

# IBD Across the Ages—A Journey Together

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Inflammatory bowel diseases [IBD], encompassing ulcerative colitis [UC] and Crohn's disease [CD], are chronic inflammatory conditions with rapid increases in incidence and prevalence, and are predicted to be a significant burden to health care systems across the world over the next decade. IBD is a global problem and affects people from all walks of life. IBD does not discriminate: it is an equal opportunity destroyer and affects every age, gender, ethnicity, financial status, and geographical region. Living with IBD is a roller coaster for the patients as well as their caregivers, with differing but significant impact on physical as well as psychosocial wellbeing at all stages of the life cycle. The challenges that a person faces as they navigate their life stages will be different, with unpredictable disease trajectories. Despite improvement in our understanding of the drivers of the rapid increases in IBD, and the hope and hype around precision medicine approaches, we are still a million miles away from understanding and predicting the natural history of disease, disease behaviours during a patient's life course, and stratified approach to treatments. Hence it is imperative that health care providers and systems should be equipped to support the care of all patients with IBD and be cognisant of the fact that the care needs will be different across the life stages.

In this special issue of the *Journal of Crohn's and Colitis*, we have five excellent manuscripts which detail the challenges and approaches at various stages in the life of a patient with IBD. Caron *et al.*<sup>1</sup> describe the rising global burden of disease across the world, particularly prominent in children, adolescents, and older adults. They also describe the modifiable environmental factors, providing opportunities for thinking about and researching disease modification and prevention, not only that IBD is rapidly rising in young people, but also that they have more severe disease which has both therapeutic and prognostic impact. Yet, there seem to be huge gaps in available therapies in children, due to disparities in the paediatric population in clinical trials, as highlighted by Vuijk *et al.*<sup>2</sup> They also emphasise the essential requirement to consider the psychosocial and physical developmental needs of the young person growing up with an incurable chronic illness. The importance of well-structured transition care, to enable the young person with IBD to enter the world as an

independent young adult, should be at the heart of the IBD services that care for them.

At the other end of the age spectrum, increasing numbers of older IBD patients require attention, including newly diagnosed patients and those who have lived with IBD into older age. Older IBD patients present unique challenges in diagnosis, treatment, and follow-up care, including comorbidity, polypharmacy, and frailty, as detailed by Carbery *et al.*<sup>3</sup> in their paper. The authors also provide unique insights into the newer concept of frailty and its relationship to IBD outcomes. They describe rational approaches to the management of older IBD patients and suggest further research into this group of IBD patients, whose care may need different approaches.

The majority of our patients are in the middle of the age spectrum, young adults who are in the most productive period of their lives, both personally and socially. One important consideration here is holistic reproductive care spanning the preconception, pregnancy, and post-partum periods, to ensure an optimal outcome for the newborn infant and the family, as detailed in the manuscript by Souza and colleagues.<sup>4</sup> Central to this, they propose, is the maintenance of IBD remission during pregnancy, using therapies that are safe in pregnancy and during lactation. Emerging data from well-designed registries and post-marketing surveillance have given us reassuring signals about the safety of most of the conventional and advanced therapies in IBD. The authors propose that IBD patients wishing to be parents should be informed and empowered to make informed choices, to minimise voluntary childlessness.

How will we as health care professionals cope with the expanding number of IBD patients across all age groups? Smart, strategic thinking is required from IBD health care professionals, institutions, health care systems, and policy makers to meet this burgeoning demand. Delen *et al.*<sup>5</sup> in their manuscript provide a framework for IBD care delivery across the age spectrum. Key to implementation of this framework is a tight-knit, multidisciplinary team that can form a protective ring around the IBD patient as he or she navigates through each life stage. Central to this framework will be quality of care, through benchmarking of essential standards for good

IBD care, as proposed by ECCO.<sup>6</sup> There will undoubtedly be a focus on investment in IBD care, with more data being generated on the economic aspects of IBD care. Technological advances will permit self-management concepts, including virtual care, e-health, and patient-initiated follow-up models. The authors call for enhancing patient empowerment and participation during the entire journey of an IBD patient.

Behind every chronic illness is just a person trying to find their way in the world. We want to find love and be loved and be happy just like you. We want to be successful and do something that matters. We're just dealing with unwanted limitations in our hero's journey. [Glenn Schweitzer]

We need to join forces to provide equitable care for all patients across their lifespan and to all patients worldwide. Through its recently launched global strategy named REACH,<sup>7</sup> ECCO aims to promote the global concept in tackling this dreadful disease.

We thank the editor-in-chief Prof. Egan, Deborah Wardle, and members of the editorial team for their support and encouragement while developing this special issue. We found working with a talented group of IBD colleagues, committed to delivering the best IBD care, humbling and rewarding. We hope you will enjoy reading this issue as much as we have, and think about the journeys of our IBD patients as they move through their different life stages—a journey on which we accompany them as their health care professionals, providing support and hope as we work towards the holy grail of disease prevention, disease eradication, and cure.

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## Conflict of Interest

None.

## Author Contributions

Both authors drafted and reviewed the text.

## Data Availability

Not applicable.

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