

Poster Presentation

TITLE	Assessment of Steroid Use in Patients with Inflammatory Bowel Disease
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ABSTRACT DETAILS:	
Background:	While steroids remain the mainstay of treatment for patients with an exacerbation of inflammatory bowel disease (IBD), the use of steroids as maintenance therapy is limited. Side effects of long-term steroid use include cushingoid appearance, hypertension, osteoporosis, diabetes mellitus and aseptic necrosis of bone. The European Crohn's and Colitis Organisation (ECCO) consider steroid excess as disease requiring more than two steroid courses within the previous 12 months or disease flare when tapering steroids or within 3 months of stopping steroids. ^{1,2} The aim of the study was to analyse steroid use in patients with IBD and establish whether exposure is in accordance with current guidelines.
Method:	A steroid assessment tool was used to collect data from patients with IBD who had been admitted to the gastrointestinal ward and out-patients attending IBD clinics at Aberdeen Royal Infirmary over a two-month period. The sub-type of IBD, previous and current treatments and details concerning oral steroid use within the preceding year were recorded.
Results:	In total, 43 patients took part in the study (Crohn's disease = 17; ulcerative colitis = 25; indeterminate colitis = 1). 44% (n=19) had quiescent disease at last measurement, 37% (n=16) had mild disease, 7% (n=3) had moderate disease and 12% (n=5) had severe disease. 37% (n=16) of participants had received steroids in the preceding year while 63% had been steroid-free (n=27). Of those who had received steroids, 75% were also co-prescribed bone protection. 75% (n=12) had received only one course of steroids in the last 12 months while 3 patients had received two courses and 1 patient had received three courses. 56% (n=9) of steroid use was deemed to be appropriate whilst 44% (n=7) was classed as steroid resistance/dependence. Excess steroid exposure occurred in 16% of patients, which is comparable to 13.8% in the UK nationwide audit.
Conclusions:	Steroids are very effective when inducing remission in IBD however prolonged use can be detrimental. Monitoring steroid use in patients with IBD would improve awareness of excess exposure and encourage clinicians to adopt steroid sparing strategies.
References:	1. Van Assche G. The second European evidence-based consensus on the diagnosis and management of Crohn's disease: definitions and diagnosis, ECCOJC 2010; 7-27. 2. Dignass A. Second European evidence-based consensus on the diagnosis and management of ulcerative colitis part 1: definitions and diagnosis. ECCOJC 2012; 965-90.