gutflix
GI learning, personalised

Summary

The Inflammatory Intersection: Interactive Cases in Care for IBD and Obesity (Medscape Education Global) (Complete Session)

Aline Charabaty Pishvaian

UEG Week Barcelona 2026 | Presentation

October 19, 2026

This educational session examined obesity as a highly prevalent IBD comorbidity and discussed how excess visceral adiposity impairs treatment response, increases surgical complications, and may be addressed through weight management including GLP-1 receptor agonist therapy.

KEY POINTS

- The speakers stated that 15 to 40 percent of adult IBD patients have obesity and an additional 25 to 40 percent are overweight, making obesity one of the most frequent IBD comorbidities.
- Patients with high visceral fat were reported to have lower rates of biologic-induced remission, with only 5 to 10 percent achieving clinical remission and 24 percent endoscopic remission, and require infliximab trough levels above 16 to achieve adequate response compared to leaner patients.
- The speakers stated that IBD patients with obesity experience increased disease flares, complications such as stricturing and perforating disease, faster loss of anti-TNF response, more frequent hospitalization and surgery, and higher surgical complication rates including ostomy problems and wound infections.
- Registry data presented showed that GLP-1 receptor agonists were associated with a 50 percent reduction in adverse IBD events in Crohn disease and 38 percent in ulcerative colitis, along with reduced surgeries, hospitalizations, and steroid use, with no increase in IBD exacerbations reported.
- The speakers recommended proactive therapeutic drug monitoring to drive anti-TNF levels higher in obese patients, framing obesity management as part of comprehensive IBD care, and noted that two prospective trials are evaluating the combination of IL-23 inhibitor mirikizumab with incretin therapy.

– Common GLP-1 RA side effects described include nausea, vomiting, early satiety, and changes in stool frequency; the speakers advised holding these agents one to two weeks before endoscopy and using slow dose titration to manage gastrointestinal symptoms.

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/2c6ee790-d150-11f1-b43c-daaa6dbee0a2

AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.