

Predictors of disease behavior change in Crohn's disease

August 10 2009

A research team from Hungary investigated the probability of disease behavior changes in a well-characterized Crohn's disease cohort with strict clinical follow-up. They found that perianal disease, small bowel disease, smoking, prior steroid use, early AZA or AZA/biological therapy are all predictors of disease behavior change in CD patients.

Using the Vienna classification system, it has been shown in clinic-based cohorts that there can be a significant change in disease behavior over time, whereas disease location remains relatively stable. Clinical and environmental factors as well as medical therapy might be relevant in predicting disease behavior change in patients with CD. In previous studies, early age at diagnosis, disease location, perianal disease and, in some studies, smoking were associated with the presence of complicated disease and surgery.

The combined effect of markers of disease phenotype (e.g., age, gender, location, perianal disease) and medical therapy (steroid use, early immunosuppression) on the probability of disease behavior change were, however, not studied thus far in the published literature.

A research article to be published on July 28, 2009 in the [World Journal of Gastroenterology](#) addresses this question. Members of the Hungarian IBD Study Group led by Dr Peter Laszlo Lakatos from the Semmelweis University investigated 340 well-characterized, unrelated, consecutive CD patients (M/F: 155/185, duration: 9.4 ± 7.5 years) with a complete clinical follow-up. Medical records including disease phenotype

according to the Montreal classification, extraintestinal manifestations, use of medications and surgical events were analyzed retrospectively. Patients were interviewed on their smoking habits at the time of diagnosis and during the regular follow-up visits.

They found that perianal disease, current smoking, prior steroid use, early azathioprine or azathioprine/biological therapy are predictors of disease behavior change in CD patients.

The new data with easily applicable clinical information as presented in the article may assist clinicians in practical decision-making or in choosing the treatment strategy for their CD patients.

More information: Lakatos PL, Czegledi Z, Szamosi T, Banai J, David G, Zsigmond F, Pandur T, Erdelyi Z, Gemela O, Papp J, Lakatos L. Perianal disease, small bowel disease, smoking, prior steroid or early azathioprine/biological therapy are predictors of disease behavior change in patients with [Crohn's disease](#). *World J Gastroenterol* 2009; 15(28): 3504-3510 www.wjgnet.com/1007-9327/15/3504.asp

Source: World Journal of Gastroenterology ([news](#) : [web](#))

Citation: Predictors of disease behavior change in Crohn's disease (2009, August 10) retrieved 20 November 2023 from <https://medicalxpress.com/news/2009-08-predictors-disease-behavior-crohns.html>

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