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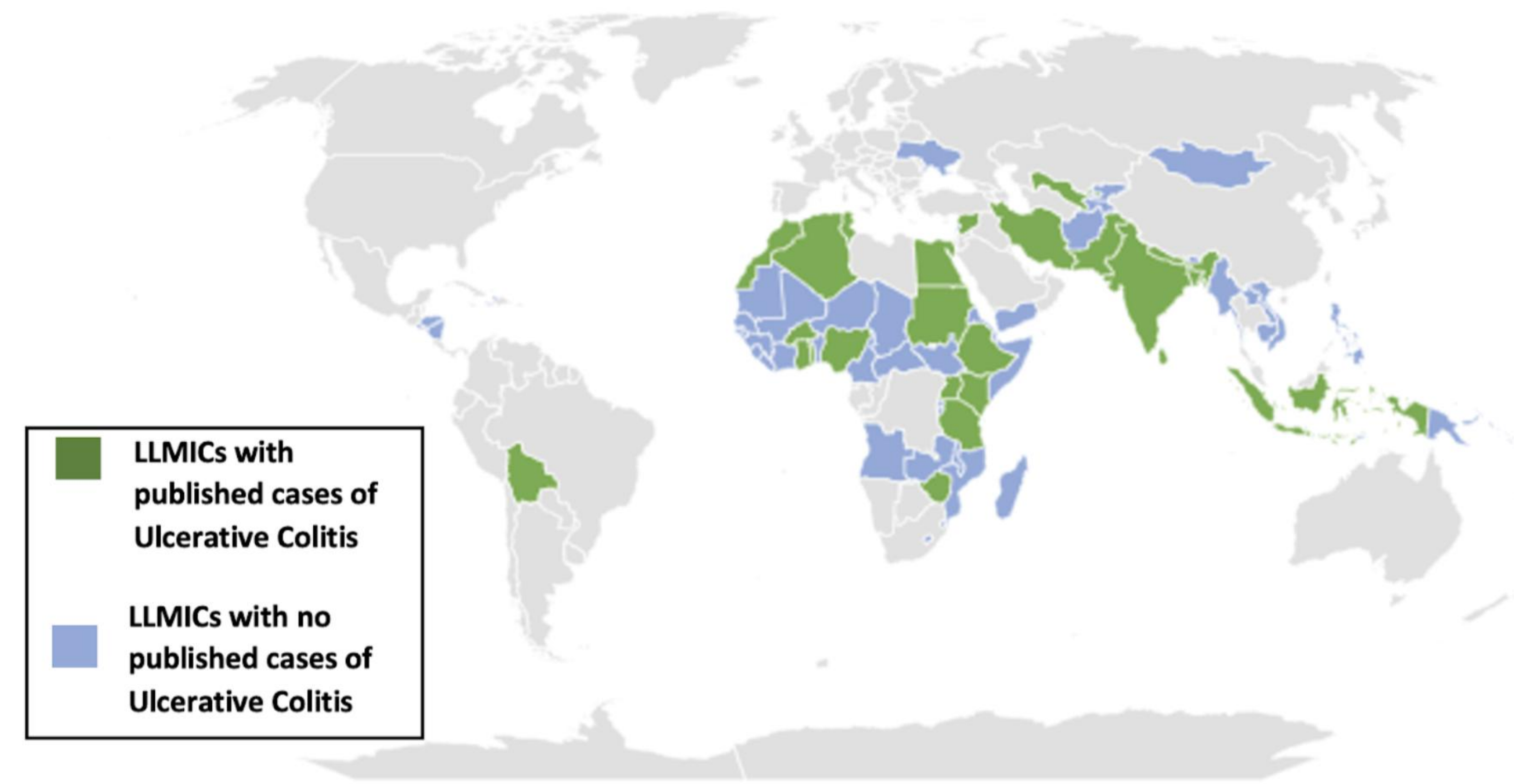
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## Introduction

Ulcerative Colitis (UC) is a chronic inflammatory bowel disease that is emerging as a global burden. Due to the lack of disease registries and diagnostic capacity in low and lower-middle-income countries (LLMICs), the epidemiology and care of UC have not been well established in LLMICs. The aim of this study was to determine the burden, diagnostic and treatment capacity, and challenges or barriers to individuals with UC and their providers in LLMICs.

