

Socioeconomic status tied to inflammatory bowel disease outcomes

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of LSS. Use of narcotics (RR, 2.17) and [psychotropic medications](#) (RR, 1.98) was also higher among those with LSS. For those with Crohn disease, the impact of LSS was greater than for those with ulcerative colitis.

"Social determinants of health at time of diagnosis should be highly considered and addressed," the authors write.

One author disclosed financial ties to the pharmaceutical industry.

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

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.(HealthDay)—Lower socioeconomic status (LSS) is associated with worse outcomes for inflammatory bowel disease (IBD), according to a study published in the December issue of *The American Journal of Gastroenterology*.

Charles N. Bernstein, M.D., from the University of Manitoba in Winnipeg, Canada, and colleagues used the Manitoba Health administrative database to identify 9,298 individuals with IBD (April 1, 1995, to March 31, 2018). These data were linked to the Employment and Income Assistance database and another [database](#) of all persons with Child and Family Services contact, which served as measures of LSS.

The researchers found that for persons with LSS, there were increased rates of annual outpatient physician visits (relative risk [RR], 1.10), hospitalizations (RR, 1.38), intensive care unit admissions (RR, 1.94), use of corticosteroids >2,000 mg/year (RR, 1.12), and death (hazard ratio 1.53) versus individuals without any markers

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