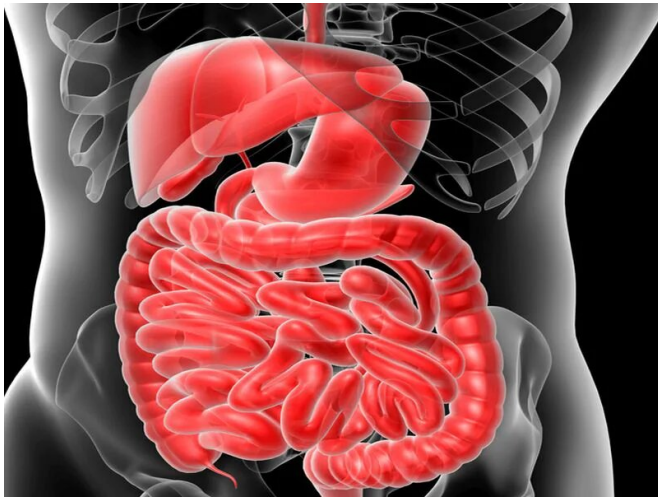


1999 to 2017 saw drop in IBD hospitalization rate for whites

13 December 2019



and ulcerative colitis, the hospitalization rate decreased during 1999 to 2017 for non-Hispanic white beneficiaries, but not for non-Hispanic black beneficiaries.

"Optimal multidisciplinary disease management, including outpatient follow-up visits and receiving recommended preventive care such as vaccinations and cancer screening, is important to maintain remission, improve quality of life, and prevent surgery and hospitalization among the growing population of older adults with IBD," the authors write.

More information: [Abstract/Full Text](#)

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From 1999 to 2017, the hospitalization rate for Crohn disease and ulcerative colitis decreased among non-Hispanic white Medicare beneficiaries aged ≥65 years, but not among non-Hispanic blacks, according to research published in the Dec. 13 issue of the U.S. Centers for Disease Control and Prevention *Morbidity and Mortality Weekly Report*.

Fang Xu, Ph.D., from the CDC in Atlanta, and colleagues estimated [inflammatory bowel disease](#) (IBD)-related [hospitalization rates](#) and outcomes in 2017 among Medicare fee-for-service beneficiaries aged ≥65 years and assessed trends in hospitalization rates during 1999 to 2017.

The researchers found that the age-adjusted hospitalization rate for Crohn disease was 15.5 per 100,000 Medicare enrollees in 2017, and the IBD-associated surgery rate was 17.4 per 100 hospital stays. For [ulcerative colitis](#), the corresponding rates were 16.2 per 100,000 Medicare enrollees and 11.2 per 100 stays. For both Crohn disease

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