

## GERİATRİ VE ÜLSERATİF KOLİT

Berat EBİK<sup>1</sup>Ali UZEL<sup>2</sup>

## GİRİŞ

Ülseratif Kolit (ÜK) insidansı sadece erken çocukluk ve genç popülasyonda değil ileri yaş (yaşlılık) olarak kabul edilen 65 yaşın üzerinde de artmaktadır. İleri yaştaki hastalarda ÜK popülasyonunda artış mevcuttur. Bunun nedeni yeni teşhis edilen vaka sayısındaki artışla birlikte, gençken ÜK tanısı alan hastaların yaşlanarak bu gruba dahil olmasıdır (1).

Genç ÜK hastalarıyla karşılaştığımızda yaşlı hastaların komorbid hastalıkları, ilaç kullanımı ile ilgili sıkıntılar ve kırılğan yapıları hastalık yönetimini daha zor ve kompleks bir hale getirmektedir. Çoğu zaman enfeksiyon riski ve kanser endişesi nedeniyle yetersiz tedavi edilen bu hastalarda kötü klinik sonuçlar elde edilmektedir (2).

## YAŞLI HASTALARDA ÜLSERATİF KOLİT TANISI

Yaşlı hastalarda ishal, rektal kanama, karın ağrısı, kilo kaybı gibi belirtilerle başvuran hastalarda, ÜK'ten şüphelenilmelidir. Fakat genç hastalara göre yaşlılara ÜK tanısı koymak daha zordur. Çünkü bu yaş grubunda divertikülit, divertikül kanaması, iskemik kolit, kolon kanseri, ilaca bağlı

kolit ve ülserler gibi ÜK tanısını taklit edebilecek başka hastalıklara sahip olma olasılığı yüksektir.

Hastalardan ilk olarak hemogram, üre, kreatinin, albümin, ferritin, c-reaktif protein (CRP) prokalsitonin gibi rutin testleri istenmelidir. Daha sonra C. difficile'yi de içeren ayrıntılı dışkı analizi yapılmalıdır. Fekal kalprotektin düzeyi teşhis de elimizi güçlendirebilir. Bilgisayarlı tomografi ile kesitsel görüntüleme özellikle iskemik kolit ve divertikülit ayırıcı tanısı için bize değerli bilgiler sunar.

Son olarak da kolonoskopi yapılmalıdır. Eğer bu işlem hasta ile ilgili prosedürel riskler barındırıyorsa rektosigmoidoskopi yapılmaz. Burada hem mukozanın görünümü hem de histopatolojik değerlendirme bize tanı ile ilgili güçlü veriler sunacaktır.

## YAŞLI HASTALARDA ÜLSERATİF KOLİTİN EPİDEMİYOLOJİSİ

ÜK başlangıç yaşı tipik olarak 20-40 yaş arasında olmasına rağmen, araştırmalar 60-70 yaşlarında ikinci bir pik olabileceğini belirtmektedir (3). Yaşlı bireylerde inflamatuvar barsak hastalığı (inflamatuvar barsak hastalığı (İBH)) prevalansı her yıl %5,2 oranında artmaktadır. Kuzey Ame-

<sup>1</sup> Doç. Dr., SBÜ Gazi Yaşargil Eğitim ve Araştırma Hastanesi, Gastroenteroloji Kliniği, beratebik@gmail.com, ORCID iD: 0000-0002-0012-2505

<sup>2</sup> Uzm. Dr., SBÜ Gazi Yaşargil Eğitim ve Araştırma Hastanesi, Gastroenteroloji Kliniği, drali.uzel@gmail.com, ORCID iD: 0000-0002-2004-2094

Bu nedenle yaşlı ÜK hastalarının tanıdan hemen sonra KRK taramasına ihtiyacı vardır. Sürveyans; yaş, komorbid hastalıklar, beklenen yaşam süresi ve endoskopi riskleri de göz önüne alınarak yapılmalıdır (52).

