Selected Symptoms, n (%):	US (n=270)		DE (n=303)	
	Most Common Current Symptoms	Most Bothersome Symptoms	Most Common Current Symptoms	Most Bothersome
n	247	234	299	303
Missing, n	23	36	4	0
Abdominal cramps	125 (50.61)	104 (44.44)	77 (25.75)	107 (36.39)
Rectal bleeding	74 (29.96)	70 (29.91)	28 (9.36)	38 (12.93)
Diarrhoea bloody	73 (29.55)	83 (35.47)	64 (21.40)	172 (58.50)
Diarrhoea non-bloody	66 (26.72)	50 (21.37)	110 (36.79)	88 (29.93)
Tiredness/fatigue	59 (23.89)	44 (18.80)	70 (23.41)	35 (11.90)
Abdominal pain	53 (21.46)	57 (24.36)	79 (26.42)	69 (23.47)

Despite improvements in disease severity, 50.9% (US)/39.6% (DE) of patients were not in remission with only 6.7% (US)/7.1% (DE) achieving clinical remission as reported by the physician. Interestingly, 87.2% (US) / 90.6% (DE) of patients expressed satisfaction at the extent to which their current treatment was able to manage the disease with 58.1% (US)/ 63.6% (DE) believing that this is the best control that can be achieved.

Conclusions: In a real-world setting, patients show a physician assessed improvement in disease severity from the time of diagnosis to present day with a relatively high patient-reported satisfaction rate. However, patients continue to experience numerous symptoms related to UC and have difficulty reaching remission, with only a small proportion of the patients achieving clinical remission as reported by physicians, suggesting that with currently available treatment patients do not expect to have complete resolution of symptoms.

Reference

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Epidemiology, clinical characteristics, evolution and treatments in newly diagnosed inflammatory bowel disease (IBD): results from the nationwide EpidemIBD study of GETECCU

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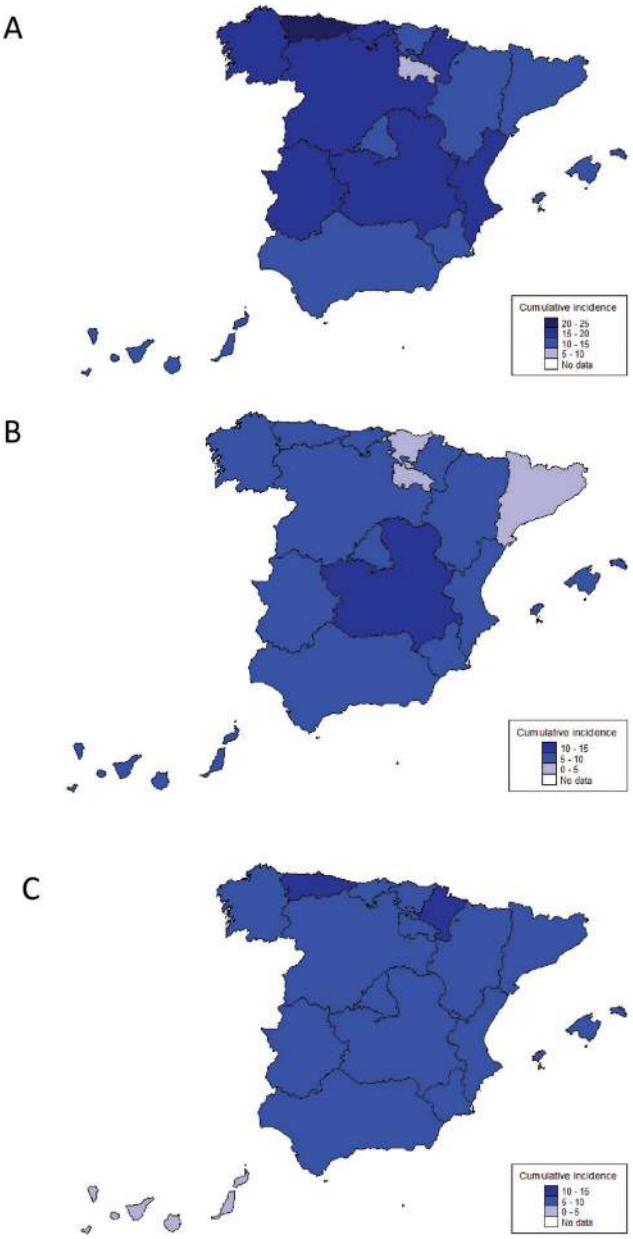

Figure 1. Incidence of inflammatory bowel disease (A), Crohn's disease (B) and ulcerative colitis (C) by Autonomous Communities in Spain in 2017 (cases/100 000 person-years). Characteristics of the study cohort and by major categories (CD and UC) are summarised in Table 1.

