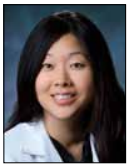


# ADVANCES IN IBD

Current Developments in the Treatment of Inflammatory Bowel Disease

Section Editor: Stephen B. Hanauer, MD

## Diagnosis and Treatment of Inflammatory Bowel Disease in Older Patients



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### **G&H** How frequently does inflammatory bowel disease occur among elderly patients?

**CYH** Inflammatory bowel disease (IBD) typically presents between the ages of 15 and 45 years, with the highest incidence among people in their 20s. Because of this age distribution, IBD is considered to be a disease of younger people. However, clinicians need to recognize that IBD can occur at any age, so it should not be overlooked in older patients. Most studies report that approximately 10–15% of patients are diagnosed with IBD after the age of 60 years.

### **G&H** Does the disease presentation differ when IBD occurs in older patients?

**CYH** Older IBD patients tend to present with more of an inflammatory colitis—either ulcerative colitis or Crohn's colitis. In general, younger patients may have more classic symptoms of IBD—including bloody diarrhea, urgency, abdominal cramping, and systemic symptoms. While rectal bleeding and diarrhea are also common features of older-onset IBD, the older patient may also have more indolent symptoms of IBD with fewer complaints of bleeding, abdominal pain, weight loss, and extraintestinal manifestations than younger IBD patients. In some cases, IBD may present in older patients with only subtle findings of anemia or gradual weight loss.

### **G&H** Are there any special considerations when diagnosing IBD in an older patient?

**CYH** The diagnosis of IBD in an older patient is actually somewhat challenging because the differential diagnosis

is broader in this population. In older patients, clinicians need to consider not only IBD but also infectious colitis, microscopic colitis, segmental colitis associated with diverticula, ischemic colitis, and even cancers that could present similarly to IBD.

### **G&H** How does IBD in older individuals differ from IBD that is diagnosed earlier in life?

**CYH** Patients with early-onset disease (ie, those diagnosed as young or middle-aged adults) tend to have more of a family history of IBD, which suggests that their condition may be influenced more strongly by genetics than by environmental influences. Also, smoking history is not as predominant a feature in patients who are diagnosed with IBD at a younger age. The opposite is true for older patients: Smoking history is a more prominent risk factor in this population—indeed, 60–70% of older patients with IBD have a smoking history—and family history is less often present, suggesting that genetics play less of a role in late-onset IBD. Aside from these differences, the risk factors for IBD are similar for both older and younger patients.

### **G&H** Are there any special considerations when selecting therapy for an elderly patient with IBD?

**CYH** Yes, there are many unique features of older patients that clinicians need to consider when selecting a treatment. First, an older patient may have preexisting medical conditions, and these comorbidities (or the drugs used to treat them) can impact how the patient's IBD should be managed. For example, clinicians may be hesitant to prescribe steroids for an older patient with diabetes, as steroids could exacerbate this condition. Also, many older patients have

hypertension, and certain classes of antihypertensive medications, such as angiotensin-converting enzyme inhibitors, can interact with some of the medications used to treat IBD (such as 6-mercaptopurine and azathioprine), potentially resulting in additional adverse effects.

In general, drug-drug interactions and polypharmacy are major concerns when treating older patients. Some studies report that over 50% of patients over the age of 50 years take 5 medications or more daily, and many older patients do not know their complete drug list; in some cases, this lack of information can result in gastroenterologists starting an IBD therapy without recognizing the potential for serious interactions.

Finally, clinicians should consider the logistic issues of a complex drug regimen, as proper adherence to such a regimen may be more difficult for older patients. Many IBD medications involve a large number of pills, frequent laboratory monitoring, use of a self-injectable syringe or pen, or regular trips to an infusion center, all of which may be more challenging for older patients.

### G&H Are certain treatments preferred for older patients?

**CYH** Clinicians presume similar treatment efficacy for older versus younger patients, but data to support this assumption are lacking because older individuals are often excluded from clinical trials. Some studies suggest that, while the efficacy of medications may be similar across age groups, the adverse event rate may be higher among older patients. This possibility is particularly worrisome because some IBD medications are already known to be associated with potentially serious side effects.

For example, steroids are commonly used to treat IBD; however, studies have shown that steroids are the class of medications most associated with serious infections, and older patients are generally more susceptible to infections. Older patients are also more susceptible to osteoporosis and fractures, and steroids can exacerbate this risk. Similarly, the latest literature suggests that thiopurines (such as 6-mercaptopurine and azathioprine) can increase a patient's risk of non-Hodgkin lymphoma, and older patients are the age group that is most susceptible to lymphoma. Given these risks, clinicians should pay particular attention to the potential side effects associated with a particular medication when selecting a treatment strategy for an older patient.

### G&H What further research is needed in this area?

**CYH** There is such a paucity of evidence-based medicine focusing on older IBD patients. Interest in this area is increasing, which is very important, but many unanswered questions remain. The first question that should

be addressed, which is very basic, is whether IBD in older patients is different from IBD in younger patients: Is there actually a different disease process when IBD occurs later in life? Studies that increase our understanding of the differences in the pathophysiology of the disease process in older versus younger patients will be the key to determining whether the response to currently available medications will be the same in these 2 groups.

Further outcomes-related research should not only investigate therapeutic efficacy but also look at adverse effects of medications in older patients. In particular, the risk of malignancy is a concern in this population because increasing age is a known risk factor for many cancers.

### G&H Overall, what are the key points clinicians should keep in mind when diagnosing or managing older patients with IBD?

**CYH** While a number of diagnoses are possible, IBD needs to be included in the differential diagnosis for an older patient who presents with suggestive gastrointestinal symptoms. Once the patient has been diagnosed, the clinician should then consider which treatment options are most appropriate for an older patient. The biggest concern when treating older patients is safety, so clinicians should aim to minimize the duration and dose of steroids and ensure appropriate monitoring for adverse effects, both through laboratory testing and physical examinations.

Other special considerations when treating older patients include monitoring their nutritional status, as malnutrition is more prevalent in an older patient population, and having a low threshold when looking for infection since infectious risks increase with age. Finally, gastroenterologists should work with primary care physicians to ensure that older patients are up to date on their immunizations, as vaccination can minimize the risk of infection associated with immunosuppressant therapies. Specific vaccinations that may be considered in older patients include zoster, influenza, pneumococcal, and hepatitis.

### Suggested Reading

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