

EFCCA survey: People with IBD Aged 60 and Over Preliminary results

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Aims of the Survey



To study in the
global, older
(≥ 60 years)
IBD population:

- The **epidemiology** of IBD
- The impact of IBD on **Quality of Life (QoL)**
- Reported **therapy goals**
- Self-reported **comorbidity** and **frailty**



Design of the Survey



- Initiated and developed **by EFCCA**
In collaboration with Leiden University Medical Center, The Netherlands
- **Online**, web-based survey
(Paper copies available in several countries)
- Available in **21 languages** and 46 countries
- From **19 May** (World IBD day) to **30 November 2023**
- Distributed through **national IBD associations**





Design of the Survey

31 questions:

- **Demographic** (age, gender, working situation)
- **IBD characteristics** (type of IBD, disease activity)
- **IBD medication** (current IBD treatment)
- **Treatment goals** reported by patients
- Self-reported **comorbid conditions** and **frailty**

Inclusion criteria:

- Age \geq 60 years
- **IBD diagnosis** (Crohn's, Ulcerative Colitis, IBD-u)

Exclusion criteria:

- Any patient not able to **understand** and/or **fill out** the questionnaire
- Any questionnaire with 1 or more **missing answers**

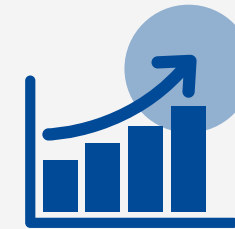


Preliminary results





Preliminary results



Total responses:
2191



*194 excluded
(not completed questionnaires)*

Evaluable responses:
1997

*Used in final
analyses*



Geographical distribution

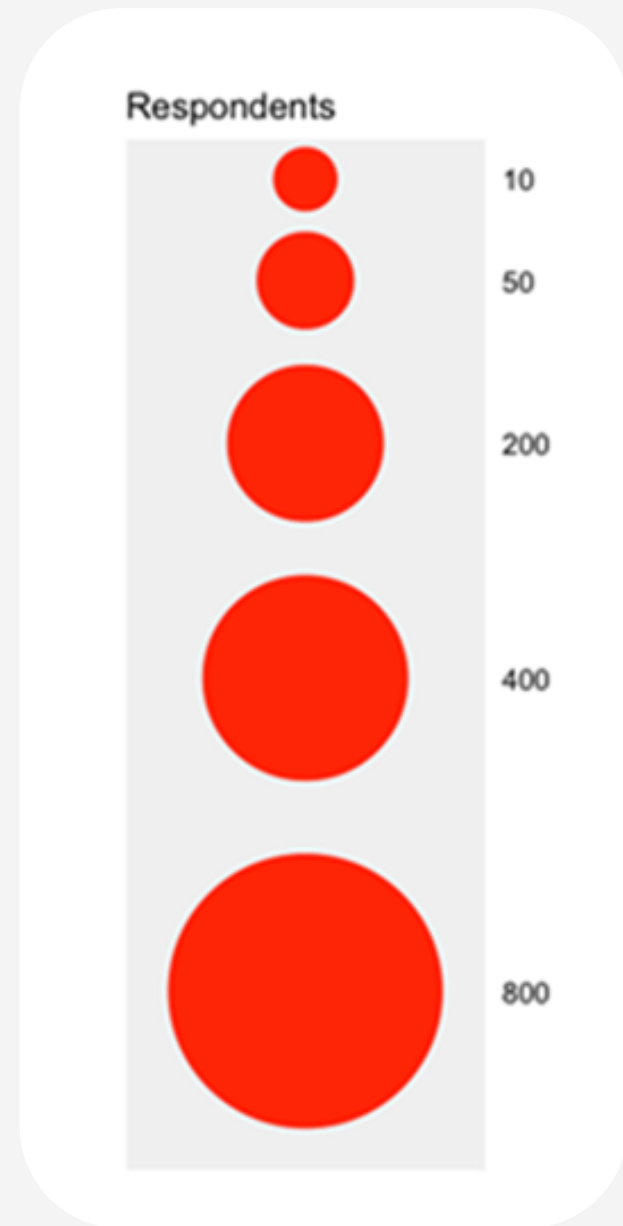


Top 6 Countries	Number of respondents	%
1. The Netherlands	847	42.4
2. Norway	162	8.1
3. Italy	151	7.6
4. Czech Republic	134	6.7
5. Belgium	115	5.8
6. United Kingdom	101	5.0





