of patients with Crohn’s disease (CD) and ulcerative colitis (UC) diagnosed between 1990 and 2009 using the Clinical Practice Research Datalink (CPRD), a validated research database representing an 8% sample of the UK population. We defined “prolonged steroid exposure” as continuous use for greater than 3 months duration and also defined “repeated steroid exposure” as restarting steroids within 3 months of cessation of a previous course of steroids. Patients were categorised if they had prolonged or repeated steroid exposure within 5 years of diagnosis which are markers of steroid dependence. We divided our cohort to compare patterns between era 1, 1990-1993 and era 2, 2002-2005 and compared the prevalence (number of users/total number within the era) of steroid exposure between these time periods using the 2-group proportion test.

Results: In CD, there were 474 and 2096 incident cases diagnosed in era 1 and era 2 respectively. The prevalence of patients requiring prolonged steroid exposure in CD, decreased by 27% (p<0.001) from 32.9% to 23.9% between era 1 and era 2 respectively. There was also a 27% (p<0.001) decrease in repeated steroid exposure, from 35% to 25.5% between era 1 and era 2 respectively (figure 1).

In UC, there were 1598 and 4626 incident cases diagnosed in era 1 and era 2 respectively. However, the prevalence of patients requiring prolonged steroid exposure remained stable at 15.1% and 16.8% (p=0.12) between era 1 and era 2. Repeated steroid exposure increased by 16% (p=0.02) from 15.9% to 18.5% between era 1 and era 2 (figure 2).

Conclusions: In CD, prolonged steroid exposure and repeated steroid exposure has decreased from era 1, 1990-1993 to era 2, 2002-2005. In UC, prolonged steroid exposure has remained stable but repeated steroid exposure has increased. Falls in steroid exposure in CD are most likely explained by concurrent increases in immunomodulator and anti-TNF use. These changes have not been demonstrated in UC.

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Risk Factors for Drug-induced Lupus secondary to Anti-tumor Necrosis Factor Agents used in Inflammatory Bowel Disease: A Multicenter Case-control Study in Madrid
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Background: Drug-induced lupus (DIL) is a rare adverse event in patients treated with anti-tumor necrosis factor (anti-TNF) agents. We aimed to determine the prevalence, clinical characteristics, laboratory features and risk factors for DIL in inflammatory bowel disease (IBD) patients treated with this biologic therapy.

Methods: IBD patients from 5 university hospitals in Madrid diagnosed with anti-TNF induced lupus who met DIL criteria were

Figure 1. “Prevalence of prolonged steroid exposure and repeated steroid exposure between era 1 (1990–1993) and era 2 (2005-2005) for Crohn’s disease. 2 group proportion test used to compare outcomes between groups”

Figure 2: “Prevalence of prolonged steroid exposure and repeated steroid exposure between era 1 (1990–1993) and era 2 (2005-2005) for ulcerative colitis. 2 group proportion test used to compare outcomes between groups”