# Comorbidities and Extraintestinal Manifestations among Patients with Difficult-to-Treat Inflammatory Bowel Disease in Latin America

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## Background



Patients with Inflammatory Bowel Diseases (IBD) can also have quality of life affected by extraintestinal manifestations (EIMs) and comorbidities.<sup>1</sup>



The IBD prevalence is increasing in Latin America and access to treatment is heterogeneous, making it important to understand the frequency and presentation of EIMs, especially among patients with difficult-to-treat IBD (D2T-IBD).<sup>3,4</sup>

# Objectives



To evaluate the frequency and presentation of EIMs in patients with D2T-IBD in Latin American region (LatAM)

## Methods

Observational study with secondary data of adult UC (ulcerative colitis), CD (Crohn's disease) or unclassified IBD patients and at least one IBD drug, from LatAM registries:

- Epidemiologic characterization of Inflammatory Bowel Disease in Latin America Multicentric Study (9 countries)
- GEDIIB Brazilian Organization of Crohn's Disease and Colitis registry
- CEMIC Centro de Educación Médica y Investigaciones Clínicas "Norberto Quirno", Buenos Aires, Argentina
- HPUC Hospital Privado Universitario de Córdoba, Argentina

Patients were classified with D2T-IBD, based on IOIBD criteria (Fig. 1).<sup>2</sup>

#### Figure 1. Criteria for D2T-IBD classification, according to the IOIBD consensus.<sup>2</sup>

failed ≥ 2 mechanisms of action of ADTs

chronic antibioticrefractory pouchitis

postoperative CD recurrence after ≥ 2 intestinal resections

complex perianal

Note: The IOIB "psychosocial conditions affecting IBD management was deemed not feasible for this

Statistical Analysis: Comorbidities, EIMs, and other characteristics of D2T and non-D2T patients were compared with Mann-Whitney and chi-square tests (p<0.05).

## Conclusions

- Patients with Inflammatory Bowel Diseases (IBD) may have quality of life compromised by extraintestinal manifestations (EIMs) and comorbidities
- The prevalence of D2T is 15x higher among CD patients and is due to the presence of perianal disease; while failure of two or more ADTs is the main reason in UC patients.
  - D2T-IBD patients had a higher prevalence of joint and skin EIMs and general comorbidities musculoskeletal, psychiatric, hepato GI and urogenital - than patients without D2T-IBD.

## Results

Of 6417 included patients, 55.7% had UC, 43.4% CD, and 0.9% had unclassified IBD.

- The median (Q1-Q3) disease duration at registry inclusion was 9 (5-15) years, and 56% were female – Table 1.
- The most frequent comorbidities were cardiovascular (17%) and endocrine (14%). Articular EIMs - arthralgia/arthritis (20%) - were the most frequent EIMs.

#### **Table 1.** Characteristics of all included patients, overall and by IBD type.

			· ·			
	Total N=6417		Ulcerative Colitis N=3572		Crohn's Disease N=2778	
Female sex, n (%)	3603 (56.2%)	[n=6414]	2136 (59.8%)	[n=3571]	1440 (51.7%)	[n=2786
Disease duration (years), median (Q1-Q3)	9 (5-15)	[n=6206]	9 (5-16)	[n=3482]	9 (5-15)	[n=2668
Country, n (%)						
Argentina	513 (8.0%)		378 (10.6%)		130 (4.7%)	
Brazil	3656 (57.0%)		1692 (47.4%)		1934 (69.4%)	
Colombia	103 (1.6%)		84 (2.4%)		18 (0.6%)	
Cuba	73 (1.1%)		51 (1.4%)		22 (0.8%)	
Dominican Republic	331 (5.2%)		130 (3.6%)		197 (7.1%)	
Ecuador	122 (1.9%)		91 (2.5%)		22 (0.8%)	
Mexico	1255 (19.6%)		953 (26.7%)		295 (10.6%)	
Peru	31 (0.5%)		15 (0.4%)		16 (0.6%)	
Puerto Rico	157 (2.4%)		43 (1.2%)		114 (4.1%)	
Uruguay	19 (0.3%)		12 (0.3%)		7 (0.3%)	
Venezuela	157 (2.4%)		123 (3.4%)		33 (1.2%)	
Extraintestinal manifestations a), n (%)						
Articular	1552 (24.2%)		804 (22.5%)		734 (26.3%)	
Arthralgia/arthritis	1306 (20.4%)		699 (19.6%)		597 (21.4%)	
Axial articular	429 (6.7%)		187 (5.2%)		237 (8.5%)	
Sacroiliitis	120 (1.9%)		55 (1.6%)		65 (2.3%)	
Ankylosing spondylitis	331 (5.2%)		149 (4.3%)		177 (6.4%)	
Primary sclerosing cholangitis	130 (2.0%)		105 (2.9%)		25 (0.9%)	
Skin	173 (2.7%)		76 (2.1%)		94 (3.4%)	
Pyoderma gangrenosum	71 (1.1%)		36 (1.0%)		33 (1.2%)	
Erythema nodosum	101 (1.6%)		36 (1.0%)		64 (2.3%)	
Uveitis	142 (2.2%)		73 (2.0%)		69 (2.5%)	
Oral ulcers	128 (2.0%)		37 (1.1%)		91 (3.3%)	
Comorbidities not EIM <sup>a)</sup> , n (%)						
Musculoskeletal	469 (7.4%)		297 (8.5%)		166 (6.0%)	
Cardiovascular	987 (16.9%)		564 (17.6%)		415 (16.1%)	G
Neurologic	105 (1.9%)		53 (1.8%)		52 (2.1%)	
Psychiatric	246 (4.6%)		103 (3.6%)		137 (5.6%)	
Skin	146 (2.7%)		53 (1.8%)		91 (3.6%)	
Hepato/Gastrointestinal	308 (5.8%)		136 (4.8%)		169 (6.9%)	
Hematologic	58 (1.1%)		27 (0.9%)		31 (1.2%)	
Urogenital	139 (2.6%)		62 (2.2%)	X	77 (3.1%)	
Respiratory	102 (1.9%)		46 (1.6%)		54 (2.2%)	
Endocrine	826 (14.1%)		463 (14.4%)	VA	354 (13.7%)	
Oncology	113 (2.0%)		56 (1.8%)		56 (2.2%)	

