REDUCED TREATMENT ESCALATION IN INFLAMMATORY BOWEL DISEASE PATIENTS WITH DIABETES MELLITUS USING NEWER ANTI-DIABETIC MEDICATIONS: AN ANALYSIS FROM THE EPI-IIRN

Amir Ben Tov

UEG Week Copenhagen 2023 | Poster

IBD

October 16, 2023

In a nationwide Israeli cohort of 3,675 patients with both IBD and type 2 diabetes, newer anti-diabetic drugs including DPP4 inhibitors, GLP-1 agonists, and SGLT-2 inhibitors were associated with reduced risk of IBD treatment escalation, while insulin was associated with slightly increased risk.

KEY POINTS

- Newer anti-diabetic drugs (DPP4 inhibitors, GLP-1 agonists, and SGLT-2 inhibitors) were associated with reduced adjusted risk of IBD treatment escalation with hazard ratios ranging from 0.73 to 0.77.
- Insulin was associated with a slightly increased risk of treatment escalation (adjusted hazard ratio 1.10, 95% CI 1.04-1.18).
- No association with treatment escalation was observed for metformin or sulfonylureas.
- The study included 3,675 patients with both IBD and diabetes followed for a median of 6.2 years, with 161 treatment escalation events per 1,000 patient-years and 13.5% mortality.
- This registry study may inform clinicians managing patients with coexisting IBD and type 2 diabetes.

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/c486d05c-743c-11ee-8262-0242ac140004

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.