PERIOD PREVALENCE ESTIMATE OF PRIMARY BILIARY CHOLANGITIS IN NOVA SCOTIA

J. Kiberd¹, C. Burgess³, M. McLeod⁴, K.M. Peltekian²

¹. Dalhousie University, Halifax, NS, Canada; ². Atlantic Multi-Organ Transplantation Program, Queen Elizabeth II Health Sciences Centre, Halifax, NS, Canada; ³. QEII Health Sciences Center, Halifax, NS, Canada; ⁴. Dalhousie University, Halifax, NS, Canada

Background: BACKGROUND: Primary Biliary Cholangitis (PBC) is a rare autoimmune cause of chronic liver disease. There exists an effective treatment for these patients, ursodeoxycholic acid (UDCA), but unfortunately 30-40% of patients do not have an adequate response or cannot tolerate it. New therapies are currently being researched. A recent Canadian Institute of Health Information report suggested that there are over 500 patients in the Maritime Provinces with PBC, which was much higher than expected. This warranted a review to assess Nova Scotia’s current prevalence of PBC as part of a quality assurance and resource planning initiative in our center.

Aims: AIMS: As part of a quality assurance initiative, we collected data from the Central Laboratory in Nova Scotia to determine how many patients in our province have PBC.

Methods: METHODS: The Central Laboratory database started being routinely used April 2009 and we used data until July of 2017. We considered a positive AMA and an elevated Alkaline Phosphatase to be considered having PBC. Period prevalence was calculated using the population of Nova Scotia during this time period. Median total and direct bilirubin were also calculated.

Results: RESULTS: The central lab pull identified 1726 patients who met these criteria since 2009, however most were duplicates. 254 unique patients were identified which gave an estimated prevalence of 0.027% of the population in Nova Scotia. The majority of our sample was female (82%) with a mean age 58.8 years (95%CI: 57.3-60.3 years). Median Alkaline Phosphatase was 161.5 units/L (133-256 units/L). All but two patients had a total bilirubin value with a median value 14 umol/L (IQR: 10-24 umol/L). Of these, 228 (90%) had a direct bilirubin available with a median of 5 umol/L (IQR: 3-12.5 umol/L).

Conclusions: CONCLUSION: Our period prevalence estimate is consistent with other estimates that have been published in the current literature. Although the prevalence of PBC is low, many of these patients do not respond adequately to medical therapy and progress to need transplantation. New medical treatment modalities are needed for these patients and other trials are currently being performed.

Funding Agencies: None