

Treatment Compliance in a Local IBD Cohort on Biologic Therapy During a Novel Coronavirus Pandemic

Grúpa Ospidéal
Oirthear na hÉireann



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Introduction:

- In response to the COVID 19 pandemic, guidelines were produced for "at risk" groups, including those on immunosuppression with "biologic" agents – Drugs frequently used in the long-term management of Inflammatory Bowel Disease (IBD).
- One major area of government advice involved the practice of "cocooning" - a measure to protect people over 70 years of age and those who are extremely medically vulnerable by minimising interaction between them and others, ie strictly avoiding contact with anyone who displays any symptoms of potential COVID-19, staying at home, and avoiding social gatherings.
- Advice specific to IBD patients was first published by the National Clinical Programme in Gastroenterology and Hepatology on 24th March 2020.

Methods:

- Currently there is no formal local registry of patients diagnosed with IBD and in receipt of biologic treatment(s) at our site. We therefore identified participants from authorisation documentation for adalimumab (Humira) between 2015 and 2020 (n=84).
- We distributed an 11 question survey to this group by post. Questions included current IBD treatment, whether there had been any recent change to medications, cocooning adherence, perceived risk from IBD and IBD medications in relation to COVID 19 and patient awareness of recommendations and guidelines. A time frame of 1st March 2020 – 31st August 2020 was clearly specified. A cover letter explaining the purpose of the study, a form requesting written consent for participation, and an addressed, stamped envelope were included.
- Responses were reviewed at 3 weeks post distribution. Data were tabulated and analysed using commercially available software (Microsoft Excel).
- A 50% response rate was achieved (n=42). 2 respondents were excluded as they had undergone colectomy and were on no long term immunosuppressant medications, yielding a cohort of 40 patients for analysis.

Aims:

- To assess whether the pandemic has reduced compliance with 'biologic' medications, and whether this resulted in disease flares.
- To assess patient awareness of current guidelines, and "cocooning" rates.

Results:

- The patients' current regimens consisted of adalimumab (n=31), infliximab (n=1), ustekinumab (n=6) and mesalazine monotherapy (n=2).
- During the specified timeframe, 3 patients prescribed biologics discontinued their therapy (Fig 1).
- 40% of patients reported a flare or worsening symptoms at some point during the specified period (see Fig 2). One required admission for treatment of proctitis.
- 47% of patients reported cocooning at some point during the specified period, with all those over 70 years (n=3) cocooning for the full time period (Fig 3).
- 65% (n=26) of respondents believed they were at increased risk from COVID 19, with 43% (n=17) aware of current guidelines for IBD patients.
- Awareness of current recommendations regarding immunosuppression and COVID 19 varied across age groups (Fig 4).

