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Summary

THE PREDICTIVE VALUE OF IRON DEFICIENCY ANAEMIA AND THE SEVERITY OF ANAEMIA ON THE ONE-YEAR DISEASE COURSE OF INFLAMMATORY BOWEL DISEASE

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In a retrospective cohort of 713 IBD patients followed for one year, iron deficiency anaemia without elevated inflammatory markers predicted worse outcomes including treatment escalation and major complications.

KEY POINTS

- Iron deficiency anaemia increased the risk of all complications (OR 2.745, p<0.001) and major complications including hospitalization (OR 2.606, p=0.002) but not abdominal surgery
- The severity of anaemia correlated with the prevalence of major complications (p<0.001), and CRP level was associated with anaemia severity (p<0.001)
- Iron deficiency anaemia was defined as CRP >10 µg/ml, ferritin <30 µg/ml, transferrin saturation <20% with anaemia present; severe anaemia as haemoglobin <100 g/l
- The study included 713 consecutive patients (median age 43 years, 402 Crohn's disease, 311 ulcerative colitis) from two centres with median 1.06 year follow-up
- The authors suggest that iron deficiency anaemia should be incorporated into treat-to-target strategies and monitored closely, with therapeutic intervention beyond iron replacement considered

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