



Dermatologic care in inflammatory bowel disease patients is associated with biologic exposure

Alyce Anderson, Laura K Ferris MD PhD, Benjamin Click MD, Claudia Ramos-Rivers MD, Miguel Regueiro MD, David G Binion MD
University of Pittsburgh, Department of Medicine, Division of Gastroenterology, & Department of Dermatology. Pittsburgh, PA.

BACKGROUND

- Inflammatory bowel disease (IBD) is a collection of chronic, immune mediated disorders of the gastrointestinal tract associated with high morbidity and poor quality of life.
- IBD is often complicated by dermatologic extra-intestinal manifestations. New data suggests dermatologic conditions in IBD may be related to medication exposures.

SPECIFIC AIM

- To characterize frequency and reasons for dermatologic care in IBD patients.
- Identify IBD disease characteristics associated with dermatologic care.

METHODS

Subjects

- IBD patient registry: electronic health record data temporally organized from 2009-2015
- Patients categorized by dermatology utilization
- 1 case (dermatology) : 2 randomly selected controls
- At least 2 years follow up in IBD registry

Measures

- Patient demographics
- IBD prescriptions (biologics, immunomodulators)
- Patient reported metrics, 2010 – 2015 average
 - IBD health related quality of life (SIBDQ)
 - Ulcerative colitis activity index (UCAI)
 - Crohn's disease activity, Harvey Bradshaw Index (HBI)

RESULTS

Figure 1. Reasons for dermatologic care

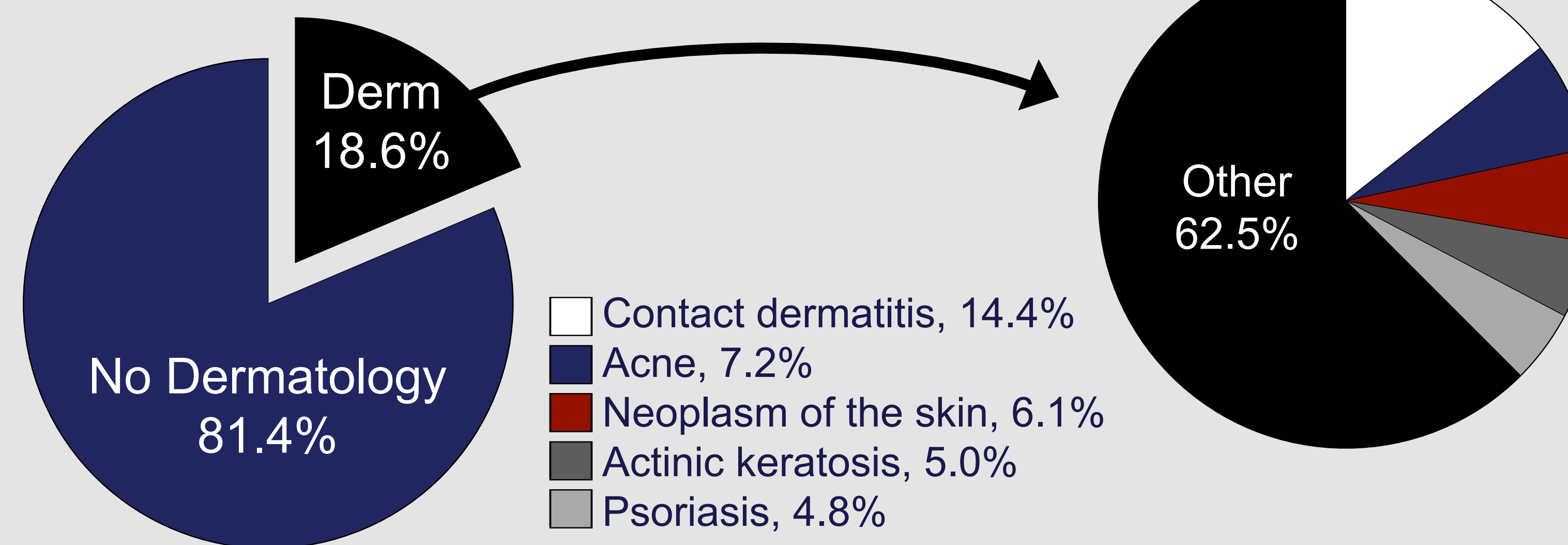


Table 1. Subject demographics and IBD characteristics

	Dermatology (n=421)	No Dermatology (n=1134)	p-value
Age (yrs), mean±SD	46.0 ± 15.0	45.5 ± 15.9	0.443
Female (%)	55.7	51.9	0.180
Disease Type(%)			
Crohn's disease	59.4	55.9	0.704
Ulcerative colitis	34.6	37.4	
Race (%)			
Caucasian	94.7	94.1	0.138
Black	3.3	2.4	
Ethnicity (%)			
Non-Hispanic	98.1	96.1	0.048
Hispanic or Latino	0.71	0.44	
Employment (%)			
Full time	53.1	46.6	0.001
Retired	8.3	8.4	
Student	8.3	7.4	
Not employed	18.7	17.9	
Marriage Status (%)			
Married	55.9	56.3	0.486
Single	35.3	33.6	
Divorced	6.16	6.29	
Family History (%)			
Inflammatory bowel disease	6.2	5.2	0.473
Skin condition or skin cancer	46.7	0.9	<0.001
Biologics (yrs), mean±SD	1.55 ± 1.9	1.09 ± 1.7	<0.001
Immunomodulators (yrs), mean±SD	1.55 ± 2.0	1.42 ± 1.9	0.297

