

Many ulcerative colitis patients with anemia do not receive testing and treatment, study reports

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Many patients with ulcerative colitis don't receive recommended testing and treatment for the common problem of iron deficiency anemia, reports a study in the October issue of *Inflammatory Bowel Diseases*, official journal of the Crohn's & Colitis Foundation of America (CCFA). The journal is published by Wolters Kluwer.

About one-third of ulcerative colitis patients with anemia are not tested for iron deficiency--and nearly one-fourth of those diagnosed with iron deficiency anemia don't receive iron replacement therapy, suggests the new research by Nabeel Khan, MD, of University of Pennsylvania Perelman School of Medicine, Philadelphia, and colleagues. "Our study emphasizes the need to educate gastroenterologists and general practitioners to diagnose and treat iron deficiency anemia at an early stage," the researchers write.

'Inadequate Monitoring and Treatment' of Iron Deficiency in Patients with Ulcerative Colitis

The study used nationwide data on 836 patients newly diagnosed with ulcerative colitis in the Veterans Affairs (VA) health care system from 2001 to 2011. Over a median eight years' follow-up, 70 percent of patients developed anemia: low levels of hemoglobin, which carries oxygen in the blood.

The study focused on how many of these patients were tested and treated for iron deficiency anemia--a common complication of ulcerative colitis, caused by intestinal bleeding and malnutrition. Iron deficiency anemia has profound effects on health, including declines in physical and cognitive abilities.

The results showed "inadequate monitoring and treatment of anemia and iron deficiency" among patients with ulcerative colitis. Of the patients who developed anemia, 31 percent did not undergo recommended tests for iron deficiency. Sixty-three percent of patients tested were diagnosed with iron deficiency anemia.

However, only 76 percent of those diagnosed with iron deficiency anemia received recommended iron replacement therapy. That left about one-fourth of patients untreated, despite testing and diagnosis.

All of the treated patients received oral iron supplements. That included patients with severe anemia, for which intravenous iron supplementation is the preferred treatment.

Treatment rates increased with the severity of iron deficiency anemia: 55 percent in mild cases, compared to 76 percent in moderate and 91 percent in severe cases. "This finding...could explain the high prevalence of moderate to severe iron deficiency anemia in our population, as they were not treated during the early stage of their anemia," Dr. Khan and coauthors write.

The study also found some significant regional differences. Testing for iron deficiency anemia was less likely for patients in the Midwest and South regions, compared to the Northeast and West--possibly reflecting differences in physician awareness or patient follow-up care.

The researchers note some strengths and limitations of their study. While based on nationwide data, the study was limited to patients in the VA system, who may differ from the general population of ulcerative colitis patients.

Given the high prevalence and health impact of iron deficiency anemia, testing and treatment for iron deficiency should be added to the ulcerative colitis care quality indicators listed by the CCFA and the American Gastroenterology Association, Dr. Khan and colleagues believe. They write, "Testing and treatment are both easily measurable parameters, and emphasizing their importance will lead to better patient outcomes."

Source:

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