

## Background

The limited data regarding treatment of inflammatory bowel disease (IBD) with anti-tumor necrosis factor antibodies in older patients suggest equal efficacy but higher morbidity and mortality compared to younger patients. This retrospective case control study aims to clarify the efficacy and safety of infliximab (IFX) in older IBD patients.

## Methods

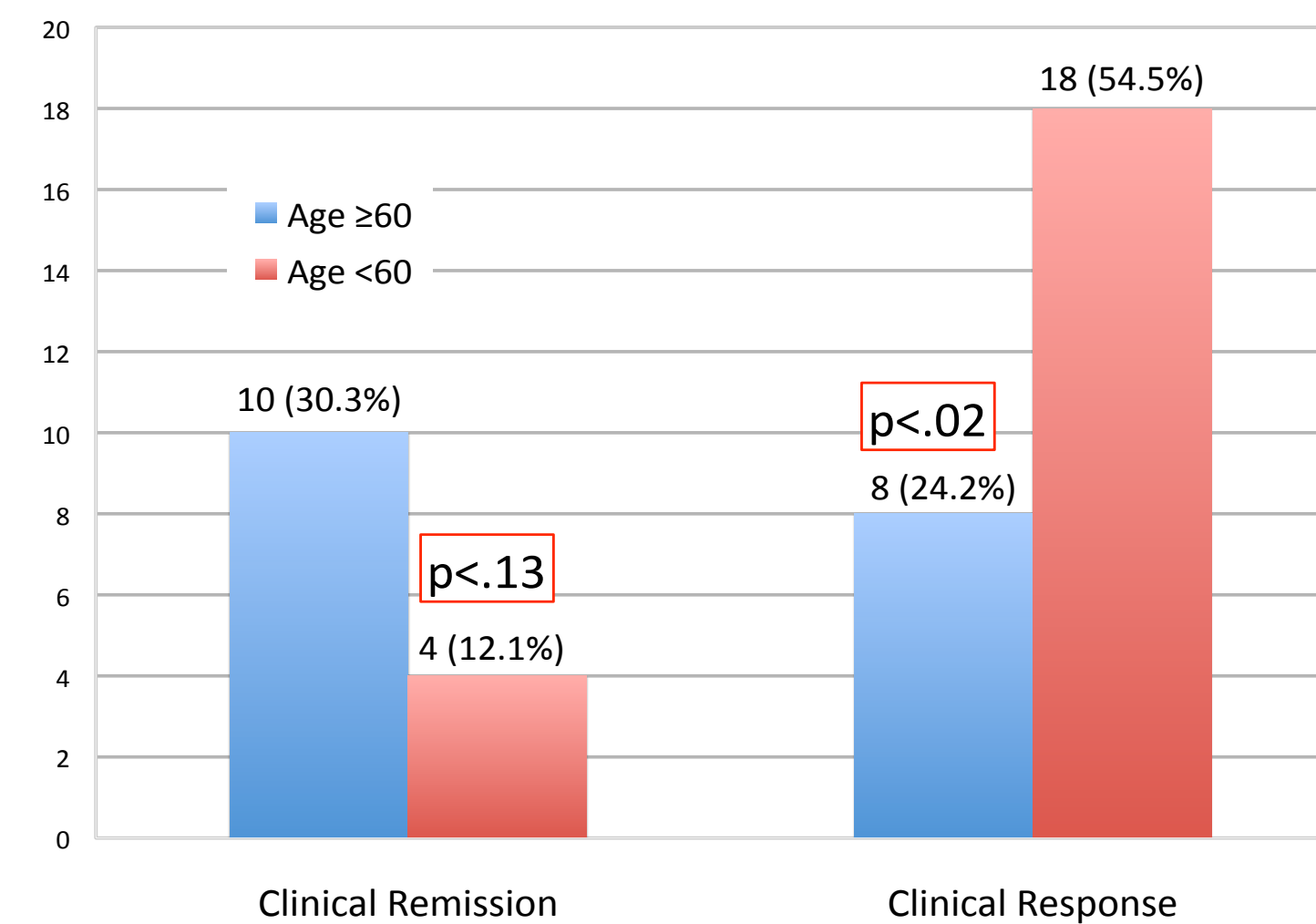
- IBD patients ≥ 60 y.o. treated with IFX at a single tertiary IBD center from 2006-13 were identified from ICD-9 codes.
- Study patients were matched with control IBD patients <60 y.o. on sex, IBD phenotype/location and disease duration.
- Retrospective chart review was conducted to assess clinical and endoscopic remission/response and adverse events (AE) related to IFX.