## YAŞLI ÜLSERATİF KOLİTLİ HASTALARDA TEDAVİ HEDEFLERİ

ÜK'li hastalarda en önemli tedavi hedefi mukozal iyileşme ve fekal kalıptektin düzeyinin normale gelmesidir. Bu sayede sürekli ve steroidsiz remisyon elde edilerek, cerrahi ve hastaneye yatış oranlarında azalma elde edilmektedir. Genç hastalarda bu hedeflere ulaşmak için agresif tedavi yöntemleri uygulanabilmektedir; fakat agresif bir immunsupresyonu yaşlı hastalarda uygulamak, potansiyel yararların yanında ciddi riskleri de beraberinde getirebilir. Bu nedenle şiddetli hastalığı olmayan yaşlı ÜK hastalarında semptom iyileşmesi bile akılcı bir hedef olabilir.

## KAYNAKLAR

1. Rozich JJ, Dulai PS, Fumery M, Sandborn WJ, Singh S. Progression of elderly onset inflammatory bowel diseases: a systematic review and meta-analysis of population-based cohort studies. *Clin. Gastroenterol. Hepatol.* 2020; 18: 2437–47
2. Mak JW, Lok Tung Ho C, Wong K et al. Epidemiology and natural history of elderly-onset inflammatory bowel disease: results from a territory-wide Hong Kong IBD registry. *J. Crohns Colitis.* 2021; 15: 401–8
3. Loftus CG, Loftus EV Jr, Harmsen WS, et al. Update on the incidence and prevalence of Crohn's disease and ulcerative colitis in Olmsted County, Minnesota, 1940–2000. *Inflamm Bowel Dis.* 2007; 13:254–261. [PubMed: 17206702]
4. Taleban S, Colombel JF, Mohler MJ, et al. Inflammatory bowel disease and the elderly: a review. *J Crohns Colitis* 2015;9:507–515.
5. Katz S, Pardi DS. Inflammatory bowel disease of the elderly: frequently asked questions (FAQs). *Am J Gastroenterol.* 2011; 106:1889–1897. [PubMed: 21862997]
6. Gisbert JP, Chaparro M. Systematic review with meta-analysis: inflammatory bowel disease in the elderly. *Aliment Pharmacol Ther.* 2014; 39:459–477. [PubMed: 24405149]
7. Cottone M, Kohn A, Daperno M, et al. Advanced age is an independent risk factor for severe infections and mortality in patients given anti-tumor necrosis factor therapy for inflammatory bowel disease. *Clin Gastroenterol Hepatol* 2011;9:30–35.
8. Parian A, Ha CY. Older age and steroid use are associated with increasing polypharmacy and potential medication interactions among patients with inflammatory bowel disease. *Inflamm Bowel Dis.* 2015; 21:1392–1400. [PubMed: 25856768]
9. Kochar B, Cai W, Cagan A, et al. Pretreatment frailty is independently associated with increased risk of infections after immunosuppression in patients with inflammatory bowel diseases. *Gastroenterology* 2020;158:2104–2111.