Note: Percentages are based on total of patients except otherwise mentioned. a) more than one possible option. b) Comorbidities do not include EIM nor the following IBD complications (abdominal fistula/abscess)

perianal fistula/abscess, toxic megacolon, intestinal obstruction/perforation, colorectal cancer, infection, thromboembolic events, anemia, fatigue). Q1=First quartile, Q3= Third quartile.

Of 5698 patients with D2T criteria information, 13.1% (n=747) were classified with D2T-IBD. Among patients with at least one ADT, 25.8% were D2T.



Eligible patients • N=6417

The proportion of D2T-

IBD was higher among

CD patients (30.2% vs

1.6% of UC patients;

The most frequent D2T

criteria were complex

perianal disease for D2T-

CD (90.5%), and failure

ADTs for D2T-UC (92.6%)

to 2+ mechanisms of

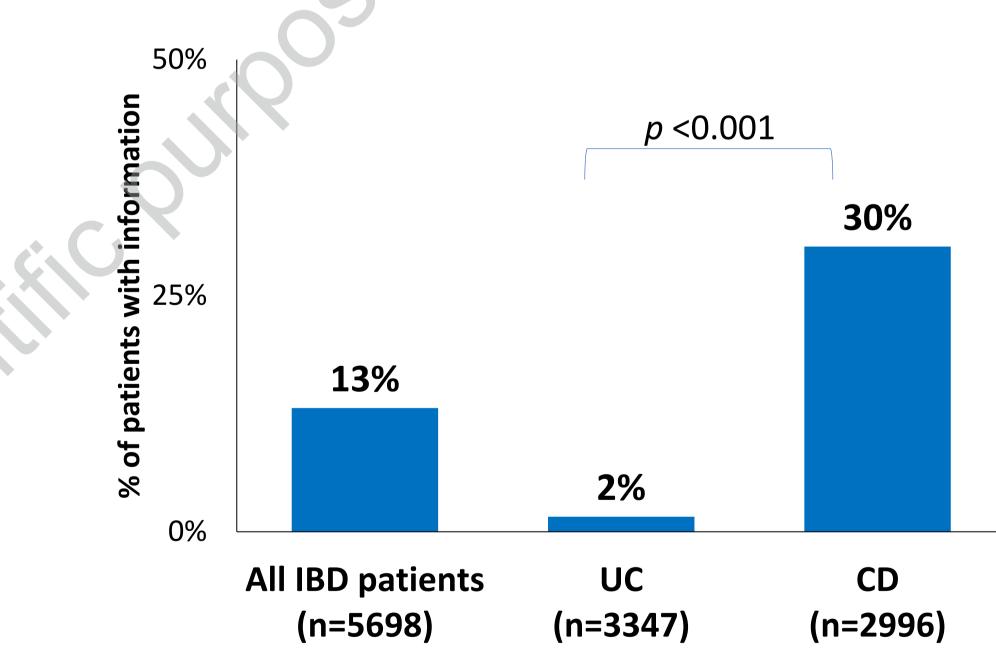
– Fig. 4.

p<0.001) – Fig. 3.

