

Presenter: Millie D. Long MD, MPH

Venue: Advances in IBD, Hollywood, FL

Date: December 1-3, 2011

Presentation: Poster

Status of Prevention in Patients with Inflammatory Bowel Diseases within the CCFA Partners Cohort

Millie D. Long MD, MPH, Michael D. Kappelman MD, MPH, Christopher F. Martin MSPH, James D. Lewis MD, MSCE, Patricia M. Kinneer, Robert S. Sandler MD, MPH

Background and Aims: Patients with inflammatory bowel diseases (IBD) have increased risks of infectious and malignant complications. Immune dysfunction associated with IBD and the use of immunosuppression likely contribute to increased risks. Preventive measures such as vaccines, screening examinations or medications can prevent complications. We aimed to determine baseline rates of preventive measures in patients with IBD. We also aimed to determine whether these measures differed by co-management with a primary care physician (PCP).

Methods: We developed an Internet cohort (CCFA Partners) of patients with IBD. Invitations to join the cohort were sent via email to individuals listed on CCFA rosters. Respondents completed a baseline survey that included modules on disease course, medications, and preventive measures. Only adults (age>17) and those with IBD were eligible for inclusion within the cohort. Follow up assessments are planned every 6 months. Descriptive statistics were used to evaluate preventive measures in patients with IBD. Bivariate analyses were used to compare preventive measures by PCP co-management.

Results: A total of 7819 individuals with self-reported IBD joined CCFA Partners. A total of 5714 (82.8%) had at least one visit with a PCP in the past year. Overall, 2662 (38.3%) IBD patients had a history of smoking; 531 (20.1%) were current smokers of whom 370 (70.9%) had been advised by a physician to quit during the last year. Use of preventive measures is summarized in the table below.

Preventive measure	IBD overall		At least 1 PCP visit in past year		<1 PCP visit in past year		p value*
	n	% yes	n	% yes	n	% yes	
Vaccinations							
Pneumococcal**	2521	37.8	2234	40.8	270	23.9	<0.01
Influenza^	4244	63.9	3683	67.6	526	46.6	<0.01
DEXA%	3007	55.1	2595	57.8	391	42.5	<0.01
Pap#	3926	90.8	3292	94.7	605	90.8	<0.01
Skin exam+	1623	39.6	1407	41.6	210	30.4	<0.01
TB skin test ^{††}	2628	88.3	2180	88.8	426	86.4	0.14
Colonoscopy [∞]							
Colonic CD	1017	79.8	852	80.6	158	72.8	0.01
UC	739	79.0	636	80.9	98	63.2	<0.01
PSC	20	69.0	15	62.5	5	100	0.10

*Pearson's chi square, **Ever, ^In the past 1 year, %Among those with current or prior corticosteroid use, #Among women within the past 3 years, +Among those with current or prior immunosuppression within the past 3 years, ^{††}Ever among those with current or prior biologic use, [∞]For those with >10 years disease without colectomy, whether colonoscopy within 2 years, for PSC whether colonoscopy within 1 year

Reasons for lack of influenza vaccine included: refusal 1044 (45.7%), never offered 267 (11.7%), other 602 (26.4%), allergy 78 (3.4%), don't know 292 (12.8%). Only 1001 (15.7%) reported always wearing sunscreen outdoors.

Conclusions: Preventive measures among patients with IBD are suboptimal. Co-management with a PCP is associated with improved adherence to general preventive measures. Mechanisms to optimize preventive care and to improve education on prevention are needed within the IBD population. Future studies within CCFA Partners will include educational interventions on preventive care.