Geographical distribution





General Characteristics

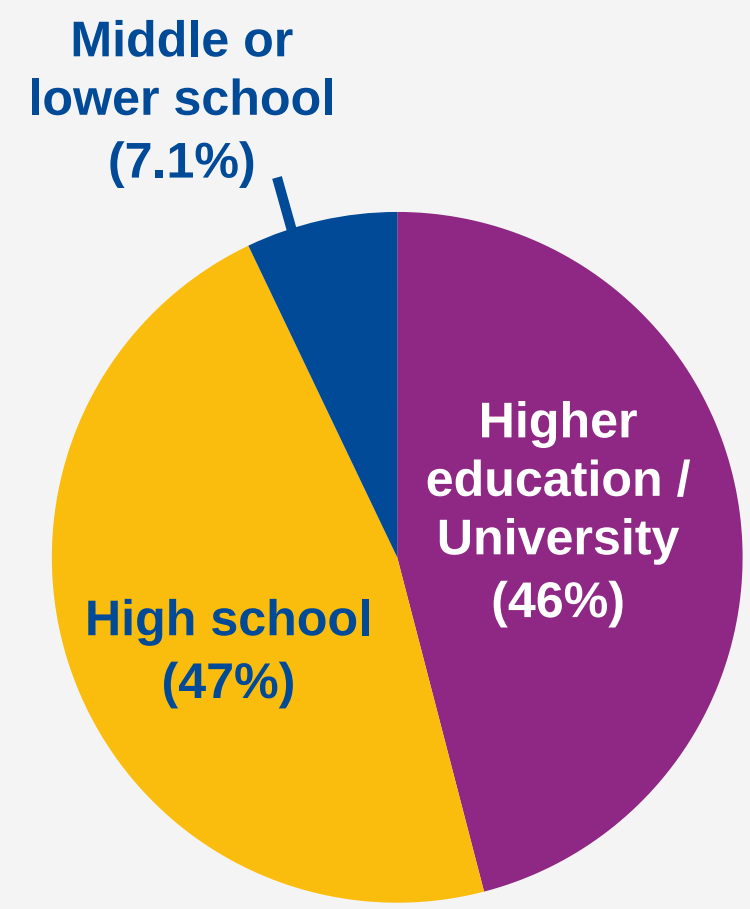
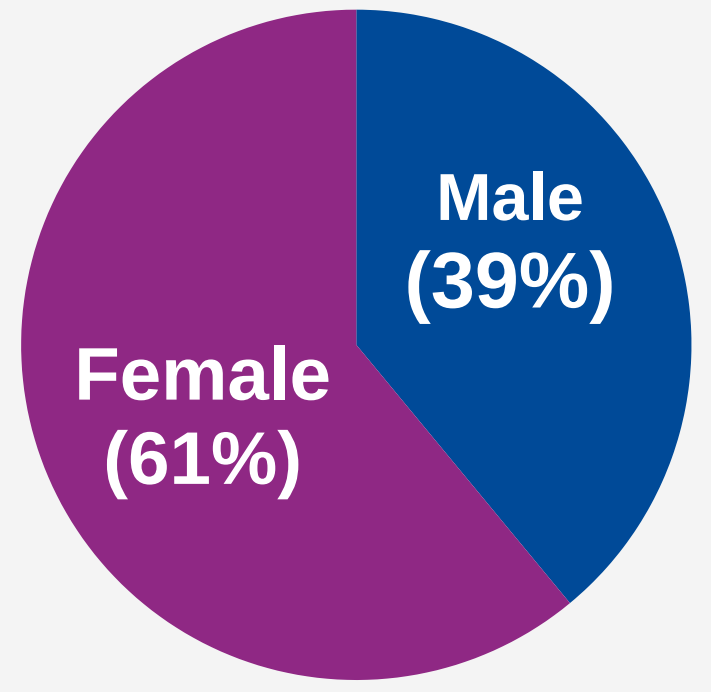


Age

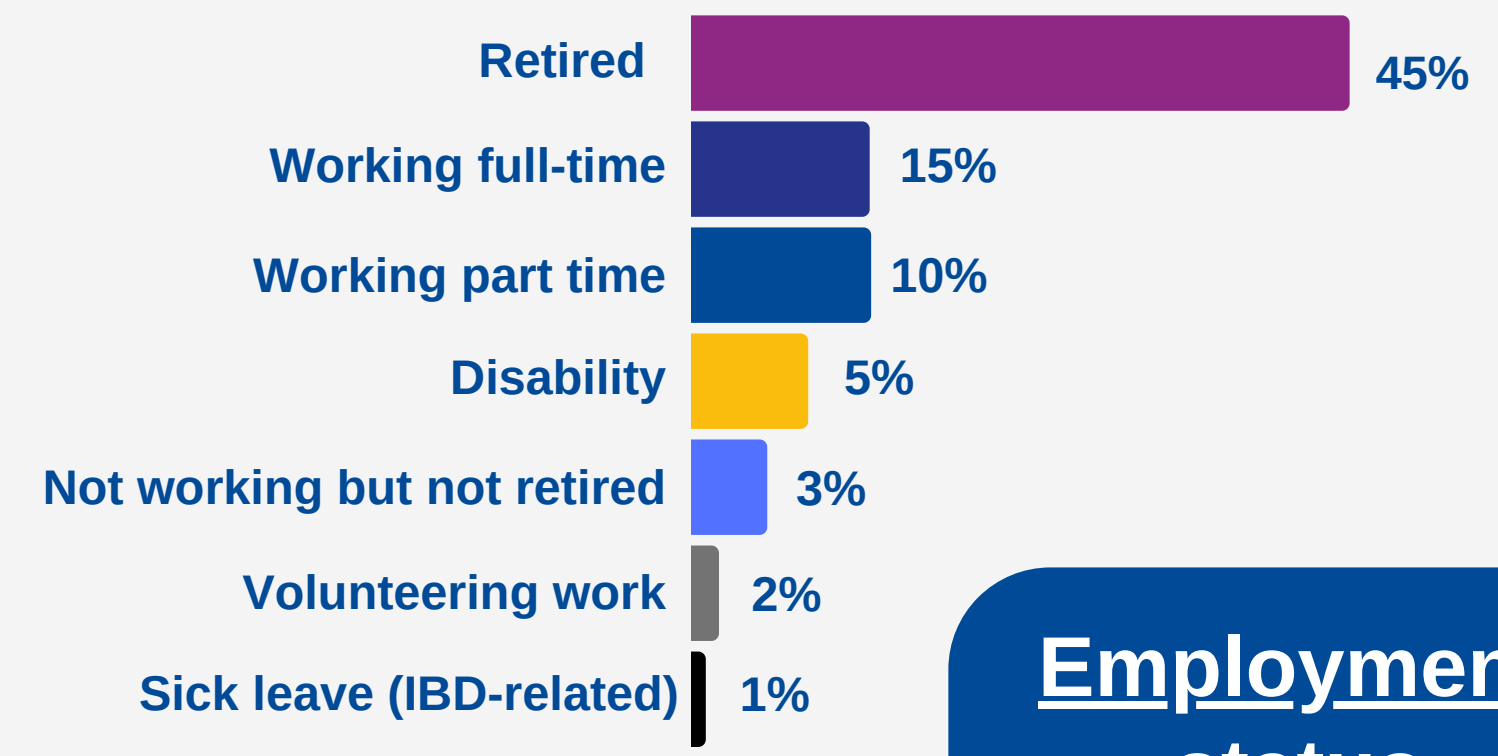


67.3 years
(± 5.9)

