Background: The association of several immune-mediated inflammatory diseases (IMIDs) in the same patient is well known[1]. Rheumatologic and dermatologic IMIDs are frequently diagnosed in patients with inflammatory bowel disease (IBD)[1]. However, the degree of knowledge that patients with IBD have about the coexistence of other IMIDs is little studied.

Objectives: Our aim was to evaluate the accuracy of self-reporting of IMIDs by patients with IBD.

Methods: Prospective, unicentric study that included patients attended in person at the IBD Unit of the Central University Hospital of Asturias (Oviedo-Spain) between August 2020 and December 2021. Patients were invited to participate in the study, and, after signing the informed consent, they answered a questionnaire about the presence or not of 50 IMIDs (self-reported diagnosis). The diagnosis of an IMID was confirmed in the medical records of each patient (reference diagnosis). Sensitivity, specificity, positive predictive value (PPV), negative predictive value (NPV) and accuracy (proportion of subjects correctly classified) of self-reporting was calculated. Statistical analyses were performed with R software version 4.0.2.

Results: A total of 1621 patients were included. Forty-four percent of patients had ulcerative colitis, 53% Crohn's disease and 3% an IBD-unclassified, sex distribution was 1:1, and the age at diagnosis of IBD was 38 ± 15.2 years. Seven hundred and twelve percent of patients were receiving mesalazine, 67 corticosteroids, 394 immunomodulators and 532 biologics. Six hundred and twenty-seven (39%) patients were diagnosed with at least one IMID, 177 (10.9%) with two, 49 (3%) with three, and 17 (1%) with more than three. Sixteen percent of patients had a dermatologic IMID and 15% a cutaneous IMID. Self-reporting of IMIDs by IBD patients showed a sensitivity, specificity, PPV, NPV and accuracy of 0.75 (95%CI 0.73-0.78), 0.89 (95%CI 0.86-0.91), 0.92 (95%CI 0.89-0.93), 0.69 (95%CI 0.66-0.73) and 0.81 (95%CI 0.79-0.83), respectively. Accuracy of self-reported diagnosis of IMIDs was lower among the rheumatic IMID group (Table 1).

Conclusion: Eighty-one percent of patients with IBD are able to correctly identify the coexistence of or not of other IMIDs. It was observed that in the case of rheumatologic IMIDs there is a significant percentage of patients who do not know whether or not they suffer from one of these conditions.

REFERENCE: