

Trends in Documented Cannabis Use Disorder Diagnoses in a Multi-Center Cohort of Inflammatory Bowel Disease Patients from 2012-2021 Samuel Tanner MD¹, Jaime Perez PhD², Fabiano Celio PhD³, Scott Martin PhD²,

1. Department of Internal Medicine, University Hospitals Cleveland Medical Center, Cleveland, OH. 2. Clinical Research Center, University Hospitals Cleveland Medical Center, Cleveland, OH 3. Division of Gastroenterology and Hepatology, University Hospitals Cleveland Medical Center, Cleveland, OH.

BACKGROUND

- Cannabis has been proposed as an attenuator of intestinal inflammation and may modulate symptoms in patients with inflammatory bowel disease (IBD).
- The epidemiology of cannabis use disorder in patients with inflammatory bowel disease, and how that has changed over time, has not previously been characterized.

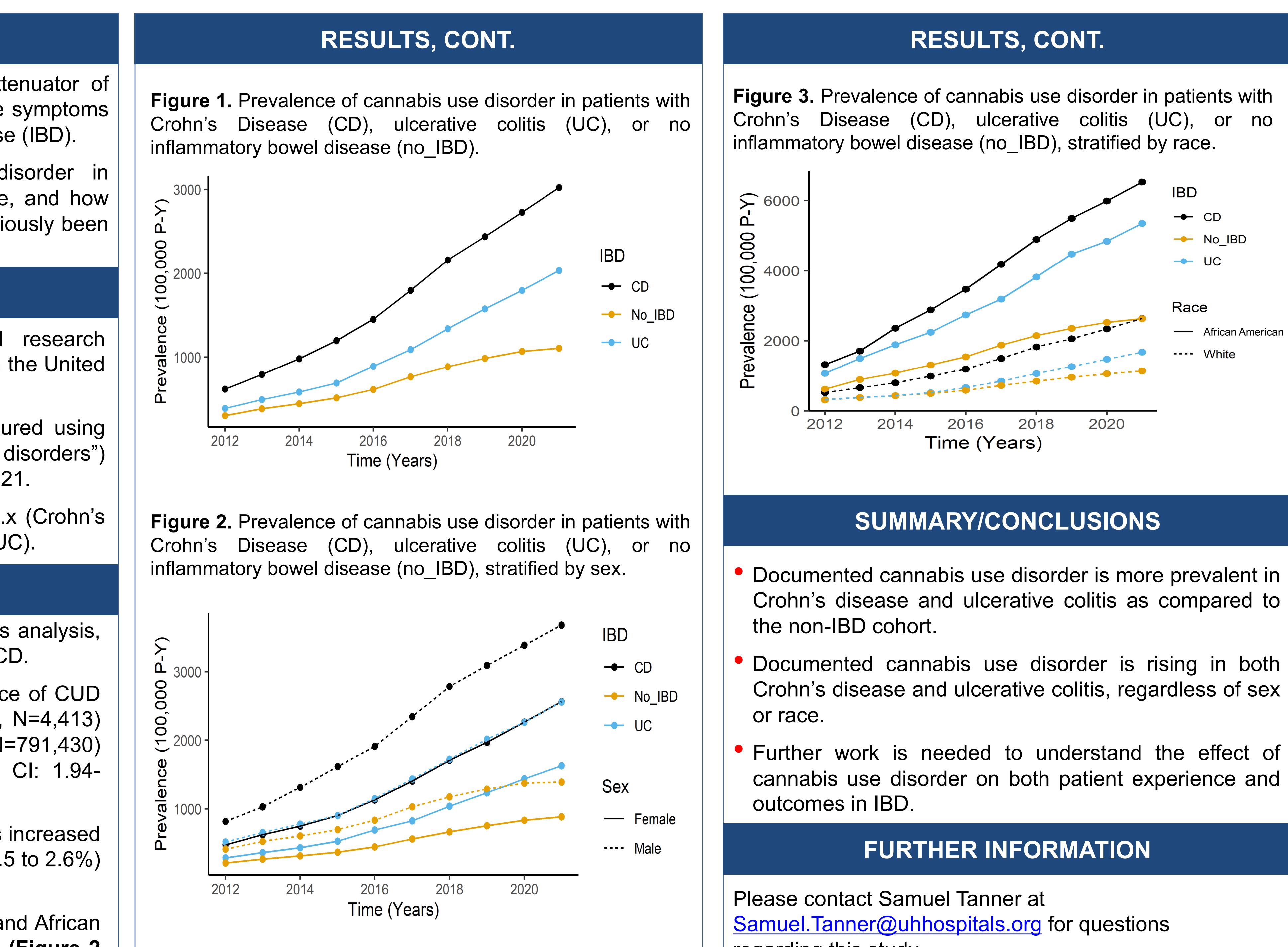
METHODS

- The TriNetX platform is a federated network of 58 health care organizations in the United States.
- Cannabis use disorder (CUD) was captured using ICD-10 code F12.x ("cannabis-related disorders") and and trended annually from 2012 to 2021.
- BD was identified by ICD-10 codes K50.x (Crohn's) disease, CD) or K51.x (Ulcerative colitis, UC).

RESULTS

- Of the 88,976,065 patients included in this analysis, 448,056 (0.5%) had a diagnosis of UC or CD.
- There was a significantly higher prevalence of CUD in CD (3.43%, N=7,458) and UC (2.18%, N=4,413) compared to non-IBD patients (1.15%, N=791,430) [OR=3.07, CI: 2.97-3.12, and OR=2.00, CI: 1.94-2.06, respectively].
- The prevalence of CUD in CD and UC has increased in the last decade (CD: 0.8 to 3.6%; UC: 0.5 to 2.6%) (Figure 1).
- CUD is consistently higher among males and African Americans, but rising in all demographics (Figure 2 and 3).

Jeffry Katz MD³, Fabio Cominelli MD PhD³, Vu Nguyen MD³



regarding this study.