Gender



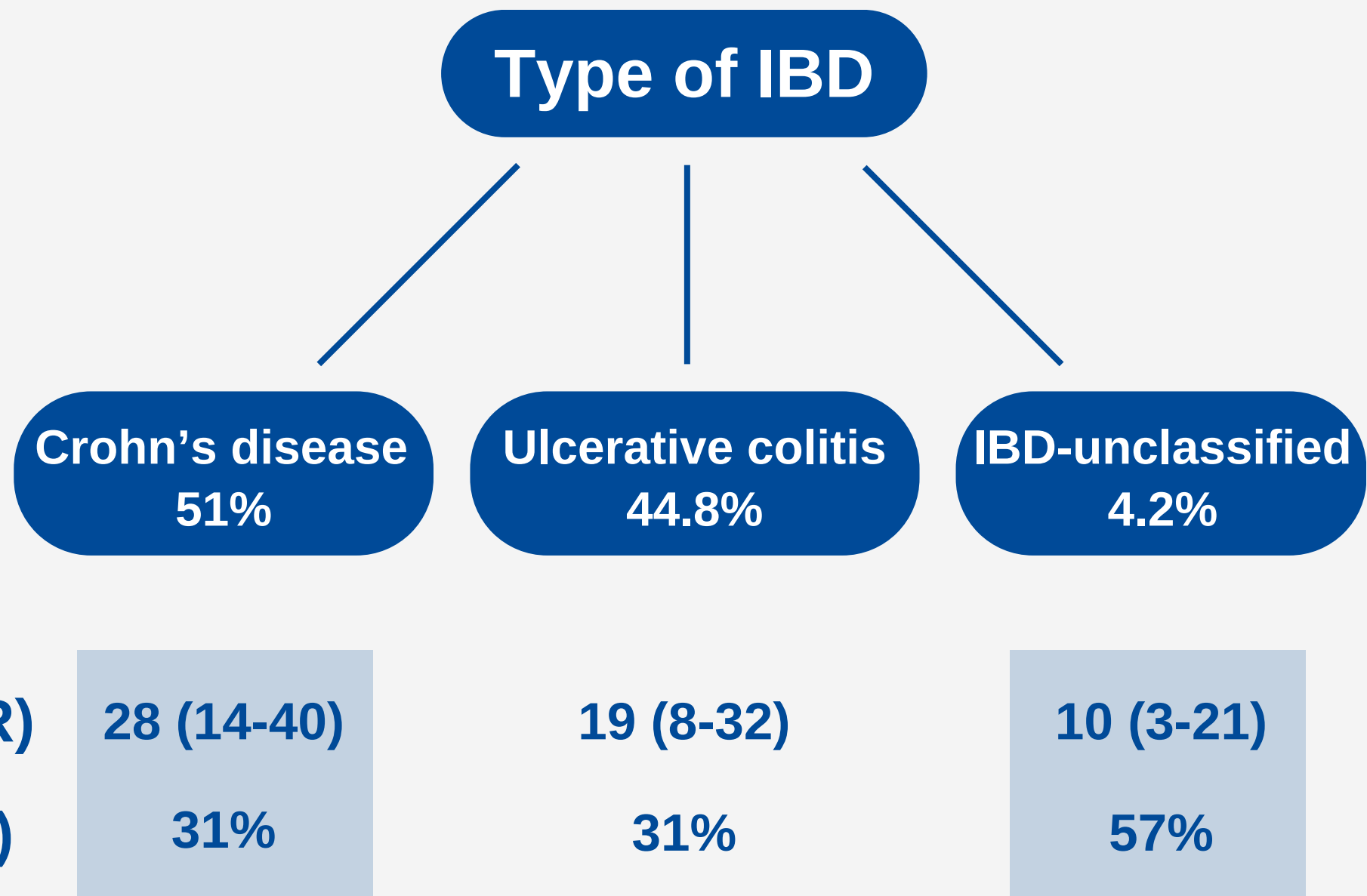
Educational level



Employment status

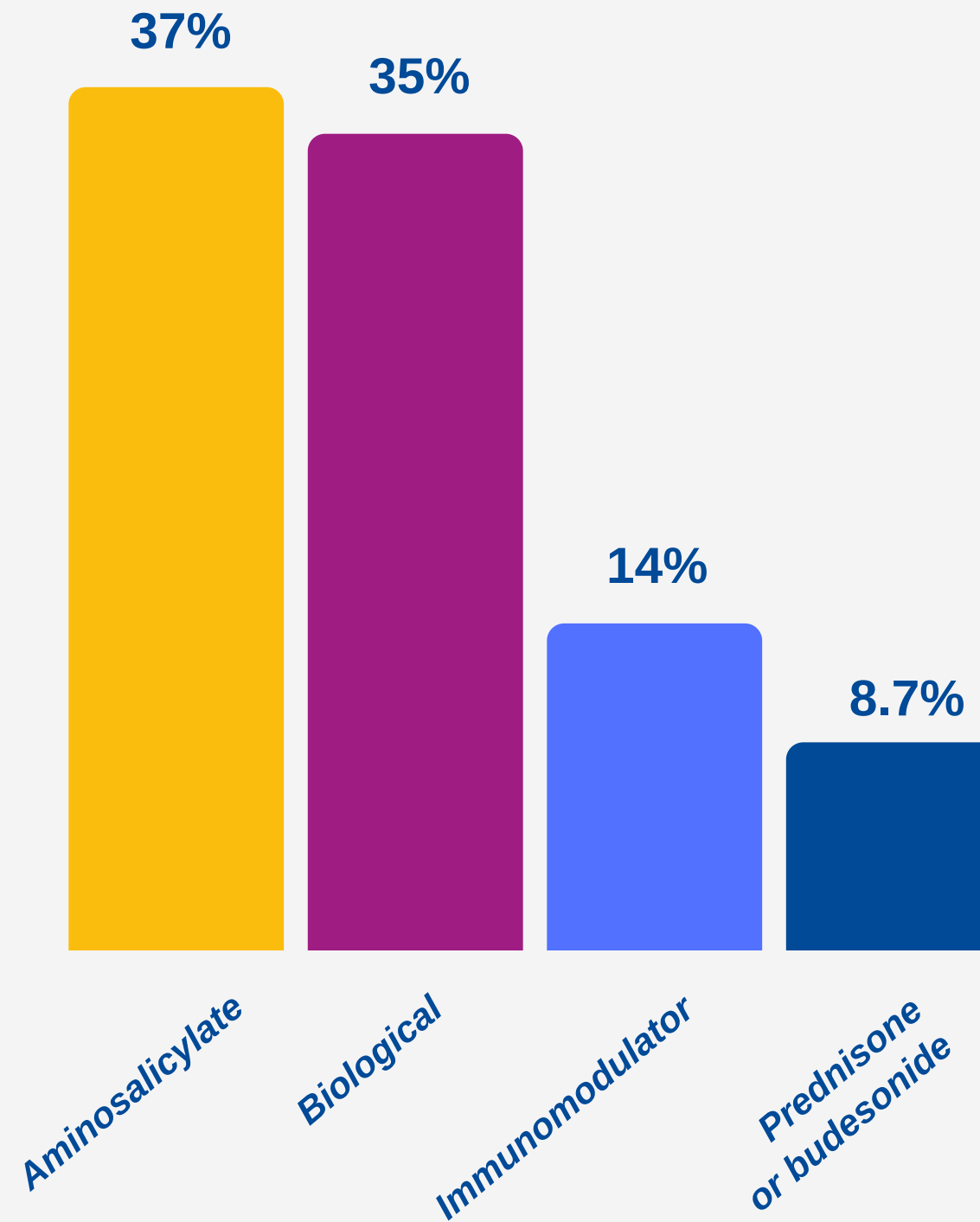
IBD

Characteristics





IBD Medication



82% reported use of 1 or more IBD medication

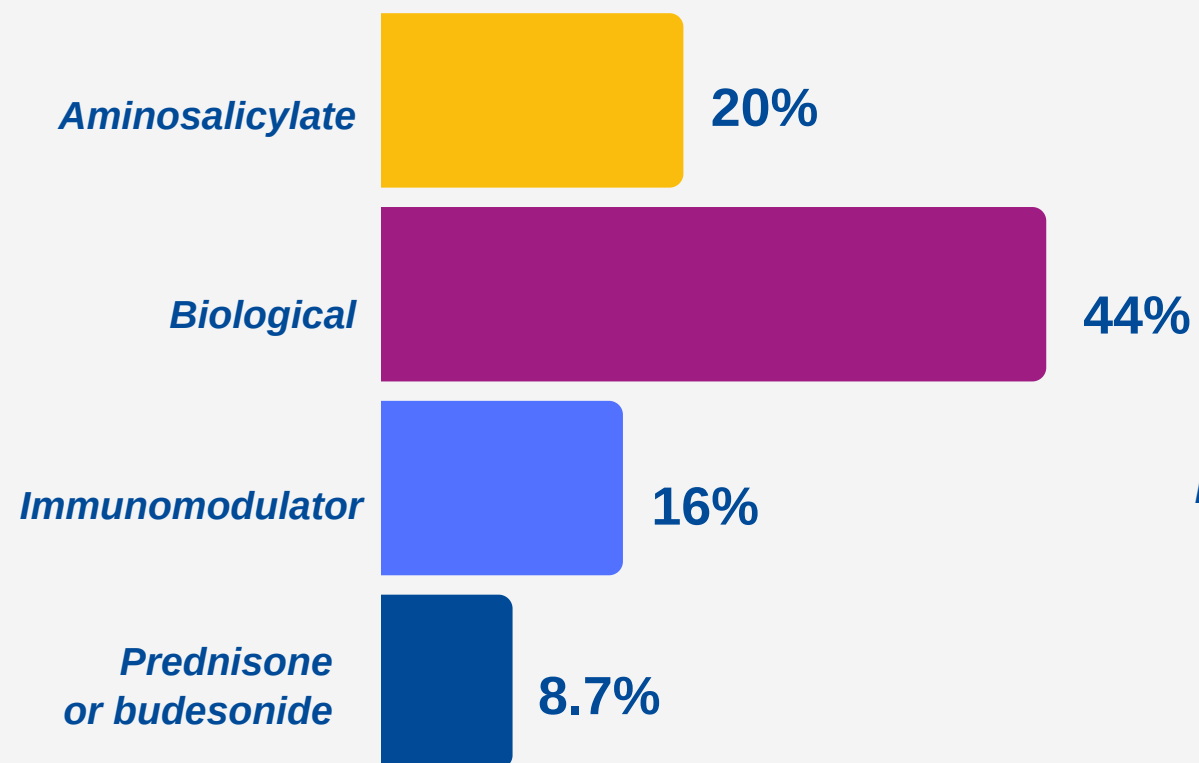


IBD Medication



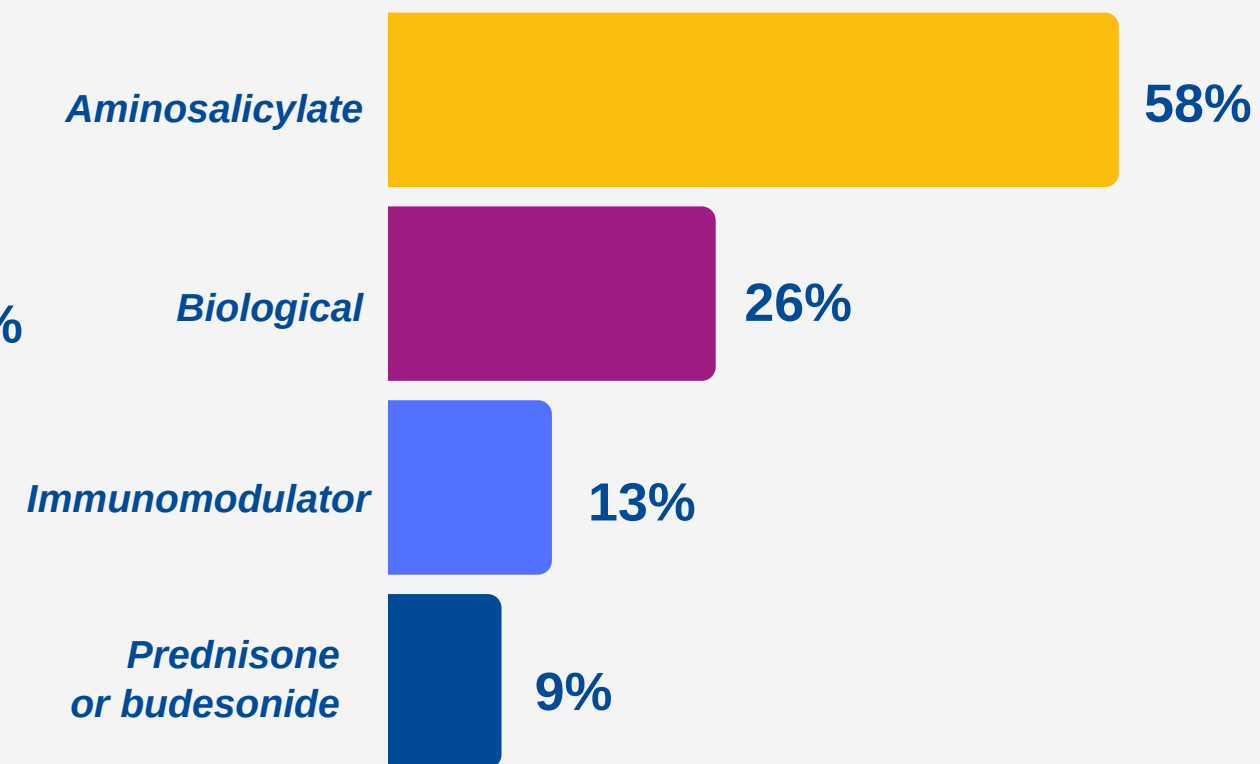
Crohn's disease

Any medication: 79%



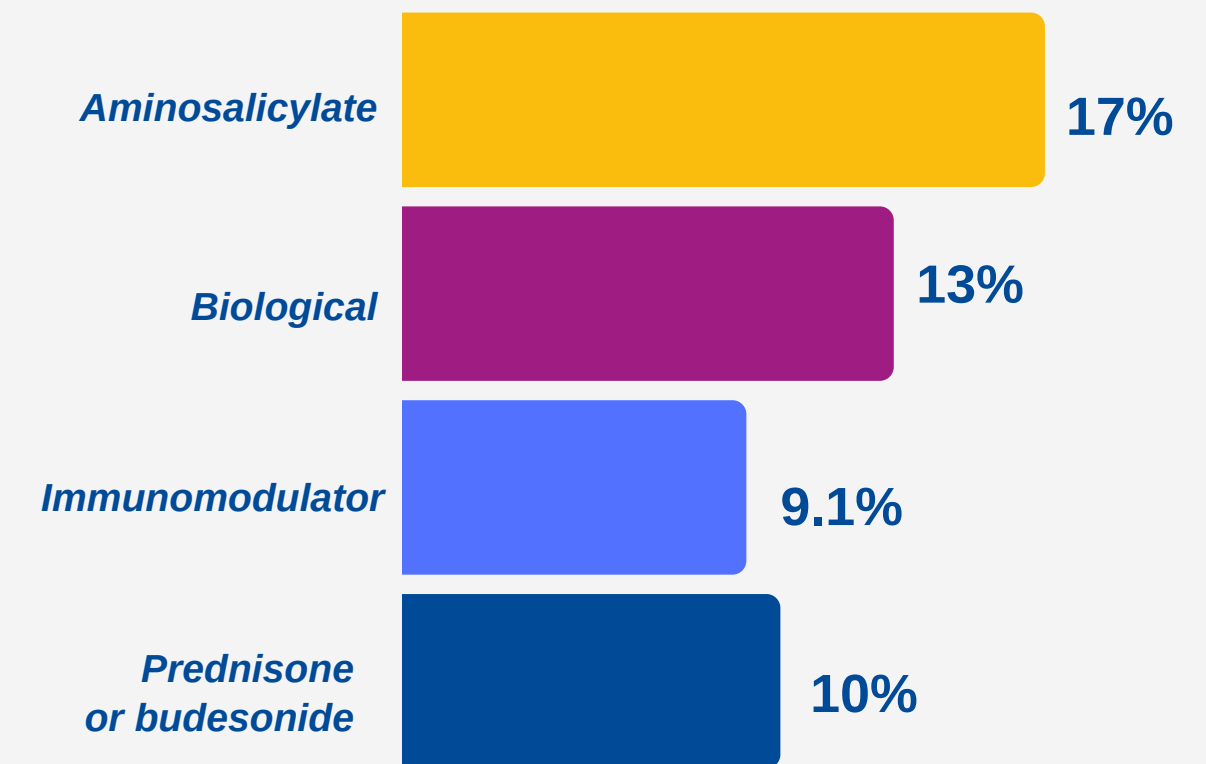
Ulcerative colitis

Any medication: 89%



IBD-U

Any medication: 48%





Therapy goals



- **12 therapy goals** in total
- Categorized into **medical** and **quality of life**-related
- Patients had to pick the **three most important** to them

