

INFLAMMATORY BOWEL DISEASE AND AGING

SPECIAL CONSIDERATIONS AND MANAGEMENT

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Although inflammatory bowel disease (IBD) occurs most commonly in young adults, a significant proportion presents initially in older subjects. In addition, IBD is a chronic disease without significant mortality, and the aging of younger patients will result in an increasing number of elderly patients with IBD. Although there is little specific information in the literature describing outcomes of treatment in elderly IBD patients, it appears that treatment responses in the elderly are similar to those of younger patients.^{1,2} Specific issues related to the epidemiology, differential diagnosis, clinical course, and treatment of IBD in the elderly are discussed in this chapter, with a generalized approach to older patients with suspected IBD outlined in Figure 16-1.

Epidemiology

Ulcerative colitis and Crohn's disease are typically considered diseases of young patients, with a peak incidence in the second to fourth decades of life.^{3,4} Some studies report a bimodal age distribution, with a second smaller peak in incidence in the sixth to eighth decades, although not all studies have shown this second peak.^{3,4} Whether or not there is truly a second incidence peak, 8% to 16% of IBD is diagnosed in patients 60 years old or older.³⁻⁵ Of these, 65% present in their 60s, 25% in their 70s, and 10% in their 80s.^{6,7} In population-based cohorts, the incidence of Crohn's disease in patients over age 60 is 3 to 11 per 100,000 patient-years,^{4,6,8} and the incidence of ulcerative colitis in patients over age 60 is 4 to 16 per 100,000 patient-years.^{4,7,8} In the latter half of the last century, the incidence of Crohn's disease in elderly residents of Olmsted County, Minnesota rose initially but then stabilized⁶ while the incidence of ulcerative colitis increased steadily.⁷