GENDER DISPARITIES IN TREATMENT AND HEALTHCARE UTILIZATION IN PATIENTS WITH ULCERATIVE COLITIS: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Introduction

- Gender disparities in medical treatment and healthcare access are widely recognized across various chronic diseases.
- However, limited data exist specifically evaluating these disparities in ulcerative colitis (UC), a major subtype of inflammatory bowel disease (IBD).
- Understanding gender-based differences in medication use, surgical management, and hospitalizations can help improve patient-centered care in UC.
- This systematic review and meta-analysis aims to quantify gender disparities in the management of UC and explore their impact on treatment decisions and healthcare utilization.

P	I	C	O	S
Population	Intervention	Control	Outcome	Study Design
Adult patients (≥18 years) diagnosed with Ulcerative Colitis (UC)	Sex-based comparison of UC treatment and healthcare utilization	Male vs. Female UC patients	Primary Outcomes: -Medical Treatment Disparities -Surgical Outcomes -Healthcare Utilization	Systematic review and meta-analysis

Total studies screened: 1544 across 4 databases
Total Studies Included: 8 studies with a total of 47,089 UC patients

Results


Female


Male

- Biologic Therapy OR: 0.89 (95% CI: 0.69–1.15, p = 0.36)
- Corticosteroid Use OR: 1.17 (95% CI: 0.89–1.54, p = 0.27).
- Immunomodulator Use: **OR: 0.89** (95% CI: 0.85–0.94, p < 0.0001).

- Total Abdominal Colectomy: OR: 0.78 (95% CI: 0.55–1.10, p = 0.15)
- Any Surgical Intervention: OR: 0.94 (95% CI: 0.59–1.52, p = 0.81)

- UC-Related Hospitalization Rates: **OR: 1.41** (95% CI: 1.22–1.64, p < 0.00001, I^2 = 16%).

Conclusion

📌 *Sex-based differences in UC management exist, particularly in immunomodulator use and hospitalization rates. Addressing these disparities through personalized treatment approaches may improve outcomes for female UC patients.*

Discussion

- Underuse of Immunomodulators in Women: May reflect provider bias or concerns about safety during childbearing years.
- Balanced Use of Biologics and Steroids: Suggests growing consistency in evidence-based prescribing across genders.
- Comparable Surgical Rates: Despite more hospitalizations, women did not undergo surgery more frequently.
- Higher Healthcare Burden in Women: Increased hospitalizations point to potential gaps in disease monitoring or support.
- Call for Gender-Informed Strategies: Emphasizes the need to tailor UC care with gender considerations in mind.

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