

## **2001 to 2018 saw increase in estimated prevalence of IBD in seniors**

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During 2001 to 2018, the overall estimated prevalence of Crohn disease

and ulcerative colitis increased among Medicare fee-for-service beneficiaries, with a higher increase seen among non-Hispanic Blacks, according to research published in the May 14 issue of the U.S. Centers for Disease Control and Prevention *Morbidity and Mortality Weekly Report*.

Fang Xu, Ph.D., from the CDC in Atlanta, and colleagues analyzed 2018 Medicare data among beneficiaries ages 67 years and older to assess differences in the prevalence of inflammatory bowel [disease](#) by demographic characteristics and examined trends of prevalence from 2001 through 2018.

The researchers found that 0.40 and 0.64 percent of 25.1 million Medicare fee-for-service beneficiaries aged 67 years and older had received a diagnosis of Crohn disease and ulcerative colitis, respectively, in 2018. There was variation noted in prevalence by age, sex, race and ethnicity, urban-rural residency, and state. The age-adjusted prevalence of both diseases increased during 2001 to 2018 (annual percentage change [APC], 3.4 percent for Crohn disease and 2.8 percent for ulcerative colitis). Non-Hispanic Blacks had a higher increase (APC, 5.0 percent for Crohn disease and 3.5 percent for [ulcerative colitis](#)) than non-Hispanic White, Hispanic, and Asian/Pacific Islander persons. For both diseases, prevalence was consistently highest for non-Hispanic Whites; for Crohn disease, prevalence was lowest among Asian/Pacific Islanders.

"The potential rapid increase of disease prevalence in certain racial and ethnic minority groups indicates the need for tailored disease management strategies in these populations," the authors write.

**More information:** [Abstract/Full Text](#)

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