

Prevalence and Impact of Psychosocial Risk Factors on Outcomes of Crohn's Disease; a National Survey

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INTRODUCTION

Crohn's disease (CD) is a chronic inflammatory bowel condition linked to immune dysregulation in genetically predisposed individuals.

Evidence suggests that psychosocial factors such as anxiety, depression, and low socioeconomic status (SES) may influence both the onset and progression of CD. Conversely, CD may also increase vulnerability to mental health issues, creating a bidirectional relationship.

AIM

The objective of our study is to assess the prevalence and impact of psychosocial risk factors (PSRFs) on the outcomes of adult CD patients admitted due to flare-ups.

METHODS

- Using the **Nationwide Readmission Database (NRD) from 2016 to 2020**, we utilized the International Classification of Diseases, 10th Revision, Clinical Modifications codes to identify adult patients admitted with CD flare-ups.
- We further classified the patients based on the presence of PSRFs.
- Outcomes between the groups were compared using a multivariate regression model.
- Outcomes were adjusted for confounders, including comorbid conditions and discharges against medical advice (AMA).
- STATA 14.2 was used for statistical analysis

RESULTS

- We included a total of **305,129 CD patients**, of whom 57.20% (n = 174,524) had PSRFs.
- Patients with PSRFs were more likely to be younger females.
- Analysis revealed the following distribution of PSRFs:

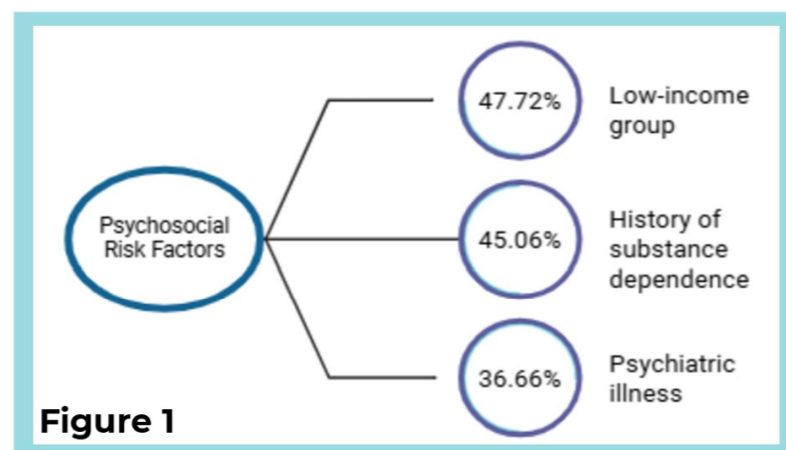


Figure 1

- Fig. 2 illustrates the odds of various outcomes in patients with PSRFs compared to those without.
- The odds of patients leaving AMA were three times higher in patients with PSRFs.

