

Introduction

- Inflammatory bowel disease (IBD) is traditionally associated with European ancestry but is increasingly seen among the different races and ethnicities in the United States.
- Large, multicenter studies across the US and Canada report more complex disease phenotypes among African American individuals.

Aim

- In our study, we explored the disparities in the treatment of IBD among the major racial groups in the United States.

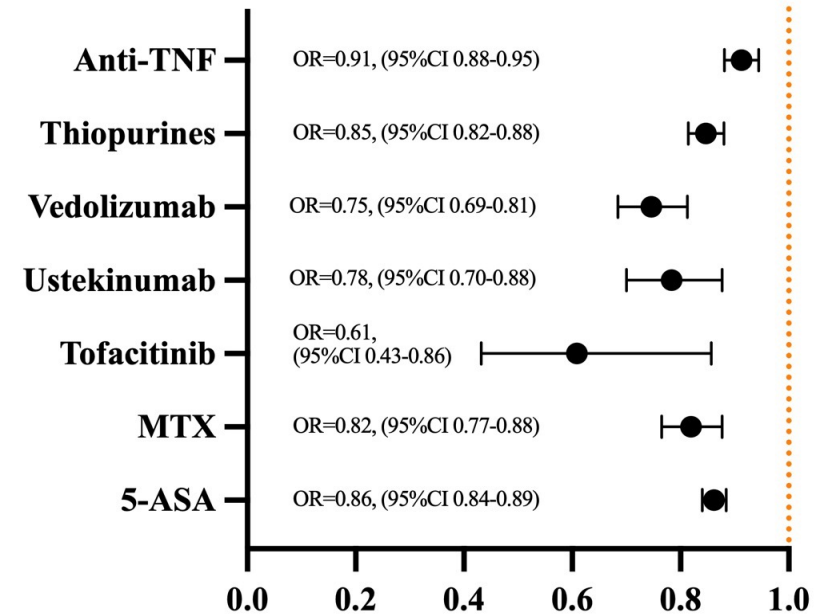
Methods

- Exploratory Database
- Retrospective cohort 1999-2022
- Patients >18 years old
- Based on race, the study population was divided into two groups African American and Caucasian.
- The two groups were further categorized based on the type of medical therapy for IBD

Results

Of the 70,383,890 individuals in the database, we identified 249,420 (0.35%) patients with CD and 208,990 (0.30%) patients with UC. Among all IBD patients, 32,870 were African American (8 %) and 314,660 (76.2 %) were Caucasian.

When compared with Caucasians, African American IBD patients were less likely to be treated with immunomodulator therapy such as 5-ASA [OR 0.86, p < 0.0001], methotrexate [OR 0.82, p < 0.0001] and thiopurines [OR 0.85, p < 0.0001] and immunosuppressant therapy with biologics such as anti-TNF [0.91, p < 0.0001], Ustekinumab [OR 0.78, p < 0.0001], Vedolizumab [OR 0.74, p < 0.0001] and Tofacitinib [OR 0.61, p =0.0044].



Discussion

Our large cohort of IBD patients demonstrates significant healthcare disparity in the United States population. African American patients with IBD were significantly less likely to be treated with either immunomodulator or biologic therapy when compared to Caucasians. It is important for gastroenterologists to identify barriers to care in the African American IBD population and implement measures that can improve access to healthcare.