



SESSION 2

OBESITY AND IBD

Obesity in IBD: Clinical considerations

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The incidence and prevalence of IBD is rising in parallel with the global obesity epidemic. Approximately 15–40% of adult patients with IBD are obese and an additional 20–40% are overweight. Obesity is associated with an increased risk of developing Crohn's disease (CD), but not ulcerative colitis (UC). Obesity may contribute to the development and perpetuation of IBD through multiple pathways, including systemic and paracrine pro-inflammatory cytokines, adipokines and chemokines, increased gut bacterial translocation, and dysbiosis. In patients with IBD, obesity may negatively impact clinical course and healthcare utilization. Obesity is independently associated with lower rates of achieving remission, higher rates of relapse and inferior quality of life in patients with CD and UC. Besides inducing a state of low-level systemic inflammation, obesity negatively impacts the pharmacokinetics of biologic agents leading to higher drug clearance and lower trough concentration. Based on observational studies, patients with obesity are more likely to experience treatment failure and require dose escalation with biologic therapy, though post-hoc analyses of clinical trials do not suggest a negative impact of obesity on rates of clinical remission and endoscopic healing in the short term. Besides an impact on medical management, abdominal surgery in patients with obesity is technically challenging and is usually associated with higher rates of post-operative complications. In light of the negative impact of obesity on the natural history and treatment response in patients with IBD, it is conceivable that treating obesity might improve outcomes in patients with IBD similar to what has been observed in other immune-mediated inflammatory diseases.

Key References

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