Steroid use in a high proportion of IBD patients – first results from the Spanish cohort of the IBD-DICE study

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Background: Corticosteroids (CS) have been an important therapeutic resource for treating inflammatory bowel disease (IBD) for the last 70 years. Guidelines still recommend CS in several clinical scenarios. Inadequate use of CS poses the patient at significant risks for irreversible side effects. However, the proportion of IBD patients with CS excess use in a real world setting, particularly in Spain, remains unclear. We aim to evaluate the proportion of Spanish IBD patients experiencing CS use/dependency as well as risk-associated factors.

Methods: IBD-DICE was a multicentre, international study to evaluate determinants and consequences of CS excess in IBD patients. In Spain, a total of 253 IBD patients (51% CD, 47% UC, 2% IBD-U) with quiescent or active disease were consecutively enrolled at 4 IBD-experienced sites from May to November 2021. Data on CS use (orally administered prednisone and/or budesonide) were captured by a web-based steroid assessment tool (SAT). CS dependency was defined as 1 or more CS courses within the last 12 months and/or no reduction of CS within the last 3 months without recurrent disease activity. SAT data were available for 253 IBD patients (56% were treated with ASA5, 29% with anti-TNF, 7,5% with IL-12/23 inhibitor).

Results: The majority of the 253 patients presented quiescent (64.43%, n=163/253) or mild (21.74%, n=55/253) disease activity rather than moderate (11.5%, n=29/253) or severe disease activity (2.37%, n=6/253). Of all patients, 17.8% (n=45/253) received at least 1 cycle of oral CS over the past 12 months (51.1% [n=23/45] had moderate to severe disease). In fact, 65.7% [n=23/35] of the total patients with moderate to severe activity need CS. Of those 45 patients, 18 (45%) were treated for more than 3 consecutive months, one of them up to 13 months.

CS use was similar between UC patients (16.81%, n=20/119) and CD patients (18.6%, n=24/129; p=0.75, Chi-square test). A third (31.1%, n=14/45) of all patients on CS had received 1 or more courses of CS and/or could not taper CS within 3 months after CS initiation. These patients were considered steroid-dependent of whom the majority (85.7%, n=12/14) had moderate to severe disease (table 1). Of the remaining 31 patients who tapered oral CS, 7 relapsed during the following 3 months.

Conclusion: We found that 17.8% of IBD Spanish patients are receiving CS, mostly in moderate to severe flares. CS-dependency was found in 31.1% of the patients, because of prolonged use (>3 months) of the drugs. Long-term CS use is still common in practice, which could result in avoidable side-effects. Measuring CS dependency or excess in routine clinical practice is feasible and could form part of on-going quality improvement programs.

Table 1. Steroid use over the past 12 months