Figure 2

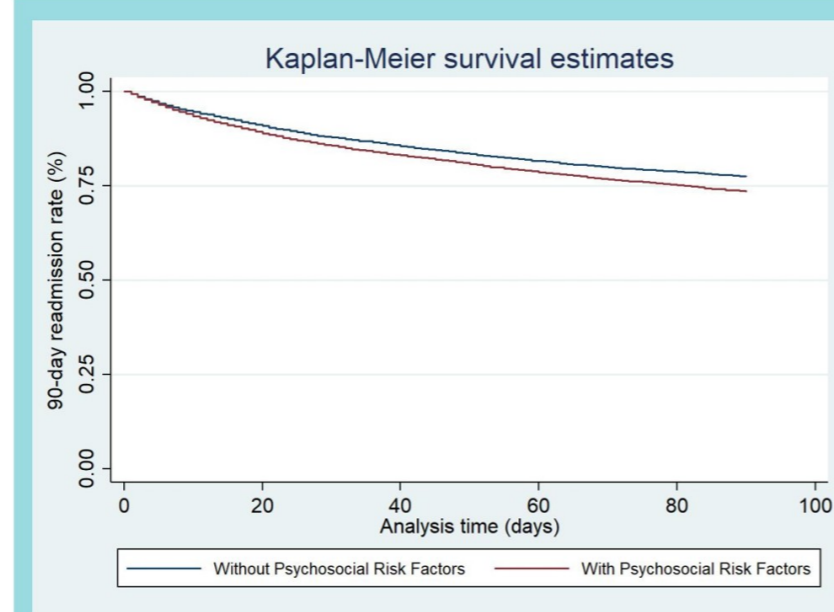
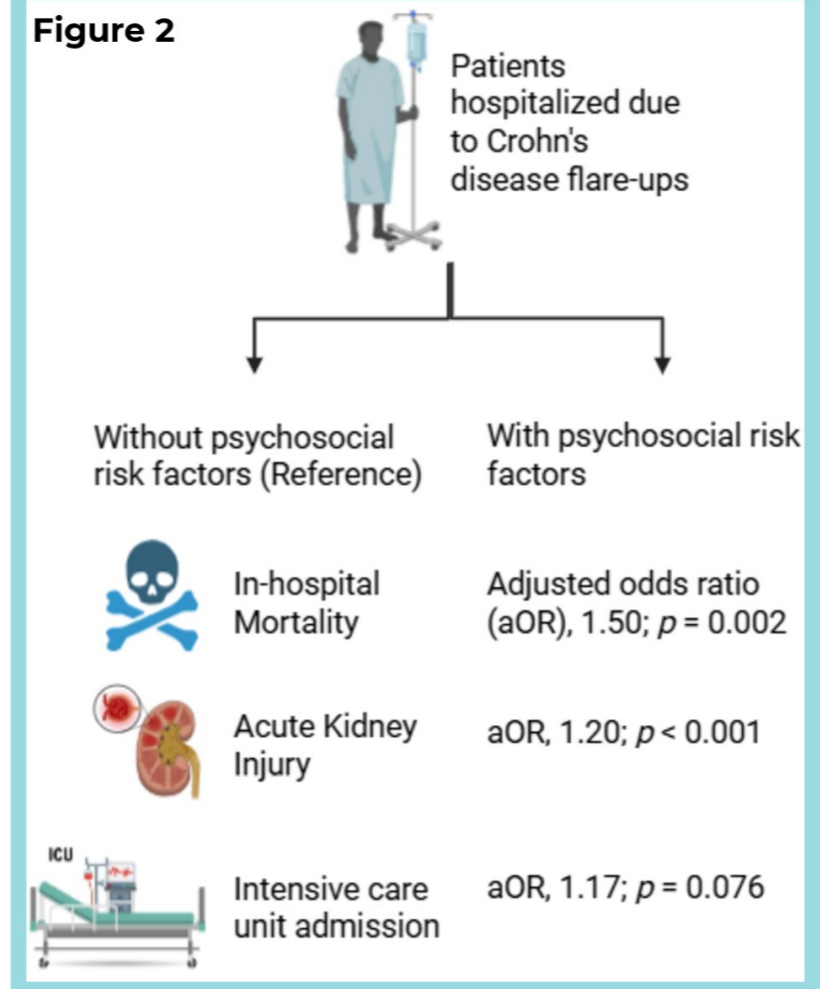


Figure 3. Kaplan-Meier curve demonstrating higher 90-day readmission rate in Crohn's disease patients with psychosocial risk factors (PSRF).

- The 90-day readmission rate was higher in patients with PSRFs compared to those without any PSRF (**hazard ratio 1.18, $p < 0.001$**).

CONCLUSIONS

- Our findings underscore the significant impact of PSRFs on the outcomes of CD hospitalizations.
- The increased mortality, higher odds of AKI, and greater likelihood of leaving AMA in patients with PSRFs highlight the need for comprehensive care approaches that address the psychological aspects of the disease.
- Furthermore, the higher readmission rates observed in patients with PSRFs suggest that these individuals may require more intensive follow-up and support after discharge to prevent complications and reduce the burden on healthcare systems.

REFERENCE

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