Medical therapy goals	Quality of Life
Experiencing less abdominal pain	Preserve/restore my mobility and become more independent
Decrease inflammation as seen on endoscopy or in stool/blood	Preserve/restore my social life
Prevent/postpone surgery for my IBD	Preserve/restore my good mood (feeling relaxed, free of tension)
Being able to maintain or getting to the weight I would like to be	Being comfortable with my body image
Stop using corticosteroids (prednisone/budesonide)	Not feeling fatigued
Decrease diarrhea/incontinence (going less to the toilet/not experiencing urgency)	Preserve/restore my sexual activity



Reported Therapy goals



43%

Preserve / restore my
good mood (feeling
relaxed, free of tension)



56%

Not feeling **fatigued**



32%

Decrease
diarrhea/incontinence
(going less to the toilet /
not experiencing urgency)



Therapy Goals by type of IBD



	Crohn's disease N = 1,019	Ulcerative colitis N = 896	Unclassified IBD N = 82	p-value
Medical therapy goals				
To experience less abdominal pain	195 (19%)	146 (16%)	31 (38%)	<0.001
To decrease diarrhea incontinence	3. 324 (32%)	273 (30%)	1. 44 (54%)	<0.001
Decrease inflammation	172 (17%)	223 (25%)	15 (18%)	<0.001
Stop corticosteroids	36 (3.5%)	52 (5.8%)	8 (9.8%)	0.006