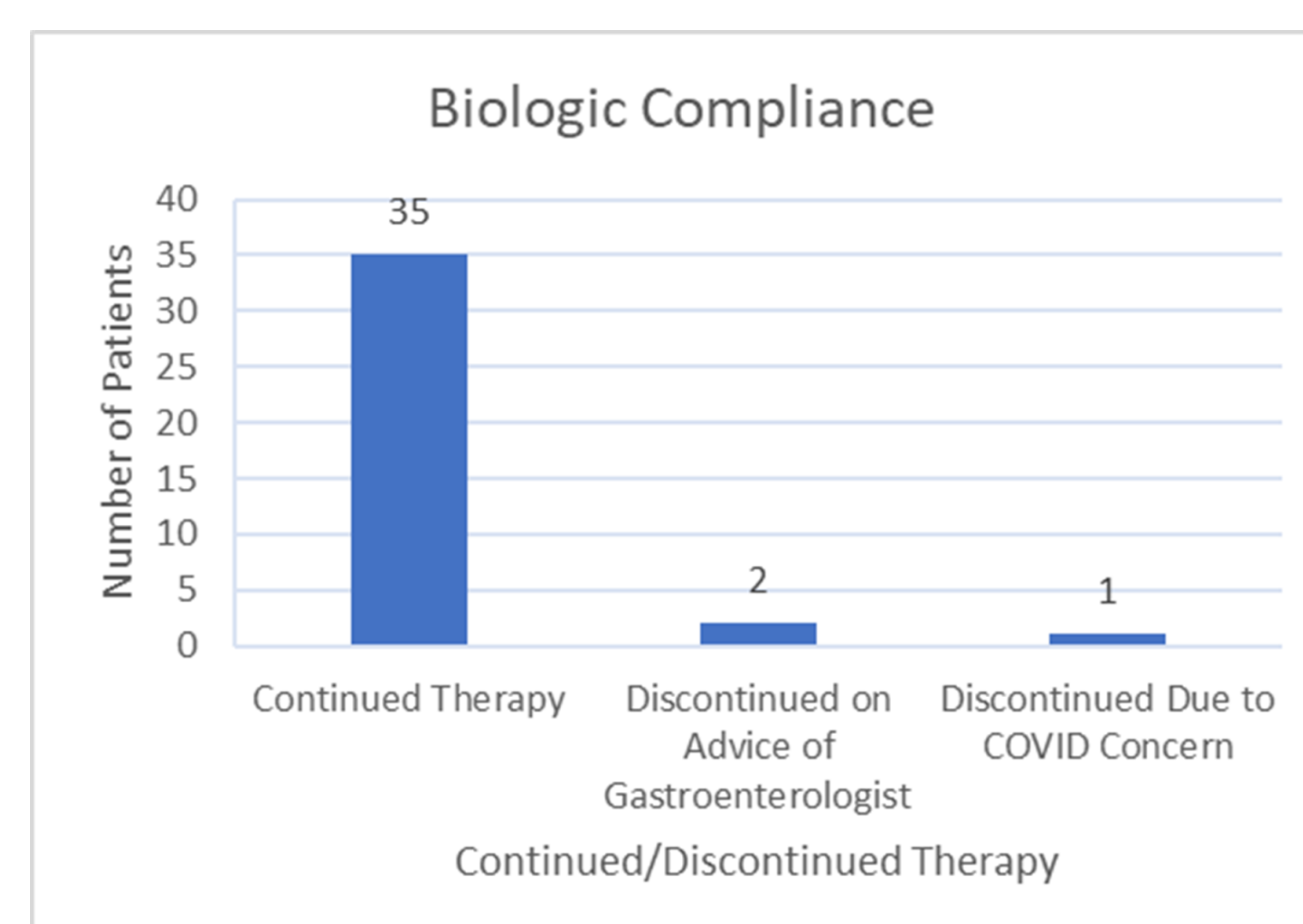


Fig 1 –Biologic Compliance
3 patients discontinued biologic treatment during the study period. 2 did so on the advice of their Gastroenterologist. Only 1 patient ceased treatment due to COVID 19 concerns. This individual reported no worsening of symptoms or disease flare(s).

