Incidence rates and disease course of pediatric IBD in Western Hungary between 1977–2008

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Background: Limited data are available on the incidence and disease course of pediatric IBD in the pediatric population in Eastern Europe. Our aim was to analyze the incidence and disease course of pediatric IBD in the population-based Veszprem province database, which included incident patients diagnosed between January 1, 1977 and December 31, 2008.

Methods: 153 (10.5%) of the 1468 incident IBD patients were diagnosed with a pediatric onset (0–18 years at diagnosis). Both in- and outpatient records were collected and comprehensively reviewed.

Results: In UC, the incidence increased from 0.76 in 1977–1981 to 5.97/100 000 in 2002–2007, while in CD incidence increased from 0 to 7.33/100 000 in the pediatric population. The incidence was overall low (8.1% vs. adult onset: 3.8%) and to a lesser extent according to the age at onset in a Kaplan–Meier analysis (pediatric: 33.8% vs adult onset: 30.6% after 5 years). In UC, extensive disease at diagnosis was more frequent in pediatric (37.3%) compared to adult onset UC patients (23.2%, p = 0.02). Significantly more pediatric onset UC patients had at least one fulminant episode during follow-up (pediatric: 20% vs. adult onset: 7.7%, p < 0.001). In addition, pediatric (57.3%) required more often systemic steroids during follow-up compared to adult (36.9%, p < 0.001) onset patients. Proximal extension at 5- and 10 years was 12.5% and 18.7%, but time to extension was not significantly different according to the age at onset. The rate of colectomy due to non malignant disease was overall low (pediatric onset: 8.1% vs adult onset:3.8%) and in a Kaplan–Meier analysis age at onset was not a significant determinant of time to colectomy.

Conclusions: The incidence of pediatric onset CD and UC has rapidly increased during the observation period in Western Hungary. Ileocolonic disease and need for azathioprine were characteristic pediatric CD patients, while the disease was more extensive in pediatric onset UC patients with higher need for systemic steroids and more fulminant episodes.

Is smoking still an important environmental factor in inflammatory bowel diseases? Results from a population-based incident cohort

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Background: Prior studies suggest that smoking is an important environmental factor in inflammatory bowel diseases (IBD), with divergent effects in UC and CD. Our aim was to analyze the relationship between smoking and risk of IBD in the population-based Veszprem province database, which included incident patients diagnosed between January 1, 1977 and December 31, 2008.

Methods: Data of 1420 incident patients were analyzed (UC: 914, age at diagnosis: 38.9 SD 15.9 years; CD: 506, age at diagnosis: 31.5 SD 13.8 years). Both in- and outpatient records were collected and comprehensively reviewed. The overall smoking frequency in the general population is 35% in adult males and 28% in adult females in Hungary (Source of data: OLEF 2009 questionnaire).

Results: 47.3% (n = 239) of CD patients were current smokers while 8.5% (n = 43) past smokers at the time of CD diagnosis. The frequency of smoking was 54.3% in the adult onset patients (diagnosed between 18–60 years of age), while only 3 patients did smoke in the elderly population (above >60 years at diagnosis). Smoking was more prevalent in adult onset male patients (61.9%) compared to females (47.5, p = 0.003) and smoking was associated with an increased risk of CD in adult onset males (OR: 2.25, 95%CI: 1.25–2.13). In contrast, only 15.3% (n = 129) of UC patients were current smokers with 19.1% (n = 162) past smokers at the time of UC diagnosis. Smoking and past smoking was more prevalent in adult onset male patients (20.3%, OR: 0.35, 95%CI: 0.28–0.45 and 23.1%) compared to females (10.5%, OR: 0.21, 95%CI: 0.15–0.30 and 14.8%) and was associated with a decreased risk for UC.

Conclusions: Our data confirm the importance of smoking in IBD. Current smoking was associated with a low risk of UC, especially in adult onset females, but a significantly high risk of CD with a more pronounced effect in males.

Personality trait in patients with inflammatory bowel disease, a prospective case–control study

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Background: Diseases can be determined by psychological and cultural factors. Inflammatory bowel disease (IBD) etiology is not well established. Alexithymia is a particular cognitive language style characterized by the absence of verbalization of feelings and emotions, and it’s considered to be a risk factor for the development or maintenance of several medical disorders. Our aims were to assess the level of alexithymia in patients with IBD who attended the Gastroenterology Unit in a community hospital, and to compared it with the level of alexithymia in healthy controls.

Methods: We prospectively included patients with IBD who consulted from May to September 2011. We performed a case–control study. Patients with IBD were regarded as...