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The epidemiological profile of inflammatory bowel disease patients on biologic therapy at a public hospital in Alagoas



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ABSTRACT

Introduction: Inflammatory Bowel Diseases (IBD), represented by Crohn's disease (CD) and ulcerative colitis (UC) are chronic and idiopathic inflammatory conditions involving the gastrointestinal tract. There are several epidemiological studies that have shown an increased incidence of IBD worldwide.

Objective: To analyze the epidemiological profile of patients with IBD under biologic therapy, treated in a coloproctology outpatient clinic, Hospital Universitario Professor Alberto Antunes, Alagoas.

Methods: Retrospective observational clinical study, conducted by collecting patients' records and interviewing them at the time of follow-up.

Results: 40 patients were evaluated: 70% female, 27 patients (67.5%) with CD and 13 (32.5%) with UC, mean age of 37.8 years and predominance of white ethnicity. The ileocolonic area was more frequently affected among patients with CD (33.3%), whereas the extensive colitis presentation predominated among UC patients (61.5%). 95% of the patients received some medication before using biologicals. 70% of the respondents remain in deep remission in the period of 6–60 months.

Conclusion: The socioeconomic profile of patients was similar to that described in the literature. Crohn's disease was more frequent in our study, while extensive colitis was more common among UC patients. Most patients used biologicals after failure of other treatment options.

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Perfil epidemiológico dos pacientes portadores de Doença Inflamatória Intestinal, que fazem uso da terapia biológica, atendidos em um hospital da rede pública de Alagoas

R E S U M O

Palavras-chave:

Doença intestinal inflamatória
Perfil epidemiológico
Colite ulcerativa
Doença de Crohn
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Introdução: As Doenças Inflamatórias Intestinais (DII), representadas pela Doença de Crohn (CD) e Retocolite Ulcerativa Inespecífica (RCUI), são condições inflamatórias crônicas, idiopáticas, que envolvem o trato gastrointestinal. Vários são os estudos epidemiológicos que vêm demonstrando o aumento na incidência da DII em todo o mundo.

Objetivo: Analisar o perfil epidemiológico dos pacientes portadores de DII, que fazem uso da terapia biológica, atendidos no Serviço de Coloproctologia do Hospital Universitário Professor Alberto Antunes da Universidade Federal de Alagoas.

Métodos: Estudo clínico descritivo observacional transversal, realizado através da coleta dos prontuários dos pacientes e entrevista com os mesmos no momento da consulta de acompanhamento.

Resultados: Foram avaliados 40 pacientes, sendo 28 do gênero feminino e 12 do gênero masculino. 27 pacientes (67,5%) apresentavam DC e 13 (32,5%) apresentavam RCUI, com uma média de idade de 37,8 anos com predominância da etnia branca. A região íleo-colônica foi a localização mais frequente entre os pacientes com DC (33,3%), enquanto que a colite extensiva predominou entre os portadores de RCUI (61,5%). 95% dos pacientes fizeram uso de algum medicamento antes do uso dos biológicos. 70% dos entrevistados permanecem com remissão profunda no período de 6 a 60 meses.

Conclusão: O perfil socioeconômico dos pacientes foi semelhante ao descrito na literatura. Doença de Crohn foi mais freqüente em nosso estudo, enquanto que colite extensiva foi a forma mais comum entre os portadores de RCUI. A maioria dos pacientes fez uso dos biológicos após falha das outras opções de tratamento clínico.

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Introduction

Inflammatory Bowel Disease (IBD), represented by Crohn's disease (CD) and Ulcerative Colitis (UC), are chronic, idiopathic inflammatory conditions, which probably involve an immune reaction of the body against its own gastrointestinal tract.^{1,2} Considering that these are chronic conditions that affect preferably young people in the productive phase and contribute to long-term morbidity, thus causing changes in the social, psychological and professional realms, IBDs are gaining importance, constituting a public health problem in many countries, with a large financial impact on the health-care system.³⁻⁶

There are several epidemiological studies showing an increased incidence of IBD in the world.¹⁻⁸ A recent epidemiological research estimates that about 4 million people worldwide have either UC or CD, with 1.4 million of these cases occurring in the United States.⁹ The male/female ratio is similar for both UC and CD, with women showing a slightly higher incidence. Both diseases are more commonly diagnosed in young adults. The vast majority of new diagnoses are detected in the age ranging between 15-40 years, with the peak incidence occurring early in the second decade of life.²

Brazil is still considered an area of low prevalence of IBD, despite the significant increase in the incidence of these

diseases in reports of the national literature. In our environment, these diseases are not considered of compulsory notification, which leads us to think that perhaps IBDs are being underdiagnosed.⁴

The management of IBD will depend on its severity and of the extent and anatomical region involved. A large number of drugs have been used, achieving remission, but not a cure for the disease. Among the classes used in conventional therapy, aminosalicylates, glucocorticoids, immunomodulators and antibiotics are mentioned.^{10,11} However, the conventional therapeutic options for IBD are limited, both by the inability to maintain clinical remission, and by their side effects.¹⁰ In this context, a new therapeutic approach emerges based on the use of antagonists of tumor necrosis factor α (TNF- α): the so-called biological therapy.

The evidence for use of biological therapy comes from large-scale randomized clinical trials. The class of anti-TNF- α agents, in general, has demonstrated considerable effectiveness in moderate to severe intraluminal CD.¹² It is not completely clear whether the biologic therapy approach would be most effective when used at an early stage, with possible beneficial impacts on the natural course of the disease, or would be indicated later, after a failure to respond to traditional drugs.¹³ Therefore, the lack of national epidemiological data on IBD, in association with the currently existing paradigm regarding the early use of biological therapy in the

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