RESULTS

Figure 2. Biologic and immunomodulator exposure

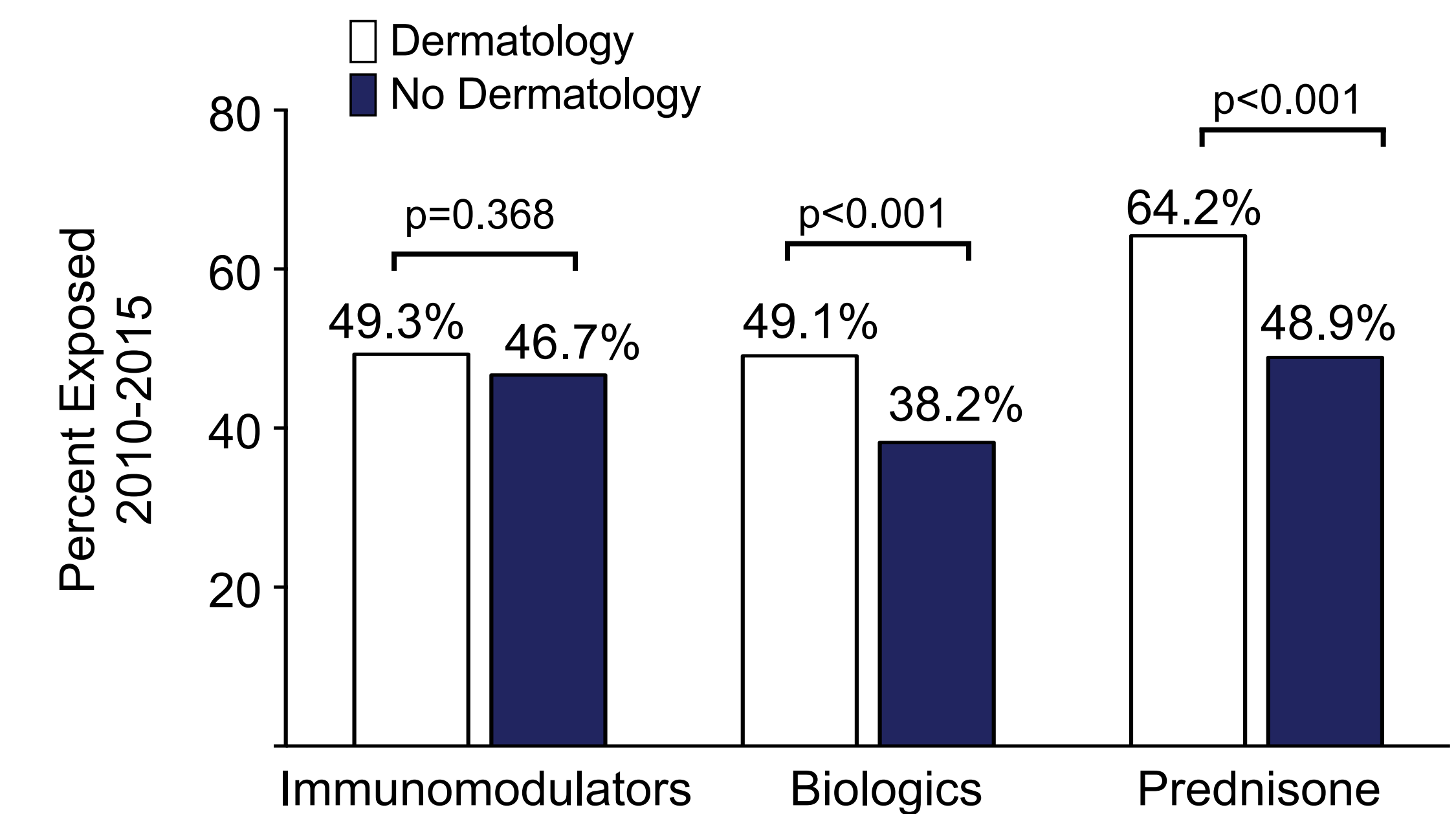


Table 2. IBD quality of life and disease activity 2010-15

	Dermatology	No Dermatology	p-value
SIBDQ, n=1385	52.0 ± 10.8	52.0 ± 11.5	0.725
HBI, n=1039	4.2 ± 4.1	4.1 ± 4.5	0.201
UCAI, n=597	3.8 ± 4.0	3.9 ± 4.4	0.874

CONCLUSIONS

- Approximately 18% of patients saw a dermatologist at least one time over the 5 year study period.
- The most prevalent dermatology visit diagnosis was contact dermatitis.
- Exposure to biologic medications and systemic prednisone, but not immunomodulators, was associated with dermatology care.

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Alyce JM Anderson
E-mail: ajm197@pitt.edu