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	Incident cases	PY	Incidence rate (/1000)	Crude HR (95% CI)	p-value	Adjusted HR (95% CI)	p-value
Non-IBD	9074	542814.04	16.72	1			
IBD	2027	86793.46	23.35	1.40 (1.33–1.47)	< .0001	1.42 (1.36–1.49)	< .0001
UC	1536	59938.25	25.63	1.53 (1.45–1.62)	< .0001	1.30 (1.23–1.37)	< .0001
CD	488	26751.43	18.24	1.09 (0.99-1.20)	0.0604	2.01 (1.84–2.21)	< .0001

Incidence and adjusted hazard ratio of osteoporosis IBD patients with ulcerative colitis and Crohn's disease compared with controls.

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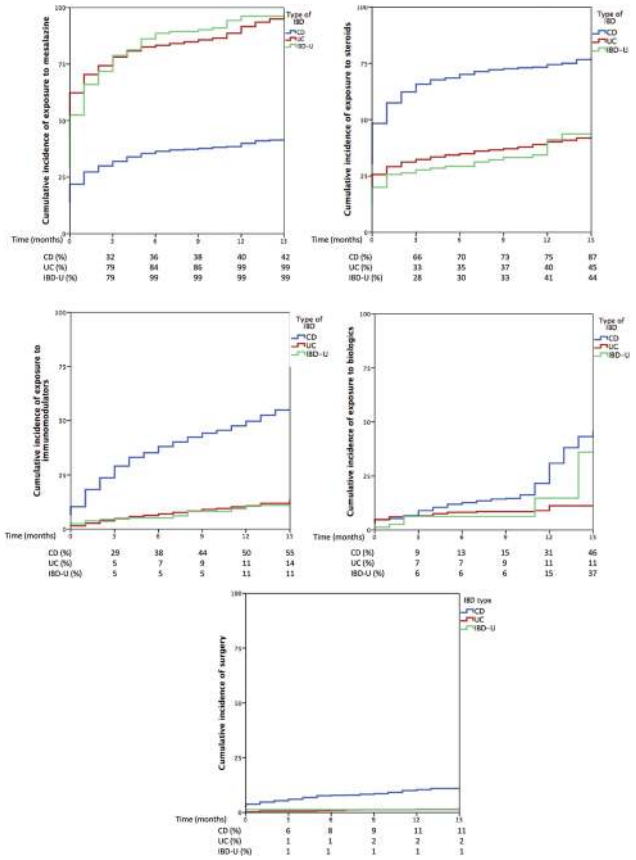

Figure 2. Cumulative incidence of exposure to treatments in Crohn's disease (CD), ulcerative colitis (UC) and inflammatory bowel disease unclassified (IBD-U) during follow-up.

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Background: Updated data on the incidence, evolution and treatment strategies used in IBD management in South Europe is needed. This is the largest study on the recent epidemiology of IBD in Spain. The aims of this study were (i) to assess the incidence of IBD in Spain; (ii) to describe the main epidemiological and clinical characteristics of patients at diagnosis and the evolution of the disease; and (iii) to explore the use of treatments in the biological era.

Methods: Prospective and population-based nationwide registry. Adult patients diagnosed with IBD Crohn's disease (CD), ulcerative colitis (UC) or IBD unclassified (IBD-U)- during 2017 in the 17 Spanish regions were included and will be followed-up for 5 years after diagnosis. Treatment was grouped into 5 categories: mesalazine (oral or topical), steroids (intravenous, oral or topical), immunomodulators (thiopurines, methotrexate or cyclosporine), biologics (anti-TNF, vedolizumab or ustekinumab) and surgery. Cumulative incidence of exposure to each of the studied treatments was estimated by Kaplan–Meier curves.