## Methods and Materials

We utilized a full search strategy in PubMed, Embase, and World Health Organization (WHO) Global Index Medicus for data collection. The titles and abstracts of all the publications were screened and reviewed by two independent reviewers. A descriptive review of the relevant data extracted from the selected publications was analyzed in Excel.



## Results

- A total of 4,601 publications were extracted from the database search and 483 relevant studies were included in this review.
- Only 25 of all the 82 LLMICs (30.48 %) have published data on individuals with UC.
- Overall, the highest number of studies came from Iran, followed by India, and Tunisia.
- The mean number of UC patients reported per study is 130.82 with a wide range from 1-3232.
- The reported UC prevalence, incidence, and mortality in the included studies are rare and vary greatly, ranging from 0.1 to 48.6 per 100,000, 0.5 to 24.4 per 100,000, and 0.16% to 1.3% respectively.
- Of the 489 publications describing cases of UC, 132 proposed at least one diagnostic, management, access, or financial barrier to individuals with UC and providers.
- Low disease index suspicion leading to under-diagnosis, difficulty differentiating between UC and Crohn's disease and other infectious causes, and lack of trained personnel, as well as reliable tests, were reported as diagnostic challenges in the studies.
- The most notable patient barriers were lack of education or knowledge about the disease, lack of access to quality service and UC medications, psychological factors, and religious beliefs.
- Financial barriers were reported frequently which included the high cost of diagnostic testing and biologics.

## Conclusions

The prevalence of UC is increasing worldwide and this scoping review has highlighted the challenges faced by the patients and providers in LLMICs. In the future, it is imperative for further population-based studies and literature to establish the burden of UC in the world's most resource-poor- countries where there is a substantial lack of knowledge and underdiagnosis of UC.