Preserve/restore body weight	249 (24%)	224 (25%)	7 (8.5%)	0.003
Avoid IBD surgery	185 (18%)	117 (13%)	3 (3.7%)	<0.001
Quality of Life				
To not feel fatigued	1. 602 (59%)	1. 470 (52%)	2. 42 (51%)	0.010
Preserve/restore good mood	2. 416 (41%)	2. 412 (46%)	3. 32 (39%)	0.057
Preserve/restore social life	311 (31%)	3. 280 (31%)	32 (39%)	0.3
Being comfortable body image	186 (18%)	158 (18%)	8 (9.8%)	0.2
To preserve/restore mobility	283 (28%)	248 (28%)	15 (18%)	0.2
Preserve/restore sexual activity	98 (9.6%)	85 (9.5%)	9 (11%)	> 0.9



Frailty

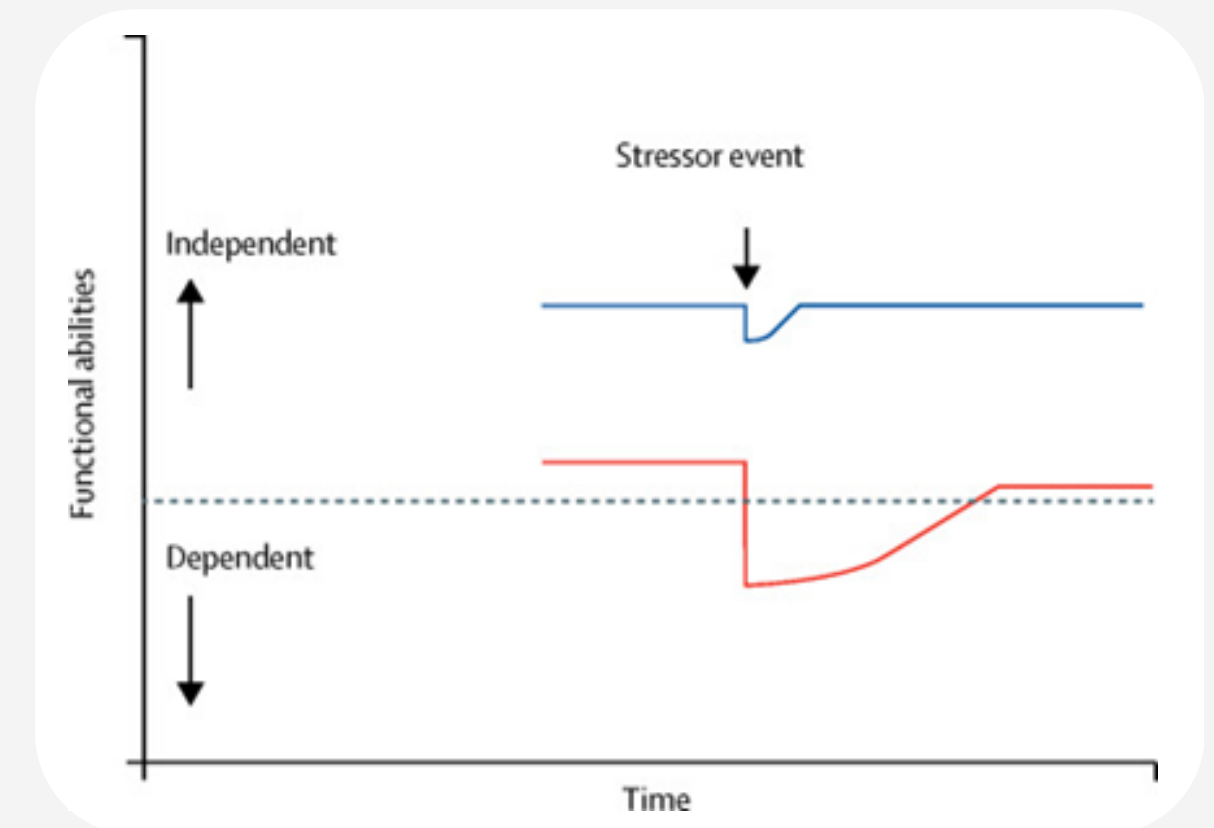
- ‘Age-related state of increased risk for adverse health outcomes’

