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Summary

IMPACT OF TYPE 2 DIABETES ON CLINICAL OUTCOMES AND BIOLOGIC THERAPY USE IN PATIENTS WITH CROHN'S DISEASE: A REAL-WORLD PROPENSITY SCORE-MATCHED ANALYSIS

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In a propensity-matched cohort of 19,285 Crohn's disease patients per group, comorbid type 2 diabetes was associated with significantly higher rates of corticosteroid use, abdominal surgery, and adverse events, but lower anti-TNF therapy initiation.

KEY POINTS

- Corticosteroid use was significantly higher in Crohn's disease patients with type 2 diabetes (48.7%) compared to those without diabetes (36.7%), with a risk ratio of 1.33.
- Abdominal surgery was more common in the diabetes cohort (27.8% vs 24.3%, risk ratio 1.14), and drug adverse events occurred more than twice as frequently (3.5% vs 1.4%, risk ratio 2.54).
- Anti-TNF therapy use was lower in diabetic patients (8.6% vs 9.9%, risk ratio 0.88), while no significant differences were observed for vedolizumab, JAK inhibitors, or IL-23 agents.
- This retrospective study using the TriNetX network included adult Crohn's disease patients diagnosed between 2005 and 2023, with median follow-up exceeding 1,000 days in both matched cohorts.
- The authors suggest these findings indicate a more complex disease trajectory in patients with both conditions and highlight the need for tailored management strategies.

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