CORRESPONDENCE

Letter to the Editor on "Treatment Adherence and Clinical Outcomes of Patients with Inflammatory Bowel Disease Patients During the SARS-CoV-2 Pandemic"

Cong Dai[1] · Yu-hong Huang[1]

To the Editors

We read with interest the article by Iborra et al. [1] describing the clinical outcomes and the fulfillment of the treatment schedule of patients with IBD treated with biological agents at their unit. They found that adherence to intravenous and subcutaneous biological therapies during the pandemic was high in a single-center cohort of patients with IBD even though the cumulative incidence of confirmed COVID-19 was low. But we have reached different conclusions via a questionnaire including the disease activity and treatment schedules of patients with IBD at our unit during the COVID-19 pandemic.

A total of 239 patients (71 patients with CD, 151 patients with UC and 17 patients with unclassified IBD) participated in the questionnaire, including 108 (45.2%) women and 131 (54.8%) men (Table 1). Median age of patients with IBD was 41 years old. During the COVID-19 pandemic, 188 (78.7%) patients reported that their disease was in clinical remission period based on clinical symptoms, and 51 (21.3%) patients had fever, abdominal pain, diarrhea, hematochezia, vomiting, joint pain. Our results showed that the COVID-19 pandemic delayed IBD-related examinations and operations. And 128 (53.6%) patients reported that the examinations including biochemical tests, colonoscopy, abdominal CT were delayed. In addition, 13 (5.4%) patients delayed surgical treatment. In all, 43.8% of patients chose the Internet platform for medical consultation. Mobile communication such as Wechat accounted for 57.5% of online medical consultation during the COVID-19 pandemic. The results of our study showed that there were significant differences in medical consultation and the method of buying drugs before and after the COVID-19 pandemic.

At the same time, 52 (21.8%) patients (14 patients with CD, 32 patients with UC and 6 patients with unclassified IBD) have changed their treatment schedules. Before the COVID-19 pandemic, 53.4% of patients used 5-ASA, 3.7% used corticosteroids, 12.7% used immunosuppressive drugs, and 14.2% used biological agents (Infliximab and Adalimumab). However, 21.8% of patients changed their treatment schedules, 55.3% used 5-ASA, 2.0% used corticosteroids, 11.5% used immunosuppressive drugs, and 14.2% used biological agents during the COVID-19 pandemic. And 31.1% of patients who changed their treatment schedules complained that they could not buy enough drugs or use infliximab on time. The main reason was that many hospitals were unable to open and treat non-COVID-19 patients in the COVID-19 pandemic. Therefore, 41 (17.2%) patients had delayed the use of infliximab, and 36 (87.8%) patients had delayed for more than two weeks. Most of these patients (70.5%) had to stop using biological agents.

In conclusion, we found that the COVID-19 has significantly affected the treatment schedule and medical consultation of patients with IBD treated with biological agents at our unit.

✉ Cong Dai
congdai2006@sohu.com

1   Department of Gastroenterology, First Affiliated Hospital,
    China Medical University, No. 92 of Beier Road,
    Heping District, Shenyang City 110001, Liaoning Province,
    China

Table 1 Demographic and clinical features of IBD patients

	Unchanged treatment schedule	Changed treatment schedule
Patients	187 (78.24%)	52 (21.76%)
Gender		
Male	100 (53.48%)	31 (59.62%)
Female	87 (46.52%)	21 (40.38%)
Disease		
CD	57 (30.48%)	14 (26.92%)
UC	119 (63.64%)	32 (61.54%)
Unclassified	11 (5.88%)	6 (11.54%)
Age		
≤ 16	3 (1.60%)	0 (0%)
16 ~ 40 (> 16, ≤ 40)	82 (43.85%)	32 (61.54%)
40 ~ 65 (> 40, ≤ 65)	90 (48.13%)	20 (38.46%)
> 65	12 (6.42%)	0 (0%)
Time of the last treatment in hospital		
≤ 3 months	50 (26.74%)	20 (38.46%)
3 ~ 6 months (> 3 months, ≤ 6 months)	43 (22.99%)	13 (25%)
6 ~ 12 months (> 6 months, ≤ 12 months)	44 (23.53%)	11 (21.15%)
> 12 months	50 (26.74%)	8 (15.38%)
Course of disease		
≤ 2 years	99 (52.94%)	30 (57.69%)
2 ~ 5 years (> 2 years, ≤ 5 years)	46 (24.60%)	10 (19.23%)
5 ~ 10 years (> 5 years, ≤ 10 years)	26 (13.90%)	8 (15.38%)
> 10 years	16 (8.56%)	4 (7.69%)
Before COVID-19 pandemic		
5-ASA	132 (61.11%)	34 (53.13%)
Corticosteroid	7 (3.24%)	5 (7.81%)
Immunosuppressive	30 (13.89%)	9 (14.06%)
Biologic therapy	35 (16.20%)	11 (17.19%)
Others	12 (5.56%)	5 (7.81%)
After COVID-19 pandemic		
5-ASA	126 (62.07%)	33 (56.90%)
Corticosteroid	3 (1.48%)	3 (5.17%)
Immunosuppressive	27 (13.30%)	7 (12.07%)
Biologic therapy	31 (15.27%)	11 (18.97%)
Others	16 (7.88%)	4 (6.90%)
Disease activity		
Remission period	152 (81.28%)	36 (69.23%)
Relapse period	35 (18.72%)	16 (30.77%)
Whether delay the use of biological agents		
Unused	139 (74.33%)	34 (65.38%)
No	19 (10.16%)	6 (11.54%)
Yes	29 (15.51%)	12 (23.08%)

Declarations

References

1. Iborra I, Puig M, Marin L, Calafat M, Canete F, Quinones C, Gonzalez-Gonzalez L, Cardona G, Manosa M, Domenech E. Treatment adherence and clinical outcomes of patients with inflammatory bowel disease on biological agents during the SARS-CoV-2 pandemic. *Dig Dis Sci*. 2021. https://doi.org/10.1007/s10620-020-06807-0.