

# Description of Clinical Presentations of Inflammatory Bowel Disease (IBD) in Individuals Who Identify as LGBTQIA+

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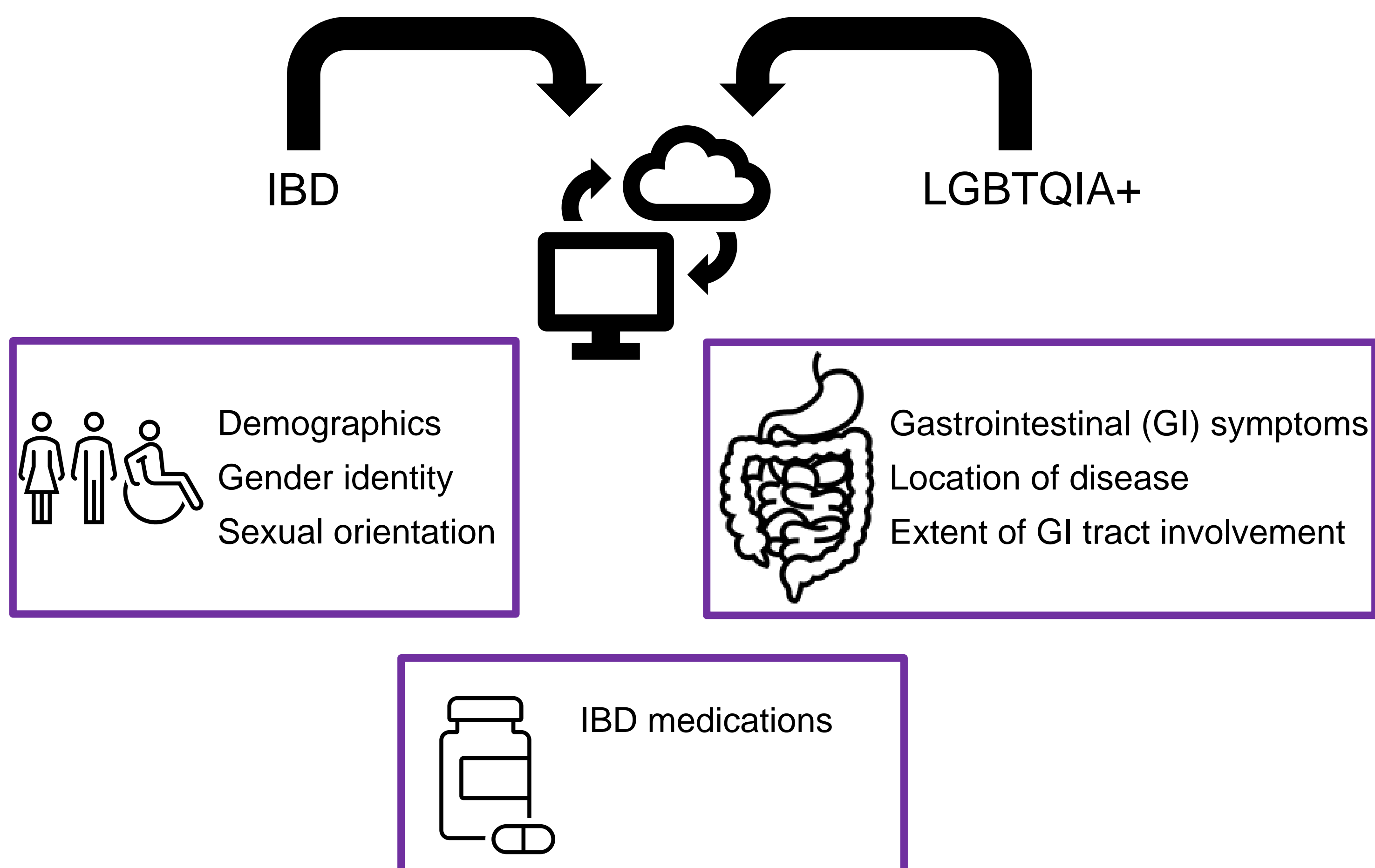
## INTRODUCTION

While the demographics and clinical manifestations of Inflammatory Bowel Disease (IBD) have been widely described in the general population, little is known about the clinical presentation of patients belonging to the lesbian, gay, bisexual, transgender, queer, intersex, and asexual (LGBTQIA+) community.

## AIM

The aim of this study was to describe the clinical presentation of IBD in individuals who identify as LGBTQIA+ at their first presentation to an IBD clinic at a tertiary referral center.

