Introduction Concern has been raised about long-term use of antidepressant medications (ADM) by the Royal College of Psychiatrists (RCPsych) in the general population. Anxiety and depression, for which these medications are often used, is more common in Inflammatory Bowel Disease (IBD). However, little is known about patterns of ADM prescribing in this condition.

Aim To examine trends in prevalence, incidence and duration of ADM prescribing episodes among IBD patients in the UK compared to the general population and their use in keeping with national recommendations.

Methods Using Clinical Practice Research Datalink, a nationally representative research database, we identified IBD cases diagnosed from 2004 to 2016. A non-IBD comparison group was matched for age and sex. We selected medical record codes for the 8 most commonly used ADM, excluding tricyclics. We identified patients with an ADM code in that calendar year (prevalence) and the first prescription among non-prevalent users (incidence). We calculated the yearly median duration of prescribing episodes (days) and proportions on an ADM episode for more than 2 years.

Results We identified 12,397 cases of ulcerative colitis (UC), 5,297 cases of Crohn’s disease (CD) and 46,481 individuals in the comparison group. Prevalence of ADM use was higher in IBD patients from 2004–16 than in people without. Between 2004–16 ADM prevalence use increased from 100 to 145/1000 person years (PY) for CD and 88 to 142/1000 PY for UC ADM initiation rates remained stable for CD and UC at 25 to 24/1000 PY and 19 to 21/1000 PY respectively. Over time there was an increase in the median episode duration (211 to 234 days, coefficient 0.02, 95% CI -0.08–0.11).

In the latter study period, proportion of patients prescribed an ADM episode lasting at least two years was higher in IBD patients compared to controls (figure 1). Fifty-three percent of IBD patients received two or more ADM episodes.

Conclusion ADM initiation in IBD patients has remained stable. There is however a rising prevalence of ADM use and prescription duration. A greater proportion receives long-term prescriptions among IBD patients compared to the general population. These findings underscore the need to reassess ADM requirement and support cessation amongst IBD patients where indicated, in line with national recommendations.

Reference


P115 LOW GRADE DYSPLASIA PROGNOSIS IN THE 21ST CENTURY – A LARGE MULTI-CENTRE RETROSPECTIVE COHORT STUDY

Introduction Recent advances in ulcerative colitis (UC) endoscopic surveillance such as high-definition imaging and greater chromoendoscopy (CE) use have led to an increase in detection and resection of visible dysplasia. An updated study of prognosis of low grade dysplasia (LGD) is needed to address uncertainty as to the accuracy of progression rates based on historical studies.

Methods This retrospective cohort study involved four UK IBD centres. Hospital pathology databases were searched between 1 January 2001 and 30 December 2018 to identify adult patients with UC who had their first LGD diagnosis within the extent of colitis. Only patients followed up with at least one colonoscopy or colectomy by 30 August 2019 were included. The study end point was time to high grade dysplasia or cancer, i.e. advanced neoplasia (AN), or end of follow-up. Kaplan-Meier and Cox