

EP-005 - WORSE OUTCOMES IN OLDER PATIENTS STARTING BIOLOGIC TREATMENT IN INFLAMMATORY BOWEL DISEASE

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Background: It is uncertain if age may influence response to biologics in inflammatory bowel disease.

Methods: retrospective case-cohort study including consecutive patients with Crohn's disease (CD) and ulcerative colitis (UC) under management with infliximab (IFX) and vedolizumab (VDZ). We evaluated the outcomes (clinical remission, treatment discontinuation, need of emergency care assistance, hospitalization, surgery and fecal calprotectin remission) at 1-year of treatment according to the age at the start of the biologic (<25, 25-54 and ≥55 years). Primary non-responders were excluded.

Results: we included 313 patients in the study, 62.3% with CD, 69.7% under IFX and 30.3% under VDZ. 60 patients (19.2%) were under 25 years at the start of the biologic, 184 patients (58.8%) were between ages 25 and 54 years, and 69 (22%) were >55 years.

Patients with >55 years at the start of treatment presented lower rates of clinical remission (65.2% vs 81.7%, $P=0.047$) and fecal calprotectin remission (33.3% vs 66.7%, $P<0.001$), higher need for hospitalization (23.2% vs 6.7%, $P=0.014$), emergency care assistance (11.6% vs 1.7%, $P=0.037$) and of a compound outcome including any unfavorable outcome (82.6% vs 56.7%, $P=0.002$) compared to patients <25 years. Patients with >55 years also presented lower rates of fecal calprotectin remission compared to patients with 25-54 years (66.3%, $P=0.013$).

In multivariate analysis including age at diagnosis, disease subtype, previous biologic exposure, type of biologic and gender, age at the start of biologic >55 years was independently associated with a higher likelihood of reaching any unfavorable outcome – OR 2.741 95%CI 1.361-5.519, $P=0.005$.

Conclusion: our findings suggest that older age at the start of biologic may result in inferior treatment outcomes.