

Global trends in rates of IBD hospitalization examined

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For countries with compounding prevalence of inflammatory bowel

disease (IBD; stage 3), hospitalization rates are stable, while they are increasing for countries with accelerating incidence, according to a systematic review and temporal analysis published online July 18 in *Clinical Gastroenterology & Hepatology*.

Michael J. Buie, from the University of Calgary in Alberta, Canada, and colleagues conducted a [systematic review](#) of population-based studies reporting hospitalization rates for IBD, Crohn disease (CD), or ulcerative colitis (UC). The average annual percentage change (AAPC) was calculated. Data were stratified by epidemiologic stage of regions: compounding prevalence (stage 3) in North America, Western Europe, and Oceania; accelerating incidence (stage 2) in Asia, Eastern Europe, and Latin America; and emergence (stage 1) in developing countries.

The researchers found that in countries in stage 3, hospitalization rates for a primary diagnosis of IBD, CD, and UC were stable (AAPCs, -0.13, 0.20, and 0.02 percent, respectively). In contrast, in stage 2, hospitalization rates for a primary diagnosis were increasing for IBD, CD, and UC (AAPCs, 4.44, 8.34, and 3.90 percent, respectively). For developing regions in stage 1, there were no population-based studies available.

"With the increasing incidence of IBD in newly industrialized countries in stage 2 (acceleration in incidence), [hospitalization rates](#) have followed suit," the authors write. "These countries will need to address the increasing burden of IBD to ensure their health care systems optimize medical management with the goal of shifting care from the hospital to the community."

Several authors disclosed financial ties to the biopharmaceutical industry.

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

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