BACKGROUND: Pediatric inflammatory bowel disease (PIBD) is a diagnostic which comprises three subtypes: Crohn’s Disease (CD), Ulcerative Colitis (UC) and IBD-unclassified (IBD-U) (Levine, 2014). The specific definitions of its phenotypes (Levine, 2011) there is still a lack of studies in the Brazilian pediatric population.

METHODS: Records from three reference centers from a city at the south of Brazil were researched with PIBD. Patients were seen between 2014 and 2019 and data regarding disease aspects were collected. Statistical data analysis was performed using SPSS22.0 (IBM,Armonk,NY,USA). For all analyses, P < 0.05 was considered significant.

RESULTS: Ninety-six patients (51% females) with PIBD were included, 58.3% of those had CD, 34.4% had UC and 7.3% had IBD-U. Medium time from initial symptoms to diagnostic was 11 months in CD and 12 months in UC. Mean age at diagnosis was 9.7 years (±4.5) for CD and 10.9 years (±4.2) for UC. 58.2% of the patients with CD were classified as A1b of Paris. Clinical score severity (PCDAI or PUCAI) was not associated with time until diagnosis, gender, or age of onset. Change from initial diagnostic was observed in 12.5% of patients with CD and 6.1% with UC. The most frequent symptoms presented at diagnosis were diarrhea (77.8%), abdominal pain (64.4%) and rectal bleeding (56.9%). Rectal bleeding was significantly more frequently observed in UC (90.6%) than CD (56.9%) (P < 0.003). Anemia was statically associated with bloody diarrhea (P < 0.039). Although weight loss was frequently observed (Table 1), most patients did not present with growth retardation (23.6% in CD and 12.1% in UC). Regarding disease localization, 16.4% of patients with CD presented with Paris L1 subtype (distal 1/3 ileum ≤ limited cecal disease), 41.8% Paris L2 (colonic), 38.2% Paris L3 (colitis, 3.8%) and 3.6% Paris L4 (upper disease distal to ileum of Trettz and proximal to distal 1/3 ileum). Regarding disease behavior, 71.4% of patients with CD presented Paris B1 (non-stricturing, non-penetrating), 7.3% Paris B2 (stricturing), 19.6% Paris B3 (penetrating) and 1.8% Paris B4. As expected, colon and rectal disease was more frequently observed in UC than CD (P < 0.001). Median number of surgery procedures was 1 for both CD and UC. The hospital admissions median was 4 for CD and 5 for UC.

CONCLUSION: Median age of diagnosis was similar both in CD and UC. CD was more frequently observed in our population. Time from initial symptoms until diagnosis remains high (median of 1 year) and was not related to disease severity in this analysis. The most frequent symptoms were diarrhea, abdominal pain and bloody diarrhea. Most frequent surgery observed were weight loss and anemia. Anemia was associated with occurrence of bloody diarrhea, indicating loss, not consumption, in most cases. Twenty-four percent of patients with CD presented either with penetrating or non-penetrating disease, highlighting severity in the pediatric population. About 20% of the patients presented with Paris B3 behavior.

Cannabis Use and Crohn’s Disease: An Analysis of Online Patient Resources

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BACKGROUND: There is considerable interest surrounding cannabis and cannabinoid derivatives as potential therapeutic option for gastrointestinal disorders. It has been reported that patients with inflammatory bowel disease are increasingly incorporating cannabis products into their treatment regimen, thus legalization has gained wide and available options to be found on the internet for information. Given the potential for variation in the reliability of internet information, a systematic assessment of online resources is valuable. This study evaluated the readability and quality of readily available online text content concerning cannabis use in the treatment of Crohn’s disease.

METHODS: A Google search using the term “Crohn’s disease and cannabis” was performed to obtain the available websites. Websites were excluded if it was an inappropriate format (i.e. blog posts, general webpages, advertisements), inaccessible, or not specific for Crohn’s disease. Sites were categorized by intended audience: professional or consumer. The validated Flesch-Kincaid Grade Level Calculation determined readability. The validated DISCERN questionnaire determined quality, with scores rated as Good (56–75), Fair (36–55), or Poor (<36). This analysis revealed a significant grade reading level for medical information. It is important to note that Flesch-Kincaid Grade Level Calculation factors in syllables and words, and thus may not accurately reflect the complexity of the website.

RESULTS: One hundred forty-five websites were identified, with 100 meeting inclusion criteria. Twelve websites were written for medical professionals, 84 were for consumers. The average Flesch-Kincaid Grade Level was 12.10 (12.43 for professional sites vs 12.05 for consumer sites). The mean DISCERN quality score was 44.04 (57.17 for professional sites vs 42.31 for consumer sites) with no statistical difference between website categories. Consumer sites compared to professional sites were less likely to report potential adverse effects of cannabis use (30.68% vs 75%, P = 0.0024) and less likely to acknowledge areas of uncertainty (47.73% vs 83.33%, P = 0.0009). 34% of the websites mentioned shared decision making with a medical provider, with no significant difference between consumer and professional websites (P = 0.6023).

CONCLUSION: This study illustrates the potential shortcomings of online resources addressing cannabis use in Crohn’s disease, specifically with regards to readability, quality, and bias. The majority of websites were directed toward consumers. However, the average readability of both consumer and professional websites was 12th grade level which exceeds the NIH recommended sixth grade level for medical literature. It is important to note that Flesch-Kincaid Grade Level Calculation factors in syllables and words, and thus may not accurately reflect the complexity of the website. It is important that healthcare providers have open conversations with patients regarding cannabis use in effort to provide appropriate counselling and quality resources for additional information.