

Psychological factors determine poor prognostic outcome in IBD

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For adults with inflammatory bowel disease (IBD), psychological factors

are an important determinant of poor prognostic outcome, according to a study published online March 23 in *Gastroenterology*.

Keeley M. Fairbrass, M.B.Ch.B., from St. James's University Hospital in Leeds, England, and colleagues examined the relative contribution of poor psychological health and clinical or [biochemical activity](#) to prognosis among 718 adults with IBD, with 6.5 years' follow-up.

The researchers found that individuals with clinical activity and symptoms of a common mental disorder had increased need for glucocorticoid prescription or flare, escalation, and death compared with clinical remission without symptoms of a common mental disorder at baseline (hazard ratios, 2.36, 1.65, and 4.99, respectively). The rates were not significantly higher for those with clinical remission and symptoms of a common mental disorder at baseline or for those with clinical activity without symptoms of a common mental disorder. Similarly, rates of glucocorticoid prescription or flare, escalation, hospitalization, and death were significantly higher among those with biochemical activity and symptoms of a common mental disorder (hazard ratios, 2.48, 2.97, 3.10, and 6.26, respectively).

"These data suggest that common mental disorders are a risk factor for a poor prognosis in IBD. Their presence should be screened for routinely and, if present, considered as a therapeutic target," the authors write.

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

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