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Efficacy and Safety of Contemporary medical therapies , including Advanced therapies, in Elderly patients with Inflammatory bowel disease: A Prospective Single centre Cohort study

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BACKGROUND

- IBD burden has risen sharply in India, but elderly patients remain under-studied and often undertreated.
- TB endemicity, high infection risk, frequent co-morbidities, fear of adverse events coupled with high cost, frequently limit escalation to effective treatment in this group.

AIMS

To describe clinical, biochemical, and endoscopic outcomes in elderly Indian IBD patients treated with contemporary therapies, and to characterise their safety profile.

METHODS

- Prospective observational study
- Patients aged ≥60 years with UC or CD at a North Indian tertiary centre; enrolment over 18 months
- Disease activity assessed at baseline and 3, 6, and 12 months.
- Clinical remission: HBI <5 (CD) or Partial Mayo <3 with no sub score >1 (UC)
- Biochemical remission: Normal CRP and/or Fecal calprotectin (FCP) <150 µg/g
- Endoscopic healing: SES-CD <3 or no ulcers (CD); UCEIS score 0–1 (UC)
- Therapies used: 5-ASA, thiopurines, corticosteroids, anti-TNF agents, Vedolizumab, Ustekinumab, Tofacitinib
- All biologic/tofacitinib candidates underwent stringent TB screening; all adverse events (AEs) recorded prospectively

RESULTS

- **86 patients**: UC 46 (53.5%), CD 40 (46.5%); **52/86 (60.5%) had elderly-onset IBD**
- Baseline medications : 5-ASA (41.9%), Thiopurines (24.4%), Biologics (20.9%), Steroids (10.5%), Tofacitinib (2.3%)
- At 12 months therapy : Thiopurines 36.0%, **Biologics 31.4% (UST 9, VDZ 8, ADA 6, IFX 3),** 5-ASA 27.9%, **Tofacitinib 2.3%,** Steroids 2.3%
- **Clinical Remission** achieved at 12 months
  - CD: 37/40 (92.5%)
  - UC: 38/46 (82.6%)
- **Endoscopic Healing (scoped subset)**
  - CD: SES-CD 0–2 in 21/35 (60.0%)
  - UC: UCEIS 0–1 in 8/41 (19.5%)
- **Biochemical Remission at 12 months** :
  - CRP normalisation: UC 39/46 (84.8%), CD 30/39 (76.9%)
  - FCP <150 µg/g: UC 38/46 (82.6%), CD 31/40 (77.5%)
- **16/86 (18.6%) developed ≥1 therapy-related Adverse events**
- Thiopurines (10/31): Leukopenia x 4, Transaminitis ×5, Pancreatitis ×1
- Biologics (4/26): Herpes Zoster ×2, Cryptococcal meningitis ×1, Pleural TB ×1
- Tofacitinib (2/2): Transient leucopenia in both patients
- 1 death (multimorbid, was anti-TNF treated)
- No IBD-related surgery

Table 1. Baseline characteristics and therapy exposure in elderly Indian IBD (N=86)

Variable	UC (n=46)	CD (n=40)
Age, years, median	68 years(60-93)	70 years(60-90)
SEX (M/F)	24/22	18/22
Elderly-onset IBD (diagnosed ≥60), n (%)	23(26.70%)	29(33.70%)
Charlson Comorbidity Index ≥1, (%)	65.2%	52.50%
THERAPY USED	BASELINE	FINAL
5-Aminosalicylates	36 (41.90%)	24 (27.90%)
Thiopurines	21 (24.40%)	31 (36%)
Systemic Corticosteroids	9 (10.50%)	2(2.30%)
Tofacitinib	2 (2.3%)	2 (2.3%)
Biologics (Total)	18 (20.90%)	26 (30.2%)
Adalimumab	5 (5.8%)	6 (7%)
Vedolizumab	4 (4.6%)	8 (9.3%)
Ustekinumab	5 (5.8%)	9 (9.3%)
Infliximab	3 (3.5%)	3 (3.5%)

Table 2. Outcomes and adverse events (N=86)

Outcome / Safety variable	UC	CD
Clinical remission at final visit, n/N (%)	38/46 (82.6%)	37/40 (92.5%)
Endoscopic healing at final visit (scoped subset), n/N (%)	8/41 (19.5%)	21/35 (60.0%)
CRP normalisation	39/46 (84.8%)	30/39 (76.9%)
Fecal calprotectin < 150 mcg/g	38/46 (82.6%)	31/40 (77.5%)
Adverse event, n (%)	10 (21.7%)	6 (15%)
Serious infections	3 (2 Herpes Zoster, 1 Cryptococcal Meningitis)	1 (Pleural TB)
Deaths	0	1 (multiple co-morbidities)
IBD-related surgery during follow-up	0	0

CONCLUSIONS

- **Contemporary therapy — including biologics and tofacitinib — achieved high clinical remission (CD 92.5%, UC 82.6%) in elderly IBD patients from a TB-endemic, resource-limited setting**
- **Biochemical remission rates, CRP and FCP normalization rates and mucosal healing rates were robust**
- **Overall safety was acceptable: 18.6% therapy-related AEs, no IBD-related surgery, and 1 death in a multimorbid patient**
- **These findings support timely, individualized, steroid-sparing escalation to advanced therapies in elderly IBD — effective agents should not be withheld solely on the basis of age**

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