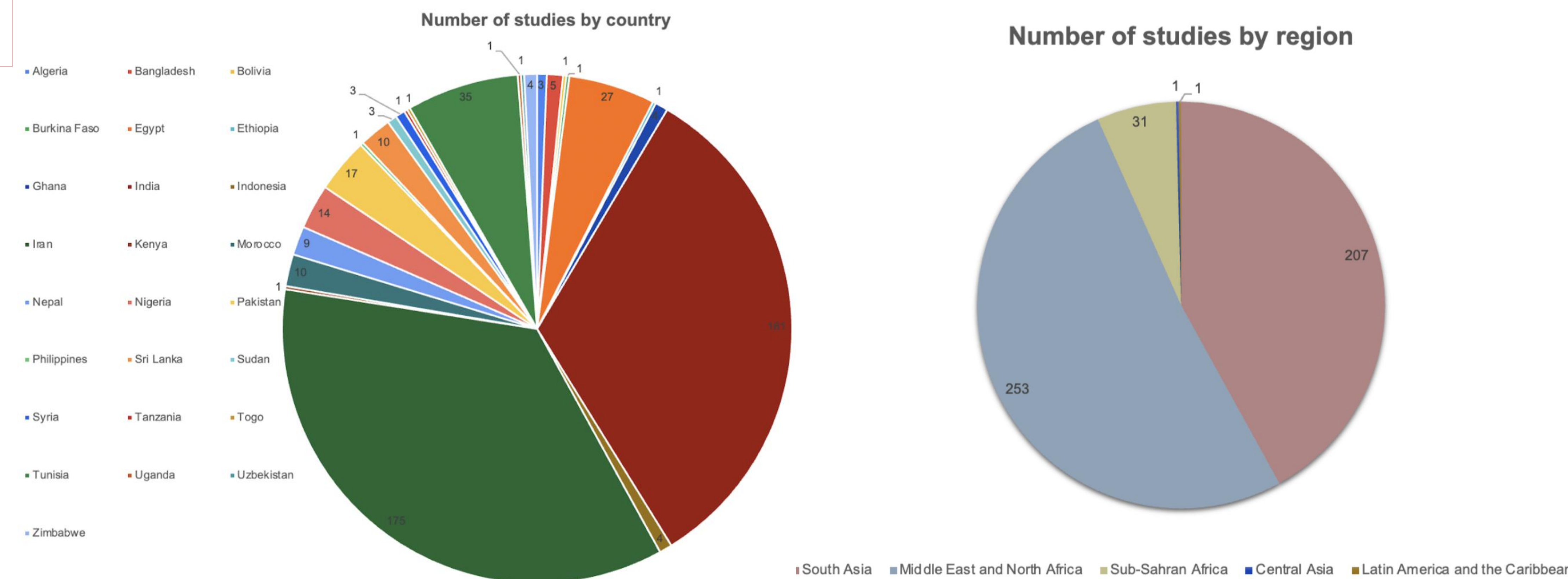


Figure 2) Number of studies in each country and region

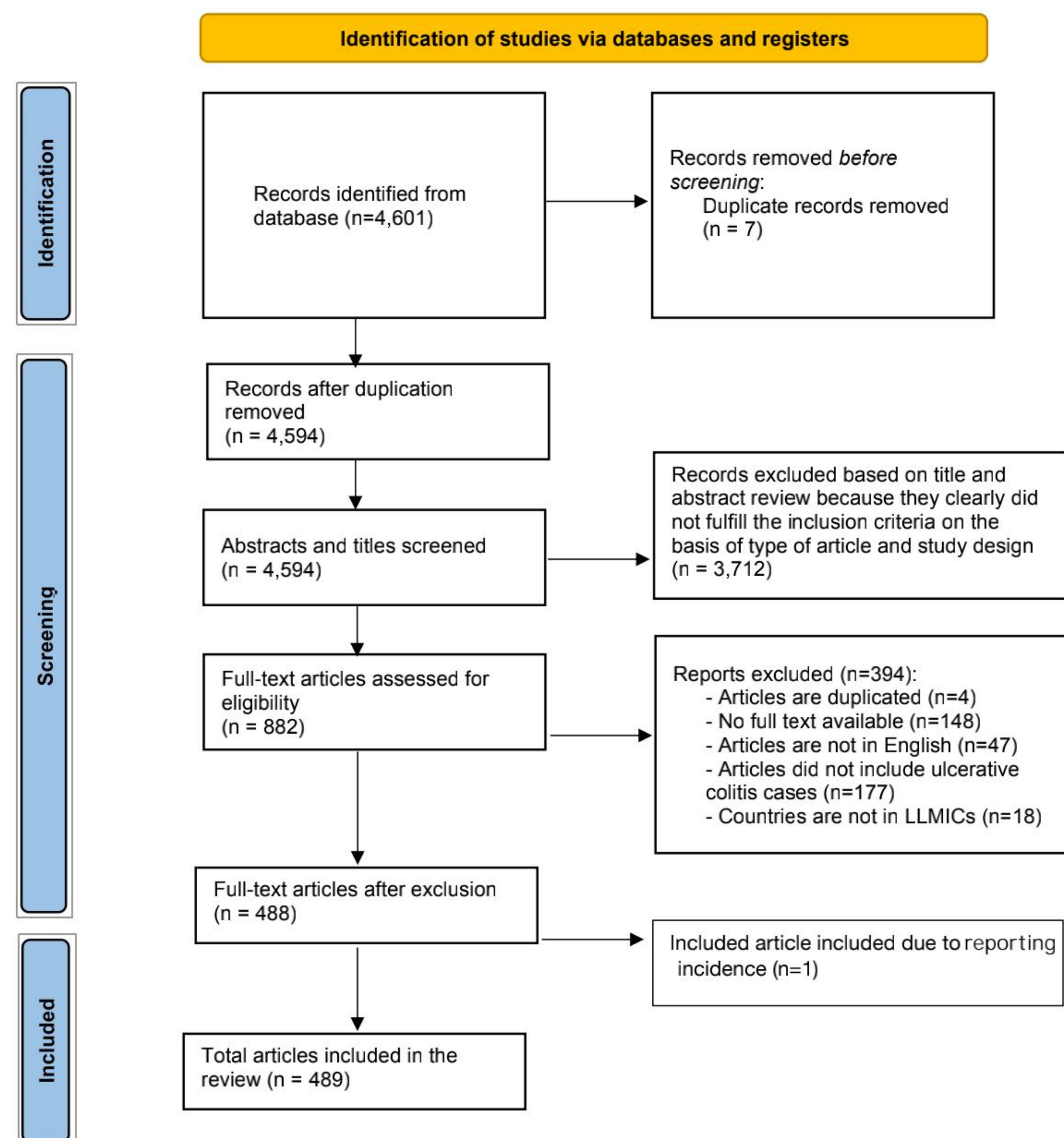


Figure 1) Flow diagram for a scoping review