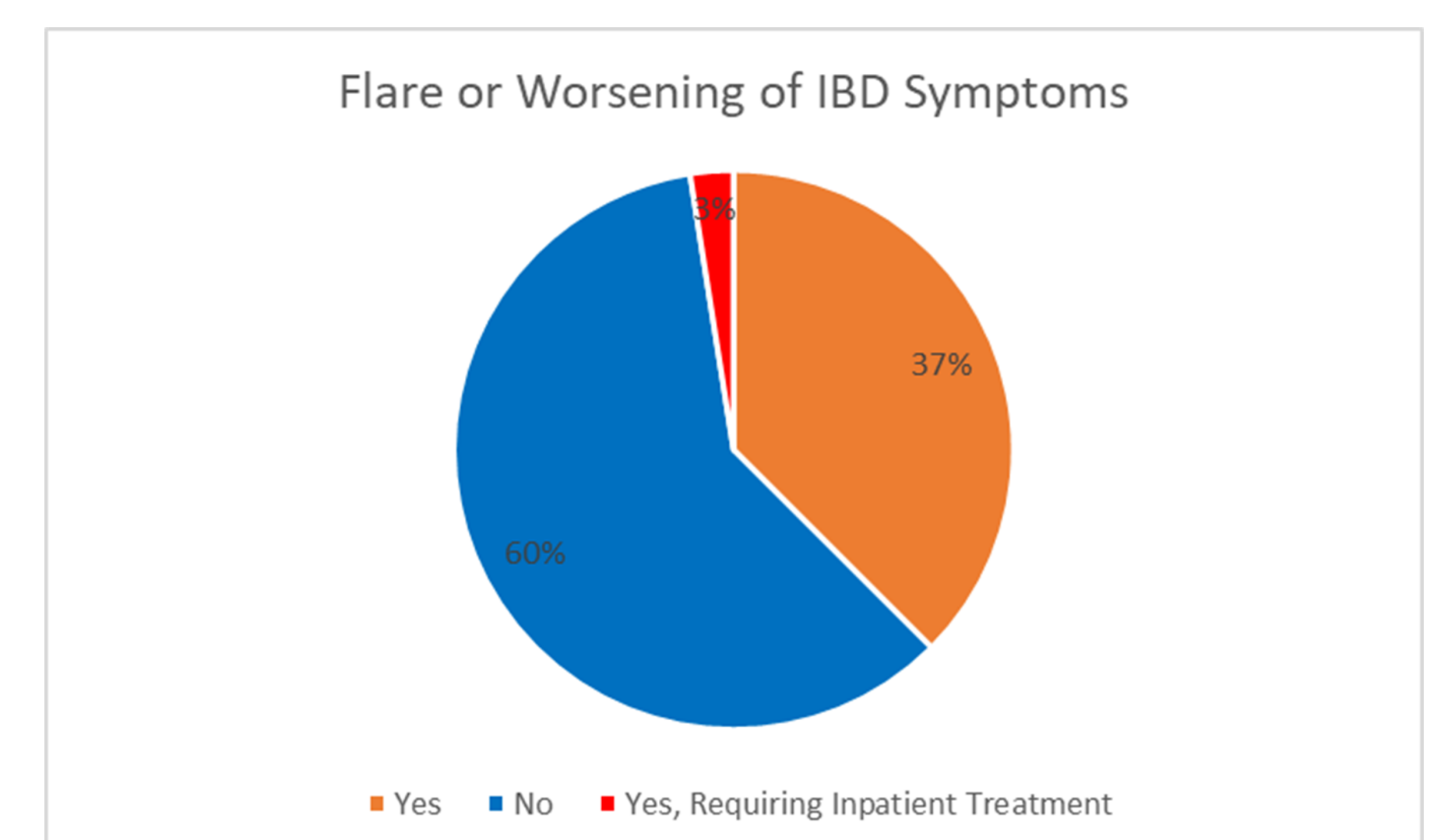


Fig 2 Flare or worsening of Symptoms
40% of respondents reported a flare or worsening of IBD symptoms during the study period. Only 1 patient required hospital admission.

