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Inflammatory Bowel Disease among Geriatric Patients

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Introduction

According to latest estimates, 7.6% of the world's population is currently 65 years of age or older. According to the World Health Organization (WHO), there will be 1.2 billion elderly people worldwide by 2025 and two billion by 2050. In the United States (US), there has been a sharp rise in the number of senior people, particularly among women, and this trend is expected to last for many years. For instance, the number of people in the US under the age of 65 has tripled over the previous century, but the number of those 65 and older has climbed significantly from 3.1 million in 1900 to 38.9 million in 2008. This is equivalent to 12.8% of Americans. In addition, this group is anticipated to rise to 82 million individuals by the middle of the next century, with the majority of this expansion taking place between 2010 and 2030. Many illnesses affect both young and old individuals, but due to the way that these disorders and ailments manifest, their prognosis and therapy frequently need to be modified in patients who are advanced in age. This is because of various comorbidities, current quality of life, and predicted lifetime.

Inflammatory Bowel Disease (IBD) is often significantly more common among patients under the age of 50. It is frequently believed to be exclusive to this younger demographic. However, people 65 and older are frequently affected by IBD. The two main IBD types are Crohn's Disease (CD) and Ulcerative Colitis (UC). The pathophysiologic consequences of UC and CD on the GI tract vary, and other extra-intestinal organs are also affected. The risk of complications from IBD is higher and more vulnerable in the elderly. One recent review focused on IBD important features in the elderly and provided description on the disease epidemiology, pathophysiology, clinical manifestations, diagnosis, prognosis, therapy and research direction for treatment and effective cure.

The aetiology and pathogenesis of chronic IBD are still poorly understood, despite the fact that they have been reported in the modern medical literature for more than 100 years. There is a lot of data to back up the idea that environmental and genetic variables interact to cause dysregulation of mucosal immune function. As a result, researchers in basic science have assessed many innovative small molecule and biologic drugs that target inflammation signalling pathways. For instance, adalimumab, certolizumab pegol, and golimumab are anti-tumor necrosis factor medications. Basilixumab and visilizumab are anti-IL-12 medications. Newer research has also discovered a number of genes that may contribute to IBD, such as contribute to IBD, such as the *NOD-2* gene with a potential connection to IL-10, which may be responsible for the inflammation's persistence. A new target called N6022, an inhibitor of s-nitrosoglutathione reductase (GSNOR), is currently in phase I testing. N6022 has the potential to be an important new treatment for acute exacerbations of IBD. GSNOR breaks down s-nitrosoglutahione (GSNO), reducing the body's pool of GSNO.

GSNO supports barrier function and protects the integrity of the gut surface within the gut. Exciting new insights into immune control, host defense, and the pathophysiology of autoimmune and other chronic inflammatory illnesses like IBD have also been made possible by the finding of CD4+ effector T helper (Th) cells that specifically produce IL-17. A unique platform technology is used to link the two single chain variable fragments (scFvs) that make up the bispecific molecule known as AZ 17 agent. It is being investigated as a potential treatment for CD because it inhibits two upstream cytokines that are involved in the Th17 pathway [1].

Description

The number of elderly people with Inflammatory Bowel Disease (IBD) is rising as the US population ages. There is a dearth of systematic information on the phenotypic presentation, treatment plans, results, and comorbidities in older IBD patients. One of the recent studies identified the trends of phenotypic presentation, therapy, polypharmacy, nutritional status, and comorbidity, and conducted a retrospective observational analysis of IBD patients aged 65 who were followed in a 20 hospital system. The study was based on ICD-9 coding/indexed words, data on patients with Crohn's Disease (CD) and Ulcerative Colitis (UC) derived from electronic medical records.

Among geriatric IBD patients small bowel procedures were more common among CD patients identified at a younger age (64) compared to those diagnosed at an older age (65). Patients with CD who were diagnosed at a younger age were more likely to have fistulizing/penetrating disease. The medications used for IBD maintenance were 5-ASA agents, maintenance prednisone, steroid suppositories, azathioprine, methotrexate, adalimumab, infliximab, loperamide/diphenoxylate/atropine, while 0.5% had no IBD medications. Vitamin B_{12}, vitamin D, and iron deficiencies were associated with a longer duration of CD illness.

