



Gastroenterología y Hepatología

www.elsevier.es/gastroenterologia



ORIGINAL ARTICLE

Prevalence of iron deficiency without anaemia in inflammatory bowel disease and impact on health-related quality of life[☆]

Q1 Carlos González Alayón, Carolina Pedrajas Crespo, Sandra Marín Pedrosa, José Manuel Benítez*, Eva Iglesias Flores, Isabel Salgueiro Rodríguez, Rosario Medina Medina, Valle García-Sánchez

Unidad de Gestión Clínica de Aparato Digestivo, Hospital Universitario Reina Sofía, Instituto Maimónides de Investigación Biomédica de Córdoba (IMIBIC). Universidad de Córdoba, Córdoba, Spain

Received 25 May 2017; accepted 31 July 2017

KEYWORDS

Inflammatory bowel disease;
Iron deficiency;
Anaemia;
Health-related quality of life

Abstract

Introduction: Iron deficiency without anaemia (IDWA) is commonly found in outpatients with inflammatory bowel disease (IBD) in an even higher proportion than anaemia. However, its true prevalence and possible impact on health-related quality of life (HRQoL) are unknown. The objectives of this study were: to establish the prevalence of IDWA, identify possible associated factors and measure their impact on HRQoL.

Materials and methods: 127 patients with IBD in an outpatient setting were consecutively included in an observational, descriptive, cross-sectional study. IDWA was defined as ferritin levels of <100 ng/mL with inflammatory activity or ≤ 30 ng/mL without it, with transferrin saturation of $\leq 16\%$, and with normal haemoglobin levels. HRQoL was assessed using two questionnaires: the IBDQ-9 for symptoms related to IBD and the FACIT-F to measure the presence of fatigue. Fatigue was considered extreme with a score of ≤ 30 points.

Results: The prevalence of IDWA was 37%. Variables associated with its occurrence were female gender (OR = 2.9; $p = 0.015$) and the presence of inflammatory activity (OR = 9.4; $p = 0.001$). Patients with IDWA presented HRQoL questionnaires with lower overall scores; decreases of 6.6 ($p < 0.001$) and 4.3 ($p = 0.037$) points in the IBDQ-9 and the FACIT-F were recorded, respectively. In addition, an increase of 29.4% in the presence of extreme fatigue was observed.

Conclusion: The prevalence of IDWA is considerable in outpatients with IBD. IDWA is associated with female gender and inflammatory activity. It has a clear negative impact on HRQoL. A more active approach is needed to treat this complication.

© 2017 Elsevier España, S.L.U. All rights reserved.

[☆] Please cite this article as: Alayón CG, Crespo CP, Pedrosa SM, Benítez JM, Flores EI, Rodríguez IS, et al. Prevalencia de déficit de hierro sin anaemia en la enfermedad inflamatoria intestinal y su impacto en la calidad de vida. Gastroenterol Hepatol. 2018. <https://doi.org/10.1016/j.gastrohep.2017.07.011>

* Corresponding author.

E-mail address: jmbeni83@hotmail.com (J.M. Benítez).

2444-3824/© 2017 Elsevier España, S.L.U. All rights reserved.

PALABRAS CLAVE

Enfermedad
inflamatoria
intestinal;
Déficit de hierro;
Anaemia;
Calidad de vida
relacionada con la
salud

Prevalencia de déficit de hierro sin anaemia en la enfermedad inflamatoria intestinal y su impacto en la calidad de vida

Resumen

Introducción: El déficit de hierro sin anaemia asociada (DHSA) es un hallazgo frecuente en los pacientes no ingresados con enfermedad inflamatoria intestinal (EII), incluso en mayor proporción que la anaemia. Sin embargo, no existen datos concluyentes de su presencia en nuestro medio ni del posible deterioro que conlleva en la calidad de vida relacionada con la salud (CVRS). Los objetivos de este trabajo fueron: establecer la prevalencia del DHSA, identificar posibles factores asociados y medir su impacto en la CVRS.

