RUTGERS New Jersey Medical School **DEPARTMENT OF MEDICINE**

Background

- It has been reported that there is a possible association between inflammatory bowel dis (IBD) and multiple sclerosis (MS).
- Some studies suggest that there are familial links and shared genetic factors between two diseases, and MS course appears to be milder in patients with concomitant IBD.
- On the other hand, there is a lack of studies on how the outcomes of IBD are affected by MS.
- Thus, we aim to assess the outcomes of IBD in patients with concomitant MS.

Methods

- Patients hospitalized with IBD from the National Inpatient Sample, Healthcare Cost and Utilization Project, Agency for Healthcare Research and Quality in the year 2014 were selected.
- Patient demographics and outcomes of IBD were compared between the groups with and without MS.
- The outcomes of interest were inpatient mortality, length of stay, total hospital charge, and IBD complications including malnutrition, penetrating disease, stricturing disease/bowel obstruction, colectomy, and ileostomy.

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Impact of Multiple Sclerosis on the Outcomes of Patients Hospitalized with Inflammatory Bowel Disease

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Results

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| lisease |

| Table 1. Patient Demographics and Characteristics | | | | |
|---|-------------------|-------------------|---------|--|
| | MS | Without MS | p-value | |
| N = 34,374 | N = 132 | N = 34,242 | | |
| Patient age, mean (SD) | 51.94 (14.137) | 47.81 (18.636) | <0.05 | |
| Sex | | | <0.05 | |
| Female (%) | 106 (80.3%) | 19284 (56.3%) | | |
| Male (%) | 26 (19.7%) | 14948 (43.7%) | | |
| Race, N (%) | | | <0.05 | |
| White | 116 (95.6%) | 25098 (77.8%) | | |
| Black | * | 3732 (11.6%) | | |
| Hispanic | * | 2099 (6.50%) | | |
| Asian or Pacific Islander | 0 (0%) | 367 (1.14%) | | |
| Native American | 0 (0%) | 143 (0.44%) | | |
| Other | 0 (0%) | 83 (0.26%) | | |
| Length of stay, in days (SD) | 4.39 (4.680) | 4.55 (5.042) | 0.716 | |
| Total hospital Charges, in \$ (SD) | 33729.6 (31209.5) | 36726.5 (48171.3) | 0.48 | |
| Inpatient Mortality | 0 (0%) | 78 (0.23%) | 0.583 | |
| Charlson comorbidity index (SD) | 1.72 (1.59) | 1.53 (1.94) | 0.264 | |
| *Exact number not included in the table due to small sample sizes | | | | |

| Table 2. Multivariate Regression Analysis of Outcomes | | | | | |
|---|---------------------|----------------------------|---------|--|--|
| Outcomes | Adjusted Odds Ratio | Confidence Interval | p-value | | |
| Malnutrition | 0.935 | 0.381-2.294 | 0.883 | | |
| Penetrating Disease | 0.43 | 0.136-1.355 | 0.15 | | |
| Stricturing Disease/Bowel Obstruction | 1.134 | 0.712-1.804 | 0.597 | | |
| Colectomy | 0.641 | 0.236-1.739 | 0.382 | | |
| lleostomy | 0.865 | 0.319-2.350 | 0.776 | | |

- Among 34,374 patients with IBD identified in the study, 132 patients had MS.
- Between the groups with and without MS, there were no statistically significant differences in inpatient mortality, length of stay, and total hospital charge (all p > 0.05).
- There were no statistically significant differences in IBD complications including malnutrition, penetrating disease, stricturing disease/bowel obstruction, colectomy, and ileostomy (all p > 0.05).

- Our study indicates that there are no differences in outcomes between IBD patients with and without MS including inpatient mortality, length of stay, total hospital charge.
- Despite possible genetic links between IBD and MS, our study suggests that outcomes of IBD are not affected by the presence of MS.

Conclusion

- There were no differences in IBD complications such as malnutrition, penetrating disease,
- stricturing disease/bowel obstruction, colectomy, and ileostomy.