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Venue: DDW

Date: 05/19/2013

Presentation: Poster

Symptom worsening during pregnancy and lactation is associated with age, body mass index, and disease phenotype in women with Inflammatory Bowel Disease

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Background: Women with inflammatory bowel disease (IBD) have reported variable disease activity during pregnancy and lactation, which suggests a hormonal influence on disease activity. We aimed to identify and characterize women with IBD who endorse fluctuations in disease activity during pregnancy and lactation.

Methods: From June 2012 through September 30, 2012, women with IBD previously enrolled in CCFA Partners, an online cohort study of patients living with self-reported IBD, were invited to participate in the study. Participants were asked to rate whether changes in disease activity occurred during various timepoints in pregnancy, the postpartum period, and lactation using a 5 point Likert scale (much better, somewhat better, no change, somewhat worse, much worse). Clinical and demographic differences were assessed using univariate and multivariable methods.

Results: A total of 1203 women agreed to participate during the study period (64.1% CD, 33.7% ulcerative colitis, 2.2% indeterminate colitis). Median age was 43 yrs (interquartile (IQR) range 31-55). Mean disease duration was 11 yrs. 56.3% (n=674) were ever pregnant and 315 (26.2%) had at least one pregnancy after IBD diagnosis. Median age at first pregnancy after IBD diagnosis was 29 yrs (IQR 26-32). Seventy three percent reported breastfeeding following pregnancy. Among women with at least one pregnancy 52.6% reported improved symptoms and 21.4% reported worsening symptoms (see Table). Among those with worsening symptoms there was no difference in the timing of worsening symptoms by trimester. Women with symptom worsening during pregnancy were more likely to have UC than CD (44% vs 16%, $p=0.02$), and relative to women without symptom worsening during pregnancy were more likely to be younger (41.2, SD 9.9 vs 46.7, SD 12.0; $p<0.01$), and currently endorse lower quality of life (SIBDQ 4.7 sd 1.3 vs 5.2 sd 1.1). Among women who breastfed after pregnancy (n=197), 37.1% reported no change in their IBD symptoms, while 12.7% reported worsening symptoms, and 13.7% reported improved symptoms. Women with symptom worsening during lactation were younger ($p<0.01$) at the time of survey participation, younger at the time of diagnosis ($p=0.04$), and had a lower BMI (22.2, IQR 21.1-25.0 vs 24.5(IQR 21.0-29.0)) than women not reporting worsening symptoms during lactation. Disease worsening during pregnancy and lactation was not associated with age at menarche, smoking history, or current medication adherence.

Conclusion: Women with IBD have variable symptom changes during pregnancy and lactation. During pregnancy, symptom worsening is associated with UC more than CD, and with younger age. During lactation, symptom worsening is associated with younger age and lower BMI. This information can be helpful for providers and patients when counseling women with IBD about pregnancy and lactation.