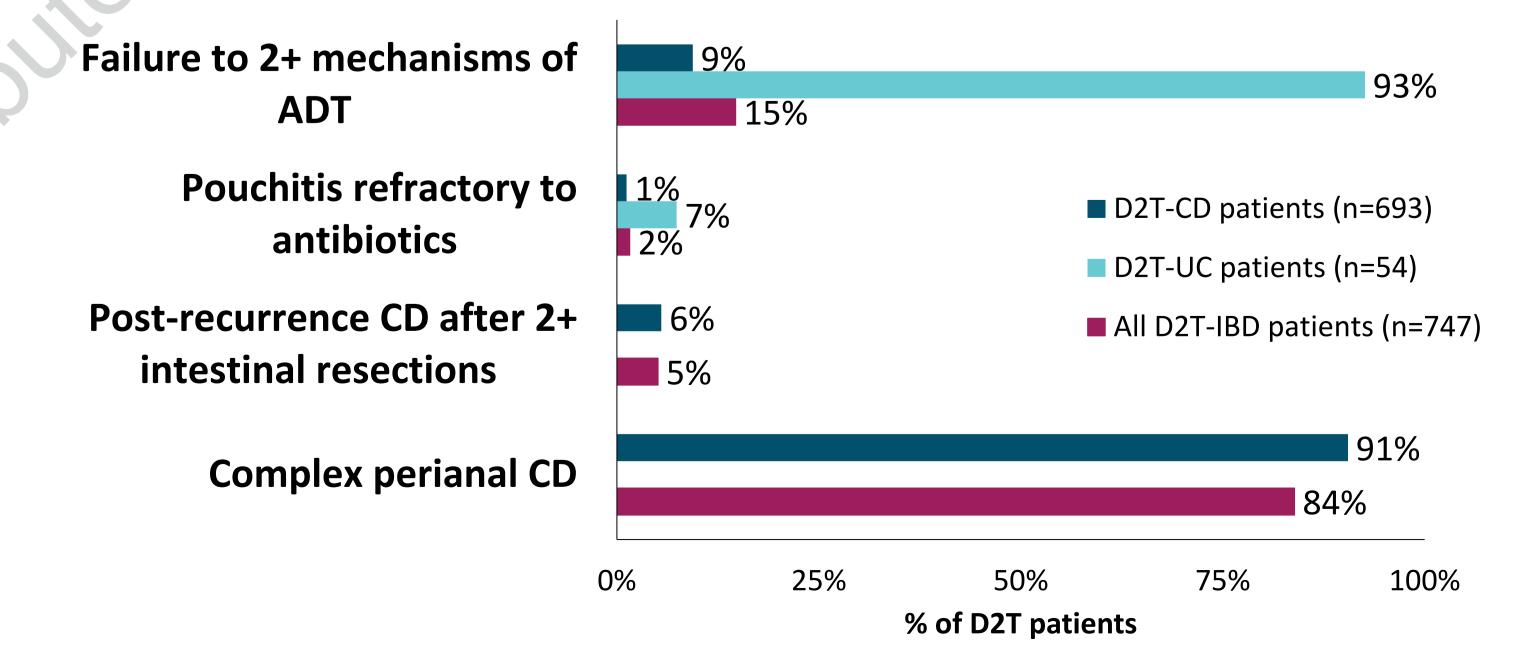
**Patients with D2T** information • N=5698

D2T-IBD patients • N=747

### Figure 3. Proportion of D2T-IBD



#### Figure 4. Proportion of D2T patients by D2T-IBD criteria.



About 41% of D2T patients had at least one comorbidity other than EIM or IBD complication.

 D2T patients had statistically more male patients (55%), IBD family history (5.5%), non-current smokers (93%), and were younger at diagnosis [median: 26 (21-37)

Table 2. Characteristics of D2T and non-D2T patients.

