

Steroid therapy increases risk of blood clots five-fold in IBD patients

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Compared with biologic therapy, corticosteroid (steroid) use is associated with a nearly five-fold increase of venous thromboembolism in inflammatory bowel disease (IBD) patients, according to a new study in *Clinical Gastroenterology and Hepatology*, the official clinical practice journal of the American Gastroenterological Association. Venous thromboembolism is a condition that includes both deep vein thrombosis (a blood clot deep in the veins) and pulmonary embolism (a sudden blockage in a lung artery caused by a blood clot).

"We found that corticosteroid use—either alone or in combination with biologics—substantially increases the rate of venous thromboembolic events," said lead study author Peter D.R. Higgins, MD, PhD, MSc, from the University of Michigan, Ann Arbor. "This was strikingly different from the patients who were on biologics alone, who had a significantly lower rate of events. Venous thromboembolism is common in IBD, and can lead to significant morbidity, increased death and high rates of recurrent [blood clots](#). The importance of understanding what causes this complication in this patient group cannot be understated."

Researchers conducted a retrospective analysis on adults with IBD identified from the Truven Health MarketScan Databases. Over a 12-month follow-up period, researchers monitored 15,100 patients treated with biologics, corticosteroids or [combination therapy](#) (biologics and corticosteroids) for venous thromboembolic events. Three hundred twenty-five venous thromboembolic events occurred during the study period. The rates were 2.25 percent, 0.44 percent, and 2.49 percent for

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