SESSION 5

ELDERLY AND IBD

Managing Inflammatory Bowel Diseases in the Elderly Population

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Approximately 1% of elderly Canadians have IBD, and the prevalence is increasing by nearly 3% per year. Approximately 15% of all persons with IBD are >65 years of age. Hence, this a special demographic of persons with IBD because elderly persons are more complex to treat. Polypharmacy can have an impact on medication choice. Concurrent comorbidities may make potential drug toxicity an even bigger problem. For instance, use of prednisone may have further adverse effects on persons with diabetes or osteoporosis. The risk for fracture or venous thromboembolic disease is significantly increased in IBD and the highest incidence of these complications is in the elderly. Shingles and pneumonia risks are increased by immunomodulatory drugs and further worsened in the elderly with potentially worse consequences. The elderly are at increased risk for postoperative complications, yet once they undergo IBD surgery, they are less likely to be treated with postoperative prophylaxis. The incidence of cancer secondary to medication use is quite low, but the elderly have higher baseline rates of cancers, and these may arise in the course of IBD treatment. Sometimes it can be difficult to determine whether therapy had any impact on cancer development (i.e. for skin cancers and lymphoma), however, the diagnosis of cancer may lead to medication discontinuation regardless. Frailty and cognitive impairment can impact how the elderly handle the complexities of IBD, their symptoms, medications, and even access to their healthcare providers. While our primary goal with medication management is to ensure safety of the medications in all age groups, this is particularly true for the elderly. However, the clinical trial literature on which we aim to base current management approaches is woefully inadequate when it comes to the robustness of the data in the elderly population.

References

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