Relatively “new” concept in IBD

Two **prospective studies**, others retrospective

Prevalent in older patients with IBD: ~ 48%¹

In IBD patients **increased risk** for: (IBD-related) hospitalizations, readmissions, low QoL and mortality²



Clegg, Andrew et al. *The Lancet Diabetes & Endocrinology*, Volume 6, Issue 9, 743-752

1. Vera E.R. Asscher, et al. Deficits in Geriatric Assessment Associate With Disease Activity and Burden in Older Patients With Inflammatory Bowel Disease, *Clinical Gastroenterology and Hepatology*, Volume 20, Issue 5, 2022, Pages e1006-e1021, ISSN 1542-3565.

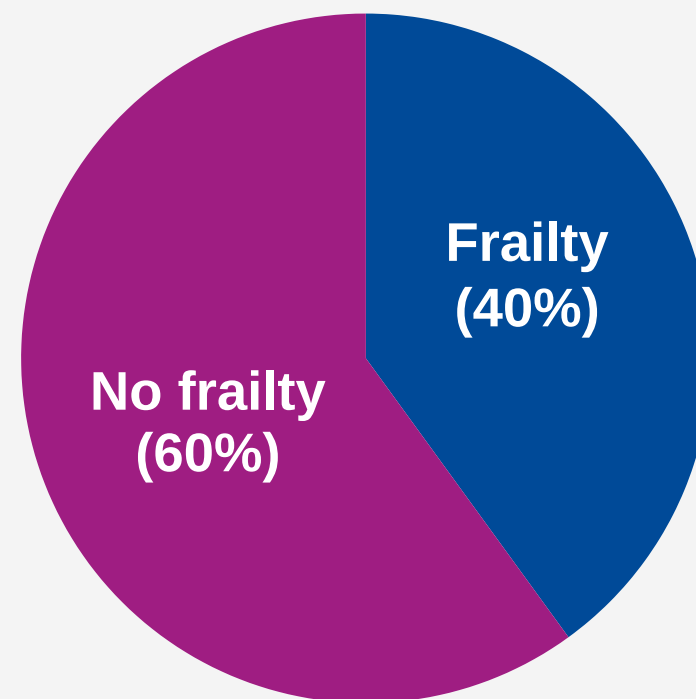
2. Fons A, Kalisvaart K, Maljaars J. Frailty and Inflammatory Bowel Disease: A Scoping Review of Current Evidence. *J Clin Med*. 2023 Jan 9;12(2):533. doi: 10.3390/jcm12020533. PMID: 36675461; PMCID: PMC9860672.

Frailty

- Several ways to screen/measure frailty
- In the survey: **Geriatric-8 (G8) incorporated**
(cut-off value ≤ 14)

Frailty screening instrument

Self-reported frailty



Geriatric-8		“Abnormal”
1. Food intake in the last three months	30.7%	-> A little less (26%) -> Much less (4.7%)
2. Weight loss in the last three months	35%	-> 0-2 kg (15%) -> >3 kg (10%)
3. Mobility	1.9%	-> No independent moving (0.2%) -> Partial independent moving (1.7%)
4. Neuropsychological	32.5%	-> “a bit forgetful or depressed” (30%) -> “seriously forgetful or depressed”(2.5%)
5. Body Mass Index (BMI)	23%	-> BMI < 19 (3.9%) -> BMI 19 to 21 (9.0%) -> BMI 21 to <23 (14%)
6. The use of more than three medications per day	13%	-> 1-3 non-IBD medications per day (8.7%) -> > 3 non-IBD medications per day (4.3%)
7. Self-rated health status	17.8%	-> Less healthy (7.8%) -> I do not know (10%)
8. Age	2.5%	Age 60-80 (97%) Age 80-85 (1.6%) Age 85-90 (0.9%)

Frailty

Top-3 Therapy goals of older IBD patients with and without self-reported frailty



Self-reported frailty

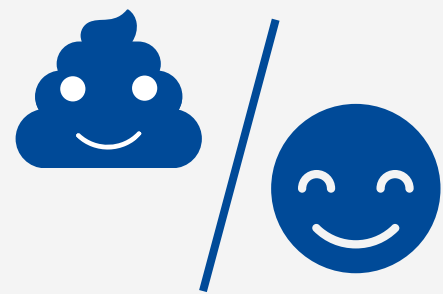
1. Not feel fatigued (57%)



2. Good mood (44%)



3. Decrease diarrhea incontinence (37%)



No self-reported frailty

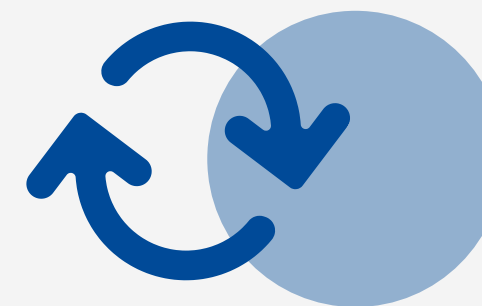
1. Not feel fatigued (55%)