Results: In total, 3627 incident cases of IBD diagnosed during 2017 from 111 centres covering over 23 millions of adult inhabitants (about 50% of the Spanish population) comprise the study cohort. The overall incidence (per 100 000 person-years) of IBD was 14.3: 6.5 for CD, 7.1 for UC, and 0.7 for IBD-U (Figure 1).

Conclusions: The incidence of IBD in Spain is relatively high and similar to figures reported in Northern Europe. IBD patients require the use of substantial diagnostic and therapeutic resources, which are higher in CD than in CU. One third of patients are hospitalised in the first year after diagnosis and over 5% undergo surgery. Our results highlight the high burden of IBD as well as the important challenges faced by healthcare systems to manage this costly and complex disease.

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A.

Age, yr (IQR)	43 (31-56)
Male sex, n (%)	1,913 (53)
Median time of follow-up, months (IQR)	10 (3-12)
Diagnosis delay, months (IQR)	3 (1-9)
Symptoms at diagnosis, n (%)	3,293 (91.7)
Family history, n (%)	525 (14.5)
Extraintestinal manifestations, n (%)	327 (9)
Former smokers, n (%)	881 (24.4)
Crohn's disease, n (%)	1,656 (45.7)
Ileal, n (%)	908 (55)
Colonic, n (%)	317 (19)
Ileocolonic, n (%)	430 (26)
Upper gastrointestinal tract, n (%)	52 (3)
Inflammatory, n (%)	1,355 (82)
Stricturing, n (%)	183 (11)
Fistulizing, n (%)	118 (7)
Perianal disease, n (%)	186 (11)
Ulcerative colitis, n (%)	1,810 (49.9)
Pancolitis, n (%)	656 (33)
Left-sided colitis, n (%)	611 (31)
Proctitis, n (%)	696 (35)
IBD unclassified, n (%)	161 (4.4)
Mesalamine, n (%)	2,460 (67.8)
Steroids, n (%)	1,893 (52.2)
Immunomodulators, n (%)	862 (23.8)
Biologics, n (%)	488 (13.5)
Anti-TNF, n (%)	467 (13)
Vedolizumab, n (%)	29 (0.8)
Ustekinumab, n (%)	17 (0.5)
Hospitalizations, n (%)	995 (27.4)
IBD onset, n (%)	789 (79.2)
Disease flare up, n (%)	74 (7.4)
Obstruction, n (%)	42 (4.2)
Perianal disease, n (%)	25 (2.5)
Infections, n (%)	5 (0.6)
Adverse events, n (%)	24 (2.4)
Others, n (%)	36 (3)
Surgery, n (%)	195 (5.4)

B.

	Crohn's disease (N=1,656)	Ulcerative colitis (N=1,810)	p
Age, yr (IQR)	39 (25-53)	45 (33-56)	<0.01
Median time of follow-up, months (IQR)	11 (4-12)	10 (3-12)	>0.05
Diagnosis delay, months (IQR)	5 (1-15)	2 (1-5)	<0.01
Male sex, n (%)	827 (50)	1,000 (55)	<0.01
Symptoms at diagnosis, n (%)	1,472 (89.5)	1,677 (94)	<0.01
Family history, n (%)	287 (18)	227 (13)	<0.01
Former smokers, n (%)	630 (38)	218 (12)	<0.01
Extraintestinal manifestations, n (%)	206 (12.5)	112 (6)	<0.01
Mesalazine, n (%)	610 (37)	1,704 (94)	<0.01
Steroids, n (%)	1,168 (70.5)	668 (37)	<0.01
Immunomodulators, n (%)	698 (42)	151 (8)	<0.01
Biologics, n (%)	368 (22)	113 (6)	<0.01
Hospitalizations, n (%)	574 (35)	388 (22)	<0.01
Surgery, n (%)	171 (10)	21 (1.2)	<0.01

During a median follow-up of 10 months, 33 (2.4%) CD patients progressed to a more severe phenotype, and 2 (0.01%) UC patients to more extensive involvement. The cumulative incidences of the different treatments are shown in Figure 2.

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Influence of patients' preference in randomised controlled trials

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