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When compared to elderly CD that developed recently, patients with CD who were diagnosed earlier in life had a larger involvement of the small bowel. In geriatric IBD patients, immune modulator and biologic drugs are not frequently used. Nutrient deficit is correlated with CD duration [2].

Age related Inflammatory Bowel Disease (IBD) patients are becoming more prevalent. The age of the patient is not a complete factor in bad outcomes, and its therapeutic relevance for risk classification is quite marginal. A prediction tool could be the Comprehensive Geriatric Assessment (CGA), which measures physical, functional, mental, and social frailty. To conduct a systematic evaluation of the literature on the types of CGA components utilised in adult patients with IBD and their relationships to unfavourable medical outcomes.

On January 16, 2018, PubMed, Embase, Web of Science, the Cochrane Library, CENTRAL, Emcare, and PsycINFO were used in an electronic literature search. There were also longitudinal studies linking physical, functional, mental, and social frailty to unfavourable health outcomes in IBD patients who were being followed up. The Newcastle-Ottawa scale was used to assess individual study quality.

27 papers were included, reporting 169 connections, out of the 4080 recognized citations. 108 patients made up the median sample size (Interquartile Range (IQR) 60–704). Older patients were not included in any studies' subgroup analyses, and the greatest reported mean age was 52.7 years. Three studies employed somatic and functional assessments, 24 used mental assessments, and five used social assessments. No study evaluated frailty, functional ability, or cognitive condition. Components of a CGA were substantially related with negative health outcome assessments in 62 relationships (36.7%).

In IBD patients, CGA elements were linked to poor health outcomes, while elderly patients were underrepresented. It is necessary to conduct further research on older IBD patients in order to better understand the clinical significance of a CGA [3].

Conclusion

Inflammatory Bowel Disease (IBD) is more common in older persons. This increase can be attributed to an increase in prevalence brought on by population ageing, an increase in the incidence of IBD in older patients, as well as more effective treatment choices. According to a recent population based epidemiological study from The Netherlands, the incidence of IBD in elderly patients doubled between 1991 and 2010, rising from 11.71 per 100,000 to 23.66 per 100,000. IBD related hospitalization and surgery are more likely to occur in older individuals than in younger ones. Infections and lymphoproliferative diseases are other major side effects that they are more likely to have while receiving treatment for IBD. Older individuals exhibit more somatic heterogeneity, Research on older patients in various medical specialties, including as oncology and nephrology, demonstrates a connection between deficits discovered during a CGA and worse health outcomes, which may be useful in clinical decision-making. A high prevalence of frailty, as judged by the Geriatric questionnaire, and reduced physical capacity, as measured by handgrip strength, were seen in our cohort research of 135 IBD patients aged 65 years. However, it has not been extensively assessed how deficiencies in these CGA components may be connected to (unfavorable) health outcomes in IBD patients.

References

1. Murad, Yahya, Zaher A Radi, Mohammed Murad, and Karen Hall, et al. "Inflammatory bowel disease in the geriatric population." *Front Biosci (Elite Ed)* 3 (2011): 945-954.
2. Juneja, Manie, Leonard Baidoo, Marc B Schwartz, and Arthur Barrie, et al. "Geriatric inflammatory bowel disease: Phenotypic presentation, treatment patterns, nutritional status, outcomes, and comorbidity." *Dig Dis Sci* 57 (2012): 2408-2415.
3. Asscher, Vera ER, Felicia VY Lee-Kong, Esther D Kort, and Floor J van Deudekom, et al. "Systematic review: Components of a comprehensive geriatric assessment in inflammatory bowel disease a potentially promising but often neglected risk stratification." *J Crohns Colitis* 13 (2019): 1418-1432.

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