Predictors of ulcerative colitis severity

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Ulcerative colitis (UC) is a chronic disease involving the large intestine which causes inflammation along with local and systemic symptoms. It affects individuals worldwide, with a higher prevalence in Canada. The course of this disease has long been unpredictable, with remission possible in some patients and frequent recurrence in others. Previous studies have followed populations with this condition to determine its natural history, but few have looked at predictors of disease severity.

A research article to be published on January 14, 2010 in the *World Journal of Gastroenterology* addresses this question. A research team from Canada examined the records of their ulcerative colitis patients. Those with at least 5 years of follow up had their data collected and analyzed, looking for any demographic parameters such as age, gender, year of diagnosis, and others which might identify those at risk for a more severe disease course.

The variables that determined severity of disease included a younger age at diagnosis, as well as a more recent year of diagnosis. It was suggested that perhaps those with disease at a younger age had their symptoms revealed more quickly due to more severe underlying disease. The year of diagnosis may reflect this, or be an independent factor demonstrating that even with the more powerful agents recently developed we may not be treating ulcerative colitis as well as previously thought.

Overall, this data may help physicians identify those at higher risk of severe disease, and tailor their care towards more aggressive therapies immediately rather than slowly moving up the range of available

therapies. It will also help newly diagnosed patients have some idea of what to expect from their disease in the years to come, and give some predictability to a condition notorious for its unpredictability.

More information: Roth LS, Chande N, Ponich T, Roth ML, Gregor J. Predictors of disease severity in ulcerative colitis patients from Southwestern Ontario. World J Gastroenterol 2010; 16(2): 232-236, www.wjgnet.com/1007-9327/16/232.asp

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