
Epidemiology

Abstract citation ID: jjad212.1315**P1185****IBD Has No Age: Preliminary results of an international survey among older patients with Inflammatory Bowel Disease (IBD)**A. Fons¹, P. Girardi², C. Savini³, J. Maljaars¹, I. Haaf⁴, L. Avedano⁴, V. Asscher¹¹Leiden University Medical Centre, Department of Gastroenterology and Hepatology, Leiden, The Netherlands ²University Ca' Foscari of Venice, Department of Environmental Science- Informatics and Statistics, Venice, Italy ³Claudia Savini- Patients in Science, Medical writing and consulting, Valencia, Spain ⁴EFCCA, European Federation of Crohn's and Ulcerative Colitis Associations, Brussels, Belgium

Background: Future research and health policy can benefit from a better understanding of the characteristics of a globally growing, but often under-represented, older population with Inflammatory Bowel Disease (IBD). The aim is to evaluate the characteristics of this population, including frailty, comorbidity, and reported therapy goals through a survey.

Methods: An international, anonymous online survey was conducted among older patients (aged ≥ 60 years) with Crohn's disease (CD), ulcerative colitis (UC) and IBD-unclassified (IBD-U). The survey was developed by the European Federation of Crohn's and Ulcerative Colitis Associations (EFCCA), translated in 21 languages and distributed in 46 countries through national IBD associations affiliated with the EFCCA. The survey contained questions about demographic- and IBD characteristics, IBD-therapy and symptoms. Clinical disease activity was assessed by the Harvey-Bradshaw Index (HBI) (≥ 4) for CD, and 6-point Mayo score (≥ 1.5) for UC and IBD-U. Self-reported versions of the Geriatric-8 (G8) questionnaire and Charlson Comorbidity Index were included to assess frailty ($G8 \leq 14$) and comorbidity, respectively. Respondents were asked to choose three out of the following 12 therapy goals they considered most important: to experience less abdominal pain, decrease inflammation, prevent/postpone IBD surgery, not feel fatigued, stop using corticosteroids, decrease diarrhea/incontinence, maintain or get to their preferred weight, be comfortable with their body image, or to preserve/restore their mobility, social life, good mood or sexual activity. Descriptive analyses were performed using R, version 4.3.

Results: Out of 2191 respondents, 1785 (81.4%) completed the survey for the variables of interest and were retained for analyses. Respondents were mainly from the Netherlands (47.2%), Norway (9.1%) and Italy (8.4%). Mean age was 67.3 years (Standard Deviation (SD) 5.9), 61% was female, and 58.1% was retired. The most common type of IBD was CD (50.9%). Clinical disease activity was found in 33% of respondents. Therapy with aminosalicylates was most common among patients with UC (58%), biological therapy among patients with CD (44%). Frailty was reported by 39% of respondents and 64% of respondents reported to have one or more comorbidities. Three therapy goals that were most frequently reported were: to not feel fatigued (56.1%), to be of good mood (42.2%) and decrease in diarrhea/incontinence (31.1%).

Conclusion: Preliminary results from the "IBD Has No Age" survey suggest that it will contribute a wealth of knowledge to the IBD landscape, providing insight in a range of IBD characteristics, frailty, comorbidity and therapy goals in an older population with IBD.

Figure(s)/Table(s): see next page

Table 1. Main characteristics of the respondents, overall and stratified by type of Inflammatory Bowel Disease.

Characteristic	All N = 1,785	CD N = 908	UC N = 800	IBD-U N = 77	p-value ¹
Median age, years (IQR)	66.0 (8.0)	66.0 (8.0)	66.5 (8.0)	67.0 (9.0)	0.200
Sex (female)	1,092 (61%)	576 (63%)	455 (57%)	61 (79%)	<0.001
Educational level					0.021
Middle or Lower School	126 (7.1%)	56 (6.2%)	63 (7.9%)	7 (9.1%)	
High school	815 (46%)	449 (49%)	336 (42%)	30 (39%)	
Higher vocational education or University	844 (47%)	403 (44%)	401 (50%)	40 (52%)	
Median IBD duration, years (IQR)	23 (25)	28 (25)	19 (23)	10 (17)	<0.001
Clinical disease activity [HBI > 4, 6-point Mayo score \geq 1.5]	583 (33%)	283 (31%)	256 (32%)	44 (57%)	<0.001
Current IBD therapy*					
Yes	1,467 (82%)	718 (79%)	712 (89%)	37 (48%)	<0.001
Aminosalicilate	660 (37%)	185 (20%)	462 (58%)	13 (17%)	<0.001
Prednisone or budesonide	159 (8.9%)	79 (8.7%)	72 (9.0%)	8 (10%)	0.900
Immunomodulator	250 (14%)	141 (16%)	102 (13%)	7 (9.1%)	0.110
Biological	616 (35%)	395 (44%)	211 (26%)	10 (13%)	<0.001
Frailty					
Median G8 score (IQR)	15.00 (3.00)	15.00 (3.00)	15.00 (2.50)	14.00 (3.00)	<0.001
G8 score \leq 14	702 (39%)	349 (38%)	308 (39%)	45 (58%)	0.002
Comorbidity					0.038
None	640 (36%)	320 (35%)	297 (37%)	23 (30%)	
1	608 (34%)	308 (34%)	281 (35%)	19 (25%)	
2	344 (19%)	187 (21%)	134 (17%)	23 (30%)	
\geq 3	193 (11%)	93 (10%)	88 (11%)	12 (16%)	

Abbreviations: CD, Crohn's disease; G8, Geriatric-8; Harvey-Bradshaw Index, HBI; IBD, inflammatory bowel disease; IBD-U, IBD-unclassified; IQR, interquartile range; UC, ulcerative colitis.

¹Kruskal-Wallis rank sum test; Pearson's Chi-squared test; *Categories of therapy are not mutually exclusive.