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Original Article

Epidemiological profile and clinical characteristics of patients with intestinal inflammatory disease[☆]

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ABSTRACT

According to several epidemiological studies, there is a significant increase in cases of inflammatory disease in developing countries.

Objective: To describe epidemiological data and clinical features of patients with inflammatory bowel disease in patients enrolled in Campo Grande, MS.

Method: A retrospective descriptive study with a database analysis of patients who were enrolled and renewed their process in the Exceptional Medications Program of the Health Department from January 2008 to December 2016.

Results: 423 patients participated in the study, 260 women and 163 men. Of these, 238 patients had Crohn's disease and 185 had ulcerative rectocolitis. The patients' mean age was 46 years. The most commonly used medication for both diseases was mesalazine and 34.3% of the patients needed to switch their medication during the treatment, most of them with Crohn's disease. In Crohn's patients, the most affected segment was the colon (40.6%) and in patients with ulcerative rectocolitis the entire large intestine was involved (78.8%) was more common. Of the total number of patients, 10.8% of the women and 18.4% of the men needed to use an anti-TNF.

[☆] This research was conducted at the Coordenadoria Estadual de Assistência Farmacêutica (State Coordination of Pharmaceutical Assistance) (CAFE) linked to the State Health Department of Campo Grande, Campo Grande, MS, Brazil.

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Conclusion: Most people on treatment for IBD are female, with a mean age of 46 years and suffering from Crohn's disease. The most affected segments were the entire large intestine in URC cases and the colon in Crohn's disease cases. Mesalazine was the most used drug in both diseases. There was more drug replacement in Crohn's disease patients. In Crohn's disease, younger patients used infliximab more frequently.

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Perfil epidemiológico e características clínicas dos pacientes com doença inflamatória intestinal

R E S U M O

Palavras-chave:

Doenças inflamatórias intestinais
Epidemiologia
Retocolite ulcerativa
Doença de Crohn
Infliximabe

De acordo com vários estudos epidemiológicos, há aumento significativo de casos de doença inflamatória nos países em desenvolvimento.

Objetivo: Descrever os dados epidemiológicos e características clínicas dos pacientes com doença inflamatória intestinal em Campo Grande - MS.

Método: Pesquisa descritiva retrospectiva, com análise dos prontuários em banco de dados, em pacientes que cadastraram e renovaram o processo no Programa de Medicamentos Excepcionais da Secretaria de Saúde, de janeiro de 2008 e dezembro de 2016.

Resultados: Participaram da pesquisa 423 pacientes, 260 mulheres e 163 homens. Deste total, 238 possuíam doença de Crohn e 185 Retocolite Ulcerativa. A média de idade foi de 46 anos. O medicamento mais utilizado em ambas doenças foi a mesalazina e 34,3% dos pacientes necessitaram realizar troca de medicamentos ao longo do tratamento, sendo a maioria portador da doença de Crohn. Nos pacientes com Crohn o segmento mais acometido foi o cólon (40,6%) e nos pacientes com RCU foi todo o intestino grosso (78,8%). Do total de pacientes, 10,8% das mulheres e 18,4% dos homens necessitaram utilizar anti-TNF.

Conclusão: A maioria das pessoas em tratamento para DII são do sexo feminino, com média de idade de 46 anos e portadores de Doença de Crohn. Os segmentos mais acometidos na RCU foi todo o intestino grosso e na Doença de Crohn o colo. A mesalazina foi o medicamento mais utilizado em ambas as doenças. Houve mais troca de medicamentos na Doença de Crohn. Na Doença de Crohn pessoas mais jovens utilizaram mais o infliximabe.

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Introduction

Inflammatory bowel disease (IBD) represents a group of idiopathic chronic inflammatory bowel disorders. This nomenclature encompasses two main nosological categories: Crohn's disease (CD) and ulcerative rectocolitis (URC), which are characterized by an overlapping of clinicopathological manifestations and by other clearly different features.¹

IBDs occur throughout the world and represent a serious health problem since these disorders affect preferentially young people, lead to frequent recurrences and take up clinical forms of high severity.²

It is believed that the etiopathogenesis of the disease, although not well understood, is related to the abnormal immune response to the bacterial microbiota of the intestinal lumen, which would be associated with changes of the mucosal barrier function. There are genetic, socioenvironmental, microbiological and immunological factors that would also be involved as risk factors, and of the onset and maintenance of the disease.³

According to the literature, with regard to the epidemiology, one observes a prevalence of IBD in white people, who are between 20 and 40 years, with a second peak of the disease starting at age 55, and with a similar distribution in both genders, except for CD, in which women are more often affected.⁴

Brazil is still considered an area of low IBD prevalence, despite a significant increase in the registries of these diseases in the Brazilian literature. In the last 20 years, CD has generally exceeded URC in incidence rates. In developing countries where IBDs are emerging, URC is more common than CD.⁵

In our working context, we noticed that there has been a great increase in the demand for medical care of people with IBD, and the epidemiological and morbidity data in the literature are insufficient to evaluate the profile of these patients.

The knowledge of this epidemiological profile can provide a broader basis and more elements in order to elucidate the natural history of the disease, its main complications and therapeutic failures, which would help in the clinical and therapeutic management of the patients.

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