

THE USE OF ANTIBIOTICS INCREASES THE RISK OF RELAPSE IN PATIENTS WITH INFLAMMATORY BOWEL DISEASE – A POPULATION-BASED NESTED CASE-CONTROL STUDY USING THE DANISH NATIONAL PATIENT REGISTRY

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A Danish nationwide registry study of 69,908 IBD patients found that several antibiotic classes administered within 60 days were associated with increased odds of flare-ups requiring hospitalization or systemic steroids.

KEY POINTS

- Quinolones showed the strongest association with steroid-requiring flares (OR 3.83, 95% CI 2.73-5.35) and were also significantly associated with IBD-related hospitalization (OR 3.10, 95% CI 2.48-3.86).
- Agents against amoebiasis and protozoal diseases, antimycotics, betalactam antibiotics, and intestinal anti-infectives were all significantly associated with increased flare risk in multivariate analysis.
- The study used two cohorts from Danish registries (1994-2018): 15,636 patients with IBD-related hospitalizations and 5,178 patients requiring systemic steroids, matched 1:5 and adjusted for multiple confounders including IBD medications.
- The authors conclude that these findings highlight the importance of carefully considering antibiotic use in IBD patients, though further research is needed on the effects of different antibiotics on disease progression.

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