## METHOD



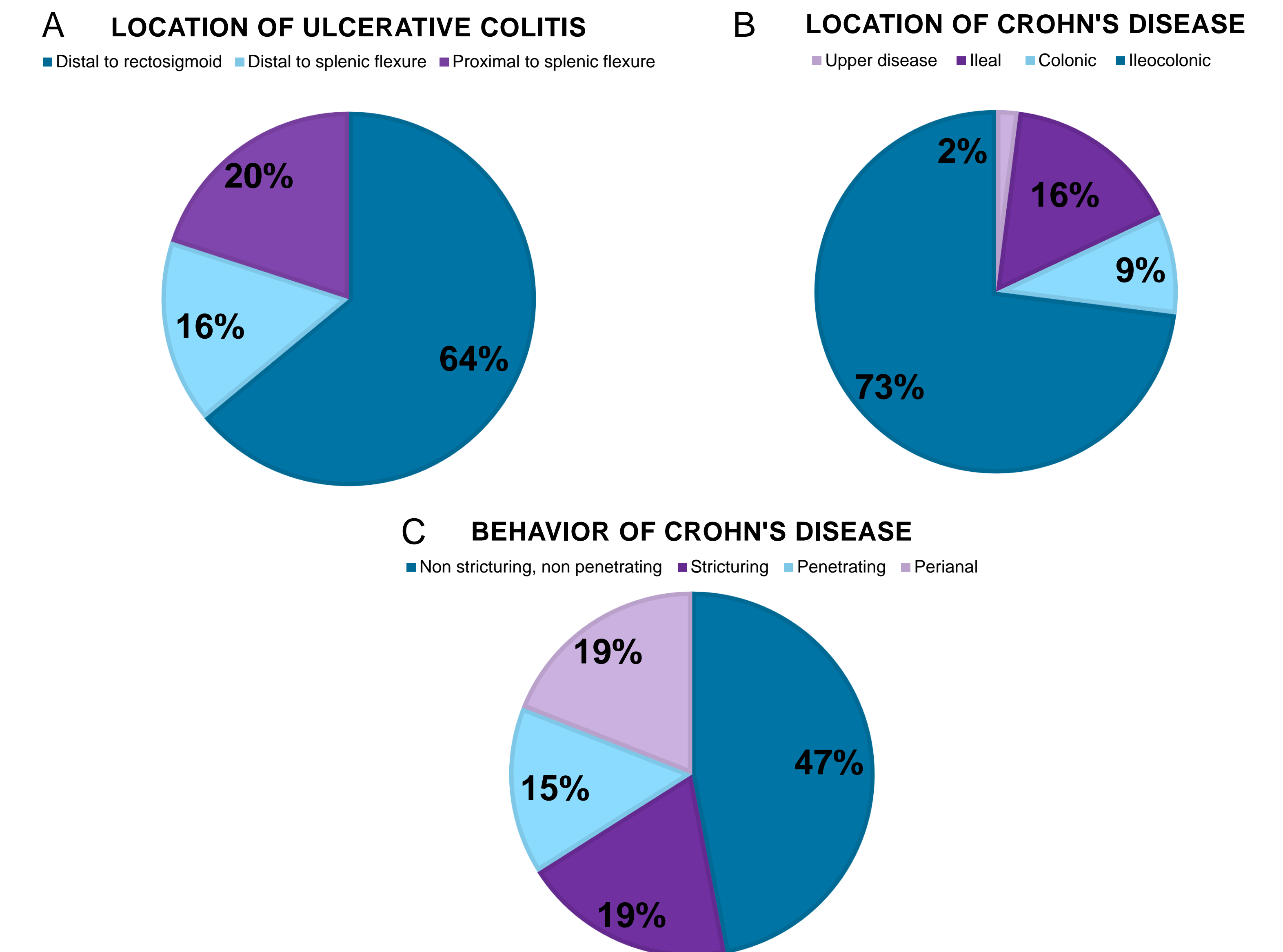
## RESULTS

**Table 1:** Demographics, sexual orientation, gender identity, IBD diagnosis, IBD medications and gastrointestinal symptoms of 93 individuals who identify as LGBTQIA+

All patients (n=93)	
Age, in years, mean (SD)	30 (15)
Sex assigned at birth, Female	59 (63)
<b>Sexual orientation</b>	
Bisexual	48 (52)
Gay/lesbian/homosexual	39 (42)
Other	5 (5)
Prefer not to disclose	1 (1)
<b>Gender Identity</b>	
Female	52 (56)
Male	30 (32)
Genderqueer	2 (2)
Transgender female	2 (2)
Other	7 (8)
<b>Race</b>	
White	85 (92)
American indian/Alaska native	1 (1)
Asian	1 (1)
Native Hawaiian/Pacific Native Islander	1 (1)
Black	3 (3)
Other	2 (2)
<b>IBD diagnosis</b>	
Ulcerative colitis	48 (52)
Crohn's disease	45 (48)
<b>IBD medications (n=37)</b>	
Mesalamines	20 (54)
Corticosteroids	15 (41)
Thiopurines	10 (27)
Infliximab	8 (21)
Adalimumab	7 (19)
Vedolizumab	2 (5)
Ustekinumab	2 (5)
Certolizumab	2 (5)
Methotrexate	1 (3)
<b>Gastrointestinal symptoms</b>	
Abdominal pain	43 (46)
Diarrhea	42 (45)
Hematochezia	23 (25)
Weight loss	15 (16)
Fatigue	14 (15)

IBD: Inflammatory Bowel Disease; Data shown: Number (%), unless stated otherwise

**Figure 1:** Gastrointestinal involvement in patients who identify as LGBTQIA+ and who have ulcerative colitis (A, n=25) and Crohn's disease (B, n=45; C, n=32)



## CONCLUSION

This study is the first to help clarify the GI manifestations and disease characteristics of IBD in patients who identify as LGBTQIA+.

Further studies are needed to deepen our understanding of the epidemiology and clinical presentations of IBD in this population in comparison to a non-LGBTQIA+ cohort.

This will facilitate the identification of potential healthcare disparities and barriers to timely access of patients who identify as LGBTQIA+ with IBD to clinical care.