

STRATIFICATION OF RISK FACTORS FOR SEVERE DISEASE – PART OF THE PERSONALISED APPROACH IN IBD PATIENTS

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ABSTRACT

The current study is on the latest trends in personalised IBD therapy require stratification of disease severity at the onset of the disease.

Objective: Analysis of risk factors for severe disease during the onset of Crohn's disease and ulcerative colitis among young patients at a university clinical centre in Eastern Europe.

Materials and Methods: An analysis of risk factors for severe disease was performed in 186 consecutive IBD patients (111 with Crohn's disease and 75 with ulcerative colitis) aged ≤ 45 years.

Results: Summary data analysis in CD patients selected among those with poor prognostic factors: localisation L1 (36%) and L3 (26%) point to complicated CD, including disabling and requiring surgery progression; behaviour B2 (13.5%), B3 (10%) and perianal disease (13%), almost 60% debut with moderate and severe activity, which suggests a complicated disease, disabling and complicated course, as well as permanent stoma [12,15, 17, 34, 35, 36, 37].

In the group of patients with UC, almost half are men, over 80% are extensively affected (E2 + E3), and almost 60% debut with moderate and severe activity. These characteristics suggest a high risk of relapse and colectomy. 70.96% (n=132/186) of young IBD patients at our centre have a profile characteristic of a severe disease and/or a disease with complications.

Conclusions: Stratification of risk factors of IBD severity at the onset is of great importance for early inclusion of biological treatment, intensive monitoring, through biomarkers, patient report outcomes (PRO's), personalisation of treatment to attempt to change the evolution of the disease and reduce the risk of complications and disability.

KEYWORDS: IBD, Crohn's Disease, Ulcerative Colitis, Risk Factors & Personalised Approach