10. Murray A, Nguyen TM, Parker CE, Feagan BG, MacDonald JK. Oral 5-aminosalicylic acid for induction of remission in ulcerative colitis. *Cochrane Database Syst. Rev.* 2020; 8: CD000543.
11. Charpentier C, Salleron J, Savoye G et al. Natural history of elderly-onset inflammatory bowel disease: a population-based cohort study. *Gut.* 2014; 63: 423–32.
12. Cross RK. Safety considerations with the use of corticosteroids and biologic therapies in mild-to-moderate ulcerative colitis. *Inflamm. Bowel Dis.* 2017; 23: 1689–701.
13. Toruner M, Loftus EV Jr, Harmsen WS et al. Risk factors for opportunistic infections in patients with inflammatory bowel disease. *Gastroenterology.* 2008; 134: 929–36.
14. Tornatore KM, Logue G, Venuto RC, et al. Cortisol pharmacodynamics after methylprednisolone administration in young and elderly males. *J Clin Pharmacol.* 1997; 37:304–311. [PubMed: 9115056]
15. Brassard P, Bitton A, Suissa A, et al. Oral corticosteroids and the risk of serious infections in patients with elderly-onset inflammatory bowel diseases. *Am J Gastroenterol.* 2014; 109:1795–1802. [PubMed: 25267328]
16. Ananthakrishnan AN, Nguyen GC, Bernstein CN. AGA Clinical Practice Update on Management of Inflammatory Bowel Disease in Elderly Patients: Expert Review. *Gastroenterology.* 2021 Jan;160(1):445-451. doi: 10.1053/j.gastro.2020.08.060.
17. Lichtenstein GR, Travis S, Danese S et al. Budesonide MMX for the induction of remission of mild to moderate ulcerative colitis: a pooled safety analysis. *J. Crohns Colitis.* 2015; 9: 738–46.
18. Juneja M, Baidoo L, Schwartz MB, et al. Geriatric inflammatory bowel disease: phenotypic presentation, treatment patterns, nutritional status, outcomes, and comorbidity. *Dig Dis Sci.* 2012; 57:2408–2415. [PubMed: 22359191]
19. Timmer A, Patton PH, Chande N, McDonald JW, MacDonald JK. Azathioprine and 6-mercaptopurine for maintenance of remission in ulcerative colitis. *Cochrane Database Syst. Rev.* 2016; 2016: CD000478.
20. Alexakis C, Saxena S, Chhaya V, Cecil E, Curcin V, Pollok R. Do thiopurines reduce the risk of surgery in elderly onset inflammatory bowel disease? A 20-year national population-based cohort study. *Inflamm. Bowel Dis.* 2017; 23: 672–80.
21. Dharmasiri S, Johnson H, McLaughlin S, et al. PTU-109. Azathioprine in the elderly--is it tolerated and is it safe? *Gut.* 2014; 63:A87.
22. Khan N, Abbas AM, Lichtenstein GR, Loftus EV Jr, Bazano LA. Risk of lymphoma in patients with ulcerative colitis treated with thiopurines: a nationwide retrospective

