

BACKGROUND

- Incidence and prevalence of IBD has increased in South Asia in the recent decades. The population of individuals of South Asian origin or descent in Western countries, including the United States (U.S.), is also increasing.
- However, the burden of IBD among South Asians in the United States is poorly characterized and requires further study. The prevalence and clinical features of IBD vary among different ethnic and racial groups.

AIMS

Compare demographics, clinical features and phenotype of IBD, as well as the need for surgeries and hospitalizations related to IBD in South Asians living in the U.S. to Caucasians living in U.S.

METHODS

- 70 South Asian patients were consecutively selected from the IBD clinic at Houston Methodist between 2018-2021 and compared to 70 Caucasian patients seen in 2021
- Chi-square and Fischer's exact test were used for comparison.

RESULTS

	South Asians	Caucasians
Prevalence	CD 54.2% (n=38) UC 46% (n=32)	CD 71.4% (n=50) UC 29% (n=20)
Age at diagnosis	CD: Majority (64%) at 17-40* UC: Median age 27 years	CD: Similar incidence between age groups <16, 16-40 and >40 years UC: Median age 28.5 years
Gender differences	CD: Majority (66%) were men* UC: Half of the patients were female	CD: Majority (70%) were female UC: 85% were female
Disease phenotype	CD: 76% had non-stricturing, non-penetrating*, 7.8% stricturing, 15% penetrating type of disease 65% had ileocolonic disease, 26% had perianal disease UC: 64% had pancolitis, 20% had proctitis	CD: 24% non-stricturing, non-penetrating, 42% stricturing CD, 26% penetrating behavior 62% had ileocolonic disease, 24% had perianal disease UC: 70% had pancolitis, 25% had left-sided disease
History of IBD-related bowel surgery	CD: Only 1/3rd of the South Asians needed surgery* UC: 6% had a hx of colectomy	CD: Half (52%) of the patients had a hx of IBD-related surgery UC: 25% had a hx of colectomy
IBD-related hospitalizations	CD: 21% had CD-related hospitalizations* UC: 29% had UC related hospitalizations in the past	CD: 62% had CD-related hospitalizations UC: 30% had UC related hospitalizations in the past

	South Asians	Caucasians	P-value
Family history of IBD	6 (15.3%)	8 (16%)	0.89
History of smoking	3 (7%)	4 (12%)	0.95
History of biologic rx	33 (84%)	46 (92%)	0.27
Response to biologics			0.25
Yes	31 (93%)	35 (70%)	
No	2 (2.5%)	11 (22%)	
Presence of EIMs	12 (28.94%)	23 (46%)	0.14

Table 1: Clinical features of patients with Crohn's disease

	South Asians	Caucasians	Pvalue
Family history of IBD	4 (12.9%)	5 (20%)	0.26
History of smoking	1 (3%)	4 (25%)	0.07
History of biologic rx	18 (58%)	14 (70%)	0.38
Response to biologics			0.7
Yes	14 (78%)	10 (71%)	
No	4 (22.22%)	4 (28.5%)	
Presence of EIMs	10 (32.2%)	4 (25%)	0.53

Table 2: Clinical features of patients with Ulcerative Colitis

DISCUSSION

- Knowledge of ethnic differences in IBD behavior, location and treatment responses can impact clinical care and treatment.
- Other studies have shown UC being more prevalent in South Asians with IBD (58% UC in South Asians).
- Our study showed a male preponderance in the South Asian patients with CD and a female preponderance for the White UC patients. The same trend was observed in Walker et al's study in North London.
- Non-stricturing non-penetrating disease being more common in South Asians and stricturing disease in the Caucasian population may explain the difference in rate of surgery and hospitalizations, which is similar to other studies done on South Asian IBD behavior in the US.

CONCLUSIONS

UC is the more prevalent IBD diagnosis in South Asians. The phenotype of CD in South Asians is significantly different in terms of behavior of disease, similar in UC and need for surgeries and hospitalizations is lower in South Asians living with CD in comparison to Caucasians.

REFERENCES

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- Walker, David G. et al. "Differences in Inflammatory Bowel Disease Phenotype between South Asians and Northern Europeans Living in North West London, UK." *The American Journal of Gastroenterology* 106 (2011): 1281-1289.