

Loss to follow-up common with IBD, but many have flare-ups

October 25 2018



(HealthDay)—Loss to follow-up is common with inflammatory bowel

disease (IBD), and both low C-reactive protein levels and long travel time to the hospital are predictors of follow-up loss, according to a study published in the *Journal of Gastroenterology and Hepatology*.

Dae Hyung Woo, from the Yeungnam University College of Medicine in South Korea, and colleagues analyzed the frequency, predictors, and [clinical outcomes](#) of patients with IBD who are lost to follow-up in outpatient clinics. Analysis included 285 newly diagnosed IBD patients (161 with [ulcerative colitis](#) and 124 with Crohn's disease) who were followed for at least 12 months.

The researchers found that 14.7 percent of the patients were lost to follow-up. Travel time to the clinic (odds ratio [OR], 2.37) and C-reactive protein levels at diagnosis (OR, 0.63) were significantly associated with follow-up loss. The vast majority (85.7 percent) of the 42 patients lost to follow-up revisited the clinic. Disease flare-up was the cause of revisit for 61.1 percent of patients. In 41.7 percent of patients, step-up treatment was needed. Steroids were introduced for 38.9 percent, while azathioprine and an antitumor necrosis factor agent were newly prescribed for 8.3 and 2.8 percent, respectively.

"Because most of follow-up loss patients experienced flare-up, clinicians need to try to encourage patients to keep their adherence," conclude the authors.

More information: [Abstract/Full Text \(subscription or payment may be required\)](#)

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Citation: Loss to follow-up common with IBD, but many have flare-ups (2018, October 25) retrieved 25 April 2024 from

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