

Ulcerative Colitis: Risk factors for relapse in clinical remission patients

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Background and aims: Ulcerative colitis (UC) is a chronic inflammatory bowel disease, characterized by periods of remission and relapse. The aim of this study was to identify factors associated with a higher risk of relapse in patients in clinical remission.

Methods: retrospective study, including UC patients in clinical remission with minimum follow up of 2 years. Clinical relapse was defined as a need for therapeutic escalation and UC-related hospitalization or surgery. Statistical analysis was carried out by means of t-test and chi-square (univariate analysis) and logistic regression (multivariate analysis). A p value < 0,05 was considered statistically significant.

Results: 169 patients were included, 51.5% female. Clinical relapse was observed in 30,2% of the patients. In the univariate analysis, relapse was more frequent in patients with higher number of previous relapses (2.7 vs 1.0; p<0,001), younger age at diagnosis (36.6 vs 41.2 years ;p=0,045) and with therapeutic non-adherence (82.4% vs 17.6%; p<0,001). Patients who presented at clinical remission with a Mayo Endoscopic Score (MES) of 0 had a recurrence rate of 5.6%, significantly lower than the rate of 43.2% presented by the group with mild endoscopic disease activity (MES 1) and also lower than the rate of relapse of 73.3% presented by the group with moderate endoscopic disease activity (MES 2) (p<0,001). In the multivariate analysis, therapeutic non-adherence (HR 24.6 CI 95% 2.0-296.6; p=0,012) and MES>0 (HR 16.6; CI 95% 2.9-94.2; p=0,002) were the only independent risk factors associated with relapse.

Conclusions: Presented results suggest that therapeutic non-adherence and MES at clinical remission may be helpful factors in identifying patients with inactive clinical disease at a higher risk of disease relapse.