	Total (N=5698)		D2T patients (N=747)		Non-D2T patients (N=	4951)	p-value <sup>a)</sup>
Age at IBD diagnosis (years), median (Q1-Q3)	33 (24-46)	[n=5499]	26 (21-37)	[n=719]	35 (25-48)	[n=4780]	<0.001
Disease duration (years), median (Q1-Q3)	9 (5-15)	[n=5502]	10 (6-16)	[n=722]	9 (5-15)	[n=4780]	< 0.001
Years until IBD diagnosis, median (Q1-Q3)	0 (0-1)	[n=5296]	0 (0-2)	[n=682]	0 (0-1)	[n=4614]	< 0.001
Female sex, n (%)	3183 (55.9%)	[n=5696]	338 (45.2%)		2845 (57.5%)	[n=4949]	< 0.001
Family history (1st grade) of IBD, n (%)	57 (2.0%)	[n=2816]	11 (5.4%)	[n=203]	46 (1.8%)	[n=2613]	0.002 *
Current smokers, n (%)	639 (11.8%)	[n=5436]	52 (7.4%)	[n=699]	587 (12.4%)	[n=4737]	< 0.001
Private referral institution, n (%)	2385 (63.0%)	[n=3786]	305 (73.3%)	[n=416]	2080 (61.7%)	[n=3370]	< 0.001
Pharmacological class b), n (%)							
Steroids	1609 (28.2%)		204 (27.3%)		1405 (28.4%)		
Salicylates	3874 (68.0%)		251 (33.6%)		3623 (73.2%)		
Immunomodulators	2444 (42.9%)		479 (64.1%)		1965 (39.7%)		
Advanced Drug Therapy	2426 (42.6%)		621 (83.1%)		1805 (36.5%)		

Table 3. EIMs and other comorbidities of D2T and non-D2T patients

	Total D2T patients		Non-D2T		
	(N=5698)	(N=747)	patients (N=4951)	p-value <sup>a)</sup>	
Extraintestinal manifestations b), n (%)					
Articular	1337 (23.5%)	207 (27.7%)	1130 (22.8%)	0.003	
Arthralgia/arthritis	1130 (19.8%)	183 (24.5%)	947 (19.1%)	0.001	
Axial articular	364 (6.4%)	49 (6.6%)	315 (6.4%)	0.837	
Sacroiliitis	106 (1.9%)	13 (1.7%)	93 (1.9%)	0.762	
Ankylosing spondylitis	279 (5.0%)	36 (4.8%)	243 (5.0%)	0.859	
Primary sclerosing cholangitis	116 (2.0%)	10 (1.3%)	106 (2.1%)	0.148	
Skin	149 (2.6%)	30 (4.0%)	119 (2.4%)	0.010	
Pyoderma gangrenosum	56 (1.0%)	8 (1.1%)	48 (1.0%)	0.819	
Erythema nodosum	91 (1.6%)	22 (3.0%)	69 (1.4%)	0.002	
Uveitis	123 (2.2%)	25 (3.3%)	98 (2.0%)	0.017	
Oral ulcers	114 (2.0%)	34 (4.6%)	80 (1.6%)	<0.001	
Any comorbidities not EIM b, c), n (%)	2134 (40.9%)	289 (41.3%)	1845 (40.8%)	0.799	
Musculoskeletal	401 (7.2%)	35 (4.7%)	366 (7.5%)	0.005	
Cardiovascular	842 (16.1%)	96 (13.7%)	746 (16.5%)	0.064	
Neurologic	73 (1.5%)	8 (1.2%)	65 (1.5%)	0.514	
Psychiatric	191 (4.0%)	49 (7.7%)	142 (3.5%)	<0.001	
Skin	128 (2.6%)	24 (3.6%)	104 (2.5%)	0.082	
Hepato/Gastrointestinal	250 (5.3%)	47 (7.4%)	203 (5.0%)	0.011	
Hematologic	48 (1.0%)	9 (1.4%)	39 (0.9%)	0.291	
Urogenital	106 (2.2%)	28 (4.4%)	78 (1.9%)	<0.001	
Respiratory	86 (1.8%)	10 (1.6%)	76 (1.9%)	0.620	
Endocrine	702 (13.5%)	96 (13.7%)	606 (13.4%)	0.815	
Oncology	99 (1.9%)	17 (2.5%)	82 (1.9%)	0.249	
Other	293 (5.8%)	43 (6.4%)	250 (5.7%)	0.468	

293 (5.8%) 43 (6.4%) 250 (5.7%) Note: Percentages are based on total of patients. a) p-values from chi-square test. b) more than one possible option. c) Comorbidities do not include EIM nor the following IBD complications (abdominal fistula/abscess, perianal fistula/abscess, toxic megacolon, intestinal obstruction/perforation, colorectal cancer, infection, thromboembolic events, anemia, fatigue). D2T= Difficult to treat, IBD= Inflammatory Bowel Disease

Most frequent EIMs

years] – Table 2.

erythema nodosum, uveitis, and oral ulcers

Most frequent **Comorbidities not** EIMs, among D2T patients:

Psychiatric, hepato/gastrointest inal, urogenital and musculoskeletal