

ACCELERATED OR ESCALATED INDUCTION REGIMENS OF INFLIXIMAB FOR STEROID-REFRACTORY ACUTE SEVERE ULCERATIVE COLITIS IN CLINICAL PRACTICE: DATA FROM THE ENEIDA REGISTRY

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In a retrospective study of 339 patients with steroid-refractory acute severe ulcerative colitis treated with infliximab, conventional induction dosing was associated with significantly lower colectomy rates than escalated or accelerated regimens.

KEY POINTS

- Patients receiving conventional infliximab induction (5mg/kg at 0, 2, and 6 weeks) had colectomy rates of 1.5% at 30 days, 3.9% at 90 days, and 9.6% at one year, compared to 12.9%, 15.2%, and 20.9% respectively in those receiving escalated or accelerated regimens.
- Conventional induction was the only protective factor against colectomy at 30 days (OR 0.08) and 90 days (OR 0.19) in logistic regression analysis.
- Patients who received escalated or accelerated regimens had significantly lower baseline albumin levels and lower rates of prior thiopurine exposure, suggesting these regimens were used in patients with more severe disease presentations.
- No differences were observed between conventional and intensified regimens in rates of steroid reintroduction or infliximab discontinuation within the first year.
- This registry study may be of interest to gastroenterologists managing acute severe ulcerative colitis and considering infliximab induction strategies.

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