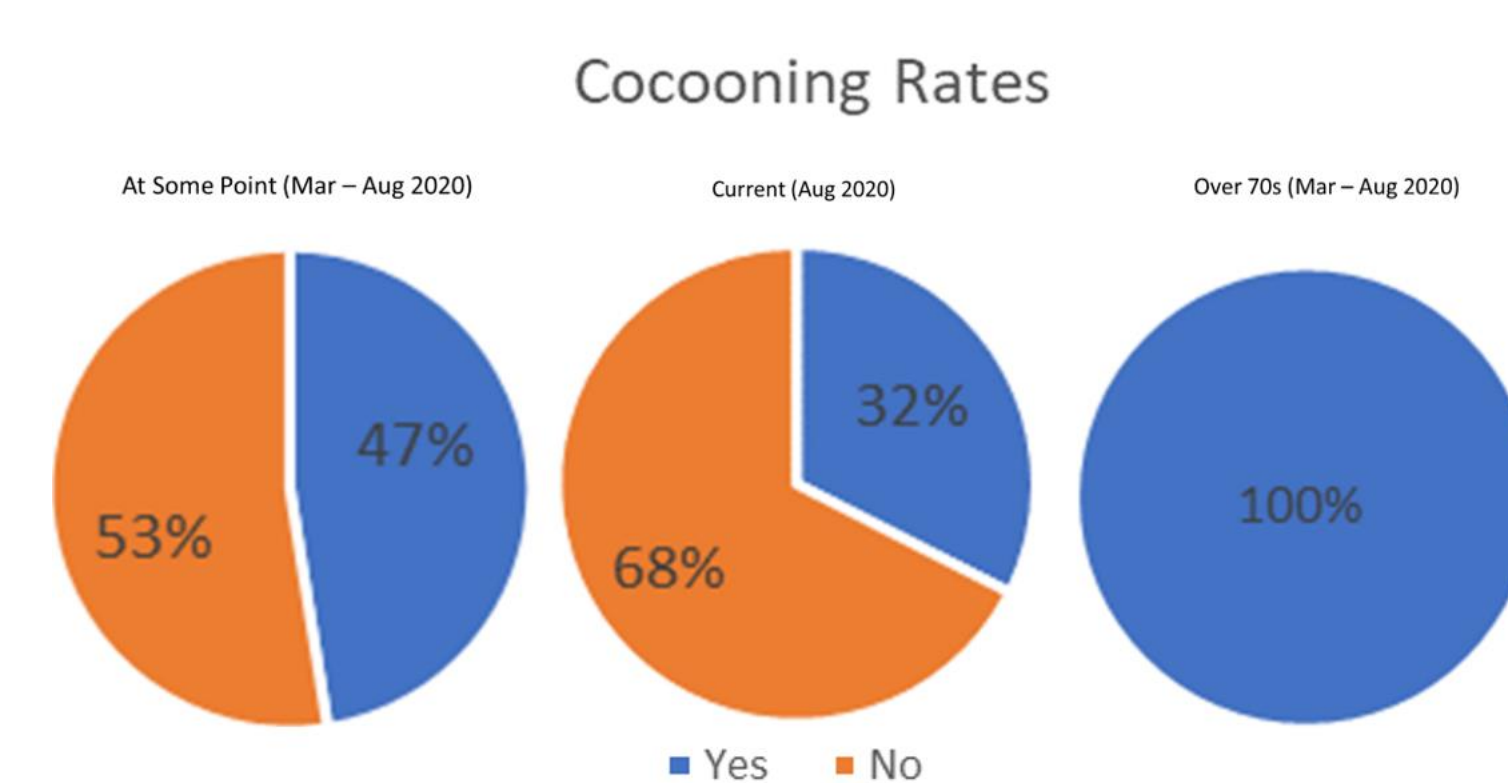


Fig 3 Cocooning
47% (n=19) of patients cocooned at some point between March and August 2020. 33% (n=1) continued to do so as of August 2020. All respondents over 70 years cocooned and continued to do so as of August 2020.