2. Good mood (43%)

3. Social life (32%)



Comorbidity



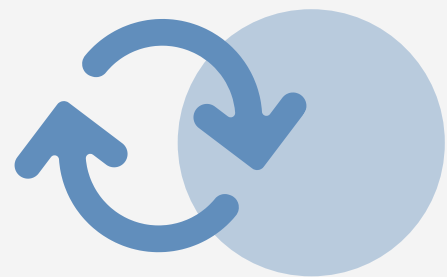
Extraintestinal manifestations v.s. comorbidity

Increased risk for certain comorbidity, i.e. cardiovascular disease, neuropsychological disorders and metabolic syndrome³

May complicate treatment

3. Argollo, Marjorie et al. Comorbidities in inflammatory bowel disease: a call for action. *The Lancet Gastroenterology & Hepatology*, Volume 4, Issue 8, 643 – 654.

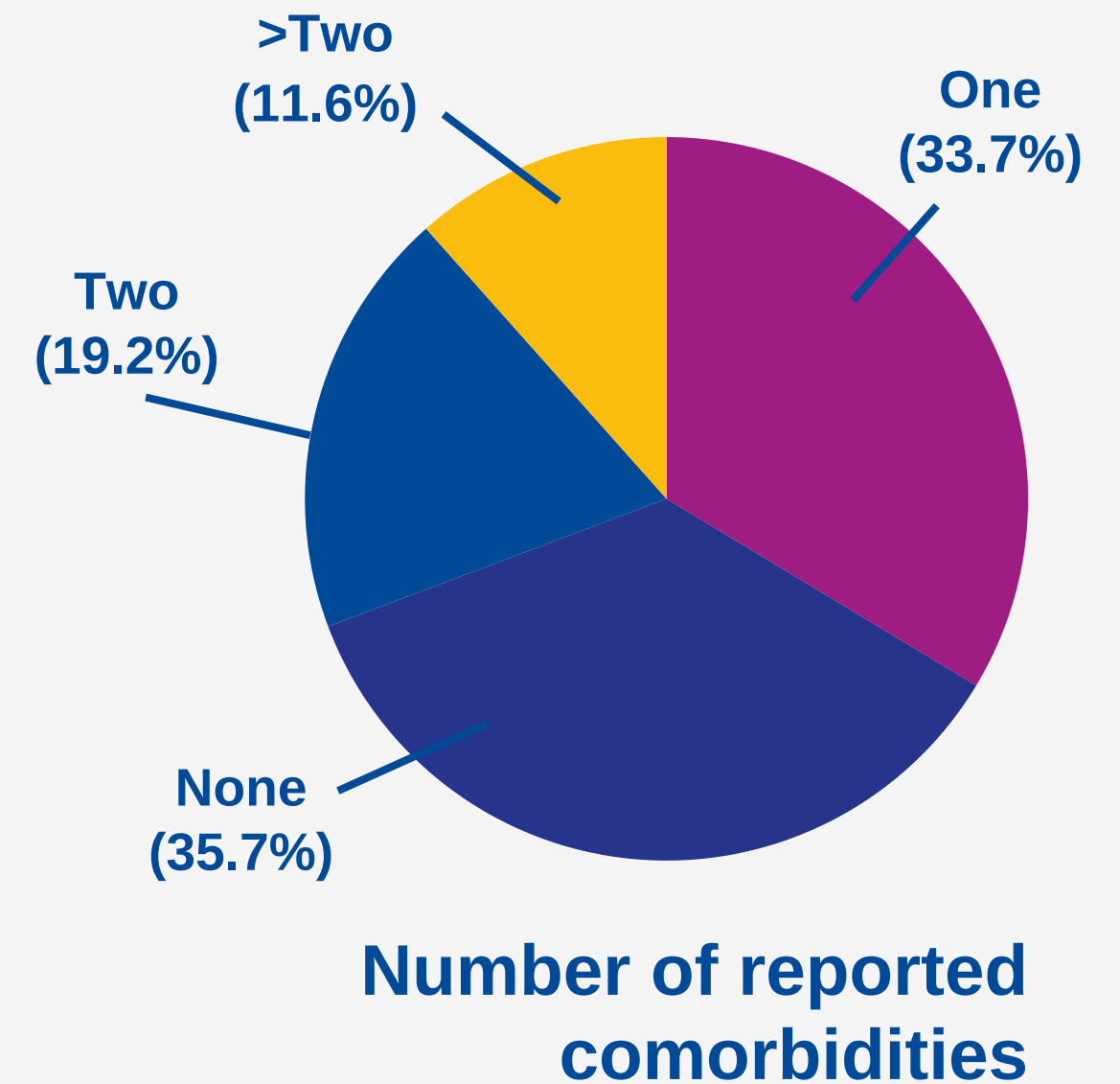
Comorbidity



- Patients were asked to **report** their comorbidities from a **13-item list** (incl. one open question)

Top 5 reported comorbidities

1. Arthritis (29%)
2. Asthma (13%)
3. Heart disease (10%)
4. Diabetes (9.5%)
5. Cancer, in last 3 years (6.4%)





Summary



- EFCCA initiated a survey among **older patients with IBD**
- Patient-centered, targeting a **broad, diverse** and **global** representation of older patients with IBD
- **Large number** of respondents (!)

Mean age: **67.3 years**, ~ **2/3 female**

82% of the respondents reported to use **one or more IBD medication**

Therapy goals most important related to **fatigue, mood** and **diarrhea/incontinence**

Frailty and **comorbidity** are common

- **Very promising preliminary results**



A great thank you to all the patients who participated, all national IBD associations and the EFCCA members of the team!

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