Prevalence of Hospitalization and Readmission in Patients with Inflammatory Bowel Diseases

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Received: 13 June 2021 / Accepted: 22 July 2021 / Published online: 29 July 2021

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To the Editor

Nguyen et al. [1] conducted a retrospective cohort study investigating the association between baseline patient characteristics, disease activity indices, medication use, and subsequent risk of incident hospitalization within 1 year, and readmission within 1 year (in patients with hospitalization at first follow-up) among patients with inflammatory bowel diseases (IBD) using multivariable logistic regression. In their study, of 7902 patients (mean age 45.5 years, 72% females, 63% Crohn's disease), 17.4% were hospitalized within 1 year. Of these, 25.5% were readmitted within 1 year. Among other factors, pain interference and corticosteroid use were significantly associated with a higher risk of hospitalization, while no significant associations were observed for depression and anxiety [1].

We performed a retrospective analysis using data from the Disease Analyzer database (IQVIA), which compiles drug prescriptions, diagnoses, and basic medical as well as demographic data obtained directly and anonymously from computer systems of general practitioners and medical specialists in Germany [2].

The analysis included 30,238 IBD patients (mean age 52.4 years, 55.5% females, 51% Crohn's disease) in 1189 general practices (GP) in 2018. Of these, 11.3% were referred to hospitals, and 39.2% were readmitted within 1 year. In line with the results of Nguyen et al. [1], corticosteroid use was associated with a higher risk

of hospitalization (OR: 1.26, $p < 0.001$). However, in our analysis, both depression (OR: 1.32, $p < 0.001$) and anxiety disorder (OR: 1.17, $p = 0.030$) were significantly associated with hospitalization risk.

Comparing both studies, we would like to note that different methods were used, and analyses were performed in two different countries with slightly different patient populations. Our results based on the data from general practitioners and medical specialists in Germany confirmed the findings of Nguyen et al. [1], which showed the high prevalence of hospitalization and re-hospitalization in IBD patients. However, our analysis shows that this is important to take mental comorbidities seriously as factors influencing the risk of hospitalization in IBD patients.

References

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Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

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