

2001 to 2018 saw increase in estimated prevalence of IBD in seniors

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ethnicity, urban-rural residency, and state. The age-adjusted prevalence of both diseases increased during 2001 to 2018 (annual percentage change [APC], 3.4 percent for Crohn disease and 2.8 percent for ulcerative colitis). Non-Hispanic Blacks had a higher increase (APC, 5.0 percent for Crohn disease and 3.5 percent for [ulcerative colitis](#)) than non-Hispanic White, Hispanic, and Asian/Pacific Islander persons. For both diseases, prevalence was consistently highest for non-Hispanic Whites; for Crohn disease, prevalence was lowest among Asian/Pacific Islanders.

"The potential rapid increase of disease prevalence in certain racial and ethnic minority groups indicates the need for tailored disease management strategies in these populations," the authors write.

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

During 2001 to 2018, the overall estimated prevalence of Crohn disease and ulcerative colitis increased among Medicare fee-for-service beneficiaries, with a higher increase seen among non-Hispanic Blacks, according to research published in the May 14 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 analyzed 2018 Medicare data among beneficiaries ages 67 years and older to assess differences in the prevalence of inflammatory bowel [disease](#) by demographic characteristics and examined trends of prevalence from 2001 through 2018.

The researchers found that 0.40 and 0.64 percent of 25.1 million Medicare fee-for-service beneficiaries aged 67 years and older had received a diagnosis of Crohn disease and ulcerative colitis, respectively, in 2018. There was variation noted in prevalence by age, sex, race and

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