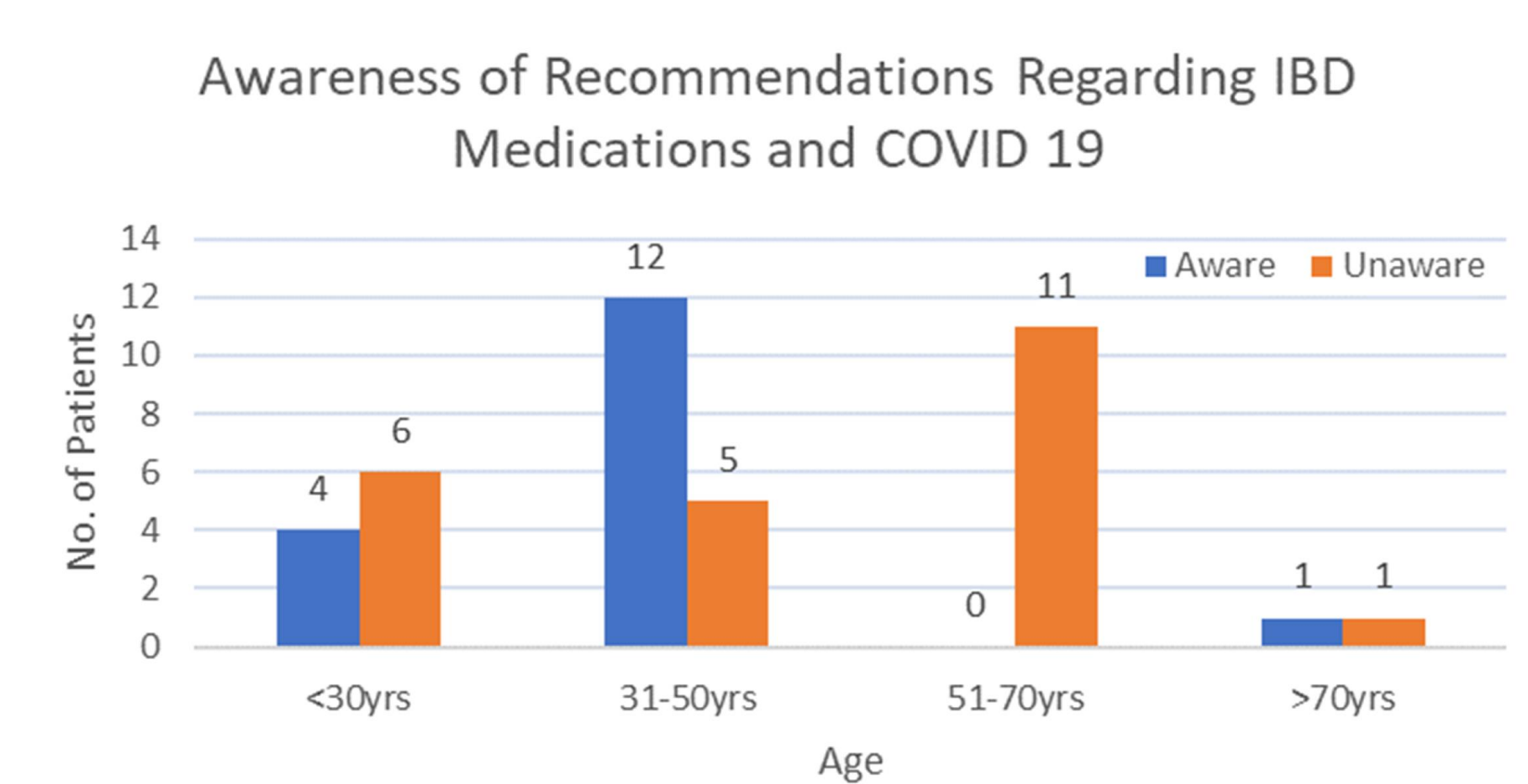


Fig 4 – Awareness of Recommendations Regarding IBD Medications and COVID 19
43% (n=17) of patients reported awareness of current recommendations. Awareness varied across age groups, with 31-50 year olds being the most aware, and 0 out of the 9 51-70 year olds who responded reporting awareness of current guidelines.

Conclusions:

- This study suggests that the COVID 19 pandemic has not had a significant detrimental impact on biologic agent compliance in our IBD cohort, despite half of the patients surveyed believing they are at increased risk as a result of their medications. This good compliance could be further supported by reassuring patients that, to date, the data suggests IBD is not an independent risk factor for COVID 19, and that biologic agents have not been associated with worse outcomes in cases of COVID 19 infection^{2,3}.
- The majority of survey respondents were unaware of current recommendations regarding IBD medications and COVID 19. Awareness was particularly poor in the over 50s. This makes a case for targeted advice to this group given their specific concerns/perceived increased risk and the importance of continued medication compliance to prevent disease flares.
- A local database of IBD patients on biologic agents would be a useful tool for further research and for the targeted dissemination of information going forward.

References:

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