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EDITORIAL

# Ulcerative colltis in the older patient- a treatment conundrum

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It is well known that the onset of ulcerative colitis (UC) has 2 peaks- the first during mid adulthood from the ages of 30–45 years of age and the second in older patients from 65 years upwards [1].

UC in older patients carries a higher morbidity and mortality [2]. In this issue of the JGH Open, Moroi and colleagues report on a nationwide survey on the outcomes of treatment of elderly (≥ 65 years) versus non-elderly patients [3]. They found that of in-hospital death was higher in the elderly patient group. However, they found no differences in the types of treatment and frequency of surgery amongst these two groups of patients. This study is an important one and addresses some of the issues of IBD in the older patient. However, its findings are limited by the fact that it is based on registry data and is essentially a cross-sectional type of study.

Zhu and Ran in a comprehensive, accompanying review paper, discussed the epidemiology, clinical presentation and treatment options of UC in elderly patients [4]. They reported that the presentation of UC in the older patient to be similar to that of the younger patient and was not more severe. Medical treatment was also similar and include the usual list of agents - 5-aminoslycylates, steroids, immunosuppressive agents and the biological drugs. However, the authors have stressed that in view of the co-morbidities encountered in the elderly group of patients, greater care should be taken when prescribing drugs especially steroids, immunosuppressive agents and biological drugs. In severe cases of UC, biological drugs have been shown to be the most efficacious. However, the use these drugs have been associated with an increase in severe infections in elderly patients [5]. Amongst the biological agents, more specifically targeted agents such as vedolizumab appears to be a safer although larger scale studies in older patients need to be carried out [6]. Newer agents such as ustekinumab have also been thought to have a good safety profile and can prove to be useful in the treatment of elderly patients but again evidence from controlled studies is still lacking [7]. Surgery carries a higher morbidity and mortality in elderly patients with UC [8]. Older UC patients often present indolently even with severe or fulminant disease, often necessitating emergency surgery which adds to the difficulty in managing this group of patients [5].

Inflammatory bowel disease (IBD) is a growing disease in the Asia Pacific region [9,10]. In clinical practice, we will see increasing numbers of older patients with UC and Crohn's disease. This is further accentuated with a rapidly aging population across the region [11]. Doctors treating IBD need to be informed as to the best treatment strategies in managing elderly patients with IBD. This should be addressed specifically in a future Asian-Pacific consensus on IBD.

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