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Summary

DISTINCT EFFECT OF ANTI-TUMOR NECROSIS FACTOR-ALFA AND CONVENTIONAL THERAPY IN INFLAMMATORY BOWEL DISEASE PATIENTS ON VENOUS THROMBOEMBOLISM: SYSTEMATIC REVIEW AND META-ANALYSIS

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A systematic review and meta-analysis of 16 studies found that IBD patients treated with anti-TNF-α therapy had lower venous thromboembolism rates compared to those on corticosteroids but similar rates to those on immunomodulators or 5-aminosalicylates.

KEY POINTS

- Among IBD patients, those on anti-TNF therapy had a 5% VTE proportion versus 15% for corticosteroid-treated patients, with an odds ratio of 0.37 (95% CI: 0.21-0.66) favoring anti-TNF therapy.
- VTE proportions were similar between anti-TNF (5%) and immunomodulator (7%) groups, with an OR of 0.88 (95% CI: 0.70-1.11), and between anti-TNF and 5-ASA (9%) groups.
- The authors suggest corticosteroid therapy may increase VTE risk while anti-TNF agents appear linked with decreased odds, supporting steroid-sparing strategies in high-risk patients.
- The analysis included 16 studies from 10,209 screened articles but was limited by retrospective study designs, low VTE event numbers, population heterogeneity, and concurrent medication effects.
- The findings may inform treatment selection in IBD patients at elevated VTE risk, though prospective studies are needed to confirm the medication-VTE correlation.

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