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Summary

Optimising medical treatment of IBD when resources are scarce

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Surgery | Primary Care | IBD

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The speaker addresses challenges in managing IBD in low-resource settings, emphasizing that not all patients require advanced therapies and proposing cost-optimization strategies including risk stratification, use of immunomodulators, biosimilars, and Jak inhibitors as first-line options, alongside improved accessibility through rural outreach programs.

KEY POINTS

- The speaker reported that in a study of over 10,000 patients across 15 countries in the developing world, only 4% ever received biologics, compared to 50% of ulcerative colitis and 75% of Crohn's disease patients on biologics by five years in high-income settings.
- The speaker stated that 20 to 30% of Crohn's disease patients have milder disease, with 40 to 50% continuing mild disease up to 15 years after diagnosis, and global forecasts suggest nearly 50% of Crohn's disease patients may not need advanced therapy.
- The speaker presented data on 1,000 patients followed for over five years, of whom 600 stopped biologics, with most relapses occurring between the first and second year, suggesting a feasible exit strategy for biologics.
- The speaker recommends considering Jak inhibitors and generics as first-line therapy before biologics in resource-limited settings, citing their lower cost, oral administration, and elimination of infusion centre requirements.
- The speaker described a rural outreach program using mobile units to provide colonoscopy, ultrasound, and free medications directly in villages, addressing accessibility barriers for the 70% of patients in low- and middle-income countries living in rural areas without facility access.

– The speaker presented the IBD Inc West Madras consensus on advanced therapies, which includes Jak inhibitors as first-line options, de-escalation strategies after one year of remission, and affordability as a legitimate consideration in shared treatment decisions.

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