Material y métodos: Se incluyeron 127 pacientes con EII, de manera consecutiva, en medio extrahospitalario en un estudio observacional, descriptivo, de corte transversal. Se definió DHSA como niveles de ferritina ≤ 30 ng/ml en ausencia de actividad inflamatoria o < 100 ng/ml en su presencia, con índice de saturación de transferrina $\leq 16\%$, junto a niveles normales de hemoglobina. Se evaluó la CVRS mediante dos cuestionarios: CVEII-9 para los síntomas relacionados con EII, y FACIT-F para medir la presencia de fatiga, considerándola extrema ante una puntuación ≤ 30 puntos.

Resultados: La prevalencia del DHSA fue del 37%. El sexo femenino (OR = 2,9; $p = 0,015$) y la presencia de actividad inflamatoria (OR = 9,4; $p = 0,001$) fueron las variables asociadas con su aparición. Los pacientes con DHSA presentaron cuestionarios de CVRS con menores puntuaciones de forma global; registrando una caída de 6,6 ($p < 0,001$) y 4,3 ($p = 0,037$) puntos en CVEII-9 y FACIT-F, respectivamente. Además, se observó un incremento en la presencia de fatiga extrema del 29,4%.

Conclusión: La prevalencia de DHSA es considerable en los pacientes con EII en el ámbito extrahospitalario. Se asocia al sexo femenino y a la actividad inflamatoria, y supone un claro impacto negativo en la CVRS. Es necesaria una actitud más activa para el tratamiento de esta complicación.

© 2017 Elsevier España, S.L.U. Todos los derechos reservados.

Introduction

Anaemia is the most common extraintestinal manifestation in inflammatory bowel disease (IBD),¹⁻³ with symptoms such as asthenia and chronic fatigue which affect patient functionality. Its management has become significantly more relevant in the last decade, with specific clinical guides being developed.⁴⁻⁶

Non-anaemic iron deficiency (NAID) is defined as insufficient iron deposits, as well as low levels of ferritin and a low transferrin saturation index (TSI), with normal levels of haemoglobin (Hb). Few studies analyse the significance of its occurrence in IBD, focusing only on the anaemia aspect. The prevalence of NAID in the series published ranges between 36% and 90%.⁷⁻¹⁰

Health-related quality of life (HRQoL) is a concept involving aspects relating to the physical and psychological spheres, and the subjective perception of the state of health.¹¹ Its measurement is essential in IBD because it reflects an important aspect of the patients' reality. Nevertheless, its quantification is not easy, and so specific questionnaires have been developed. These include the FACIT-F questionnaire,¹² which measures the level of fatigue, and the IBDQ-9, for symptoms related to IBD itself.¹³

Fatigue is defined as the subjective perception of tiredness involving a deterioration in mental and physical functioning. Although it is frequently mentioned in patients with IBD, its actual prevalence is not well established in

our setting. Various studies have attempted to establish keys for detecting it, estimating its prevalence and identifying the associated factors.¹⁴ The majority only analyse the spectrum of patients with anaemia, where the direct link between anaemia and the negative impact on HRQoL is known. However, it is unknown whether NAID plays an important role. Although a recent study¹⁵ confirms this link, the evidence is scarce and results are often contradictory, disparate or incomplete.^{16,17} The data available are not sufficient to establish an active treatment indication for NAID, although it could be a therapeutic objective with which an improvement in HRQoL is achieved.

This study was proposed in an attempt to provide information on this specific issue. The main objective was to determine the prevalence of NAID in patients diagnosed with IBD in the outpatient setting. The secondary objectives were to identify the associated factors and the impact on the patients' perceived HRQoL. Finally, the therapeutic management was reviewed in light of its detection by the relevant doctor.

Materials and methods**Patients**

This is a descriptive, observational, cross-sectional study. A sample of 127 consecutive patients diagnosed with IBD, according to the international diagnostic criteria,^{18,19} was

Download English Version:

<https://daneshyari.com/en/article/8725876>

Download Persian Version:

<https://daneshyari.com/article/8725876>

[Daneshyari.com](https://daneshyari.com)