

# DISEASE OUTCOMES CAN BE PREDICTED BY MEMBERSHIP OF NOVEL SYMPTOM CLUSTERS IN INFLAMMATORY BOWEL DISEASE: RESULTS FROM A PROSPECTIVE LONGITUDINAL FOLLOW-UP STUDY

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Poster

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**Model-based clustering of IBD patients using gastrointestinal and psychological symptoms identifies three distinct subgroups, with the highest-symptom cluster predicting increased risk of adverse disease outcomes and healthcare utilization.**

## KEY POINTS

- In 692 IBD patients, latent class analysis identified three clusters based on gastrointestinal and psychological symptom burden: below average (n=132), average (n=352), and above average (n=208).
- Patients in the highest-symptom cluster had significantly increased risk compared to the lowest-symptom cluster for glucocorticosteroid prescription or flare (HR 2.13, 95% CI 1.46-3.10), treatment escalation (HR 1.92, 95% CI 1.34-2.76), and composite adverse outcomes (HR 2.05, 95% CI 1.45-2.88).
- Baseline faecal calprotectin levels below 250mcg/g were similar across all three clusters, and effect sizes for adverse outcomes increased when analysis was limited to patients in biochemical remission at baseline.
- Healthcare utilization was highest in the cluster with above average gastrointestinal and psychological symptoms, suggesting that combined symptom profiling may help identify high-cost, high-risk patients independent of inflammatory markers.

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