

Inflammatory bowel disease increases risk for later arrhythmias

November 6 2023, by Lori Solomon



Patients with inflammatory bowel disease (IBD) overall, as well as Crohn disease (CD) and ulcerative colitis (UC) individually, have an

increased risk for developing later arrhythmias, according to a study published online Oct. 19 in *PLOS Medicine*.

Jiangwei Sun, Ph.D., from the Karolinska Institutet in Stockholm, and colleagues explored the long-term risk for arrhythmias in patients with IBD. The analysis included a nationwide histopathology cohort with biopsy-confirmed IBD in Sweden from 1969 to 2017 (CD, 24,954 patients; UC, 46,856 patients; and IBD-unclassified [IBD-U], 12,067 patients), plus matched controls and IBD-free full siblings.

The researchers found that during a median follow-up of approximately 10 years, 7.6 percent of patients with CD, 8.9 percent of patients with UC, and 8.2 percent of patients with IBD-U developed arrhythmias versus 6.7, 7.5, and 6.0 percent in reference individuals, respectively. Compared with reference individuals, overall arrhythmias were significantly increased in patients with CD (54.6 versus 46.1 per 10,000 person-years), with similar findings for patients with UC (64.7 versus 53.3 per 10,000 person-years) and patients with IBD-U (78.1 versus 53.5 per 10,000 person-years).

Even 25 years after diagnosis, the increased risk persisted, corresponding to one extra arrhythmia case per 80 CD, 58 UC, and 29 IBD-U cases during the same period. Sibling comparison analyses showed similar findings.

"For those [patients](#) [with IBD], a [risk assessment](#) of modifiable and established cardiovascular disease risk factors could be considered," the authors write.

Several authors disclosed ties to industry.

More information: Jiangwei Sun et al, Long-term risk of arrhythmias in patients with inflammatory bowel disease: A population-based, sibling-

controlled cohort study, *PLOS Medicine* (2023). DOI: [10.1371/journal.pmed.1004305](https://doi.org/10.1371/journal.pmed.1004305)

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Citation: Inflammatory bowel disease increases risk for later arrhythmias (2023, November 6) retrieved 12 May 2024 from <https://medicalxpress.com/news/2023-11-inflammatory-bowel-disease-arrhythmias.html>

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