THIOPURINES IN CROHN'S DISEASE: DO THEY STILL HAVE A PLACE AS MONOTHERAPY IN REAL LIFE?

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UEG Week Copenhagen 2023 | Poster

IBD

October 15, 2023

A retrospective study of 407 Crohn's disease patients on thiopurines found that while monotherapy achieved clinical remission in 87% of cases, combination with biotherapy was the only independent predictor of mucosal healing and showed superior CRP normalization.

KEY POINTS

- Among 375 patients on thiopurine monotherapy and 32 on combination therapy, clinical remission rates were similar (86.93% versus 75%, p=0.08), but combination therapy was an independent predictor of mucosal healing in multivariate analysis (OR=1.8, p=0.01).
- CRP normalization was significantly higher with combination therapy (84.37%) compared to monotherapy (39.73%, p<0.001), while fecal calprotectin negativity was lower with combination therapy (13.63% versus 41.86%, p=0.015).
- Thiopurines were indicated as maintenance treatment in 66.33% of cases, as monotherapy for fistulizing forms when biotherapy was unavailable (before 2016) in 25.8%, and for cortico-dependency in 7.86%.
- Metabolite monitoring was rarely performed, and when done (43 cases), 6-TGN was in therapeutic range in only 32.55% of cases, requiring therapeutic adjustment.
- This retrospective analysis from 2012 to 2022 may interest clinicians evaluating the role of thiopurine monotherapy versus combination therapy in contemporary Crohn's disease management.

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