The Use of Infliximab in Older Inflammatory Bowel Disease Patients
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Introduction
Limited data suggest anti-tumor necrosis factor (TNF) antibodies have equal efficacy but higher morbidity and mortality in older compared to younger inflammatory bowel disease (IBD) patients¹.

Methods
IBD patients ≥ 60 y.o. treated with infliximab (IFX) from 2006-11 were identified from ICD-9 codes. A retrospective chart review evaluated clinical and endoscopic response as well as adverse events related to IFX.

Demographics
Among IBD patients treated with IFX at Jefferson (n=253), 27 (11%) were ≥ 60 y.o.; an additional 4 subjects previously treated with IFX elsewhere were included (n=31).
• Sex: 18 women, 13 men
• Age: Ẋ = 69.3 y.o. (60-81)
• IBD type: Crohn’s n=14 (45%), ulcerative colitis n=15 (48%), indeterminate colitis n=2 (7%).
• Duration IFX: Ẋ =26.5 mos (2-86)
• Concomitant immunomodulators (IMM): n=11 (35%)

Results – response to IFX
• Clinical remission: n=10 (32%)
  – Defined by physician global assessment, and no pain meds, steroids, additional IBD meds, or hospitalizations for IBD
• Clinical response: n=8 (26%)
• No clinical response: n=13 (42%)
• Endoscopic data pre & post IFX: n=17
  – Mucosal healing: n=4 (24%)
  – Improvement: n=5 (29%)
  – No improvement: n=8 (47%)

Results – Adverse Events (AEs)
• Patients with AEs related to IFX: n=10 (32%); 13 AEs total.
  • Serious AEs: n=6 (19%)
  • Mild infections: n=6 (19%)
  • Severe infections: n=2 (6%)
  • Infusion reactions: n=2 (6%)
  • Malignancies: n=1 (2 melanomas)
  • Congestive heart failure: n=1
  • Lupus-like reaction: n=1
  • AEs with concomitant IMMs: 3/11 (27%)
  • There were no deaths

Conclusions
• IBD patients ≥ 60 y.o. treated with IFX have a similar rate of clinical remission and response but a higher rate of serious AEs compared to younger patients².
• IFX is an effective therapy in older patients but should be used judiciously secondary to a higher rate of complications.

References