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Summary

HISTOLOGIC REMISSION AND ARRHYTHMIAS IN PATIENTS WITH INFLAMMATORY BOWEL DISEASE: A NATIONWIDE COHORT STUDY

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IBD

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A Swedish nationwide cohort study found that both histologic inflammation and clinical activity in IBD patients were associated with modestly increased risk of arrhythmias within 2 years.

KEY POINTS

- Among 61,383 IBD patients with histologic data, histologic inflammation versus remission was associated with a 35% increased risk of arrhythmias (aHR 1.35, 95%CI 1.18–1.54), corresponding to one additional arrhythmia per 338 patients over 2 years.
- Histologic inflammation showed excess risk specifically for atrial fibrillation/flutter (aHR 1.38) and ventricular arrhythmias/cardiac arrest (aHR 1.73), but not for bradyarrhythmias or other supraventricular arrhythmias.
- Among 96,154 IBD patients with clinical activity data, clinically active IBD versus quiescent disease was associated with a 77% increased risk of arrhythmias (aHR 1.77, 95%CI 1.66–1.88), affecting all arrhythmia subtypes except bradyarrhythmias.
- Even in patients with clinically quiescent IBD, histologic inflammation remained associated with increased arrhythmia risk (aHR 1.16, 95%CI 1.00–1.36, P=0.054).
- This study is relevant for clinicians managing IBD patients with cardiovascular risk factors or arrhythmia concerns.

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