## Results

### Demographics

- n= 33 pts ≥60 y.o. (study group); n= 33 pts <60 y.o. (control group)
- Sex (each group): 20 women, 13 men
- Age:  $\bar{x}$  = 70.6 (60-83 ) vs. 40.6 (23-59)
- IBD type (each group): CD n=16 (48.5%), UC n=16 (48.5%), indeterminate colitis n=1 (3%)

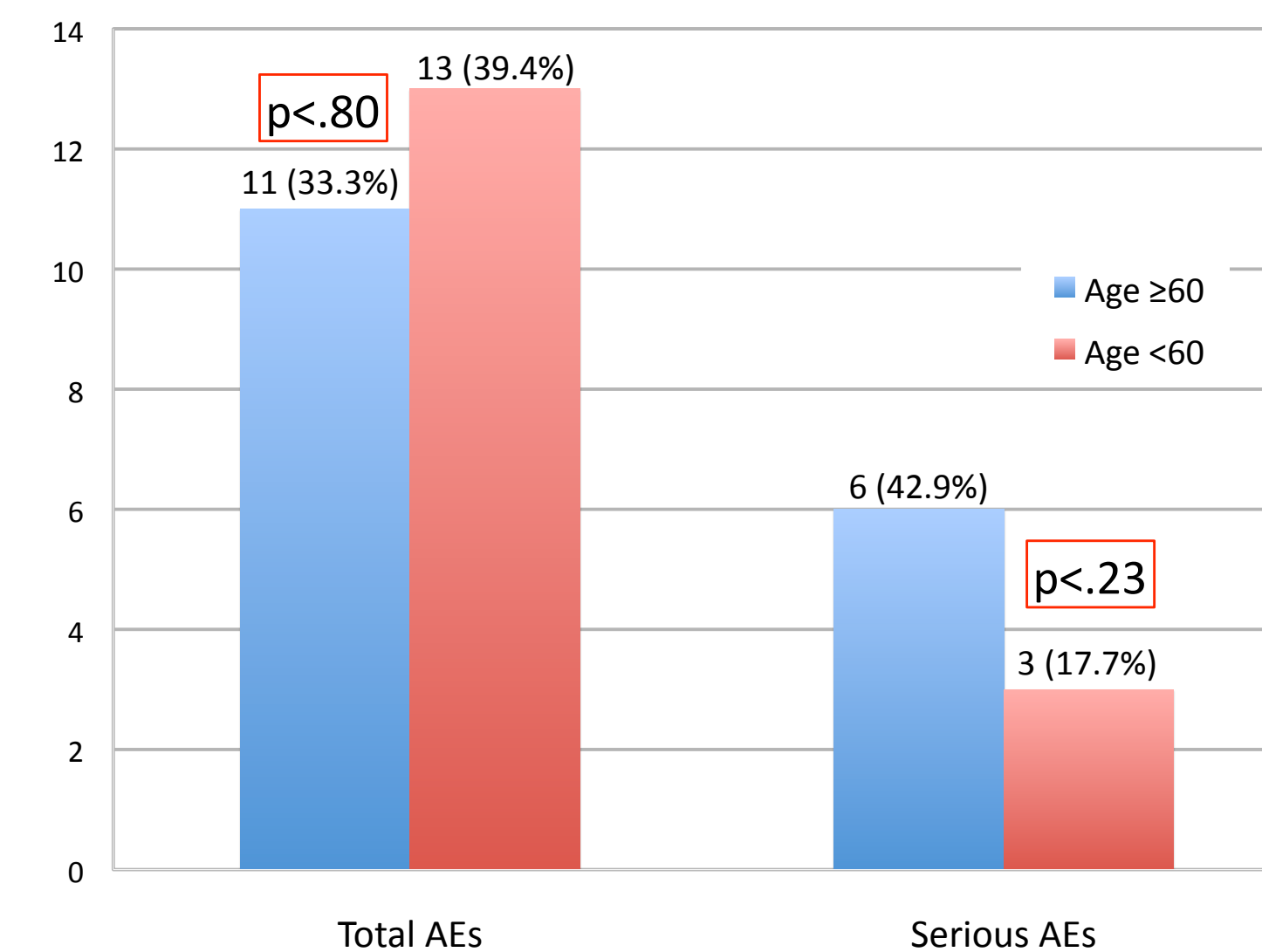
### Clinical Efficacy



- Remission = 1) Physician's global assessment (PGA) 2) No pain meds/steroids/additional IBD meds 3) No hospitalizations/surgeries. → 10 study pts (30.3%) vs. 4 control pts (12.1%), p<.13
- Response = Sx improvement (PGA). → 8 study pts (24.2%) vs. 18 control pts (54.5%), p<.02

## Results

### Adverse Events



- Total AEs (related to IFX): 11 study pts (33.3%) vs. 13 control pts (39.4%), p<.80
- Serious AEs: 6 study pts (42.9%) vs. 3 control pts (17.7%), p<.23.
- Serious AEs included infections requiring hospitalization, congestive heart failure, lupus-like reaction, and malignancy

## Results

### Endoscopic Response

- Endoscopic Remission: 5/19 study pts (26.3%) vs. 2/20 control pts (10%), p<.24
- Endoscopic Improvement: 5/19 study pts (26.3%) vs. 10/20 control pts (50%), p<.91

## Conclusions

- IBD patients ≥ 60 years old treated with IFX have similar rates of clinical remission but lower rates of clinical response compared to younger patients.
- The rate of AEs was similar in older and younger patients.
- Retrospective study /small sample size limit data interpretation.

## Future Directions

- Control for age-related morbidity by studying older IBD pts treated with medical therapy other than IFX