- tive cohort study. *Gastroenterology*. 2013; 145: 1007–15
23. Matsuoka K. NUDT15 gene variants and thiopurine-induced leukopenia in patients with inflammatory bowel disease. *Intest. Res.* 2020; 18: 275–81.
  24. Feagan BG, Rochon J, Fedorak RN, et al. Methotrexate for the treatment of Crohn's disease. The North American Crohn's Study Group Investigators. *N Engl J Med*. 1995; 332:292–297. [PubMed: 7816064]
  25. Johnson SL, Bartels CM, Palta M, et al. Biological and steroid use in relationship to quality measures in older patients with inflammatory bowel disease: a US Medicare cohort study. *BMJ Open*. 2015; 5:e008597.
  26. Lobaton T, Ferrante M, Rutgeerts P, et al. Efficacy and safety of anti-TNF therapy in elderly patients with inflammatory bowel disease. *Aliment Pharmacol Ther*. 2015; 42:441–451. [PubMed: 26104047]
  27. Desai A, Zator ZA, de Silva P, et al. Older age is associated with higher rate of discontinuation of anti-TNF therapy in patients with inflammatory bowel disease. *Inflamm Bowel Dis*. 2013; 19:309–315. [PubMed: 22605668]
  28. Sifuentes H, Kane S. Monitoring for extra-intestinal cancers in IBD. *Curr Gastroenterol Rep*. 2015; 17:42. [PubMed: 26364836]
  29. Soler D, Chapman T, Yang LL, Wyant T, Egan R, Fedyk ER. The binding specificity and selective antagonism of vedolizumab, an anti- $\alpha 4\beta 7$  integrin therapeutic antibody in development for inflammatory bowel diseases. *J. Pharmacol. Exp. Ther*. 2009; 330: 864–75.
  30. Chaparro M, Garre A, Ricart E et al. Short and long-term effectiveness and safety of vedolizumab in inflammatory bowel disease: results from the ENEIDA registry. *Aliment. Pharmacol. Ther*. 2018; 48: 839–51.
  31. Colombel JF, Sands BE, Rutgeerts P, et al. The safety of vedolizumab for ulcerative colitis and Crohn's disease. *Gut*. 2016; [Epub ahead of print]. doi: 10.1136/gutjnl-2015-311079
  32. Bloomgren G, Richman S, Hotermans C, et al. Risk of natalizumab-associated progressive multifocal leukoencephalopathy. *N Engl J Med*. 2012; 366:1870–1880. [PubMed: 22591293]
  33. Amiot A, Filippi J, Abitbol V et al. Effectiveness and safety of ustekinumab induction therapy for 103 patients with ulcerative colitis: a GETAID multicentre real-world cohort study. *Aliment. Pharmacol. Ther*. 2020; 51: 1039–46.
  34. Singh S, Murad MH, Fumery M, Dulai PS, Sandborn WJ. First- and second-line pharmacotherapies for patients with moderate to severely active ulcerative colitis: an updated network meta-analysis. *Clin. Gastroenterol. Hepatol*. 2020; 18: 2179–91.
  35. Hayashi M, Umezawa Y, Fukuchi O, et al. Efficacy and safety of ustekinumab treatment in elderly patients with psoriasis. *J Dermatol* 2014;41:974–980.
  36. Wu B, Tong J, Ran Z. Tacrolimus therapy in steroid-refractory ulcerative colitis: a review. *Inflamm. Bowel Dis*. 2020; 26: 24–32.
  37. Haga K, Shibuya T, Nomura K et al. Effectiveness and nephrotoxicity of long-term tacrolimus administration in patients with ulcerative colitis. *J. Clin. Med*. 2020; 9: 1771.
  38. Sandborn WJ, Ghosh S, Panes J et al. Tofacitinib, an oral Janus kinase inhibitor, in active ulcerative colitis. *N. Engl. J. Med*. 2012; 367: 616–24.
  39. D'Amico F, Parigi TL, Fiorino G, Peyrin-Biroulet L, Danese S. Tofacitinib in the treatment of ulcerative colitis: efficacy and safety from clinical trials to real-world experience. *Therap. Adv. Gastroenterol*. 2019; 12: 1756284819848631
  40. Troncone E, Marafini I, Del Vecchio BG, Di Grazia A, Monteleone G. Novel therapeutic options for people with ulcerative colitis: an update on recent developments with Janus kinase (JAK) inhibitors. *Clin. Exp. Gastroenterol*. 2020; 13: 131–9.
  41. Kobayashi T, Matsuoka K, Yokoyama Y et al. A multi-center, retrospective, observational study of the clinical outcomes and risk factors for relapse of ulcerative colitis at 1 year after leukocytapheresis. *J. Gastroenterol*. 2018; 53: 387–96.
  42. Kaplan GG, Hubbard J, Panaccione R, et al. Risk of comorbidities on postoperative outcomes in patients with inflammatory bowel disease. *Arch Surg*. 2011; 146:959–964. [PubMed: 21844437]
  43. Ross H, Steele SR, Varma M, et al. Practice parameters for the surgical treatment of ulcerative colitis. *Dis Colon Rectum*. 2014; 57:5–22. [PubMed: 24316941]
  44. Cohan JN, Bacchetti P, Varma MG, et al. Outcomes after ileoanal pouch surgery in frail and older adults. *J Surg Res*. 2015; 198:327–333. [PubMed: 25937568]
  45. Bollegala N, Jackson TD, Nguyen GC. Increased postoperative mortality and complications among elderly patients with inflammatory bowel diseases: an analysis of the National Surgical Quality Improvement Program cohort. *Clin Gastroenterol Hepatol*. 2015; 14:1274–1281. [PubMed: 26656299]
  46. Fries W, Demarzo MG, Navarra G, Viola A. Ulcerative Colitis in Adulthood and in Older Patients: Same Disease, Same Outcome, Same Risks? *Drugs Aging*. 2022 Jun;39(6):441-452. doi: 10.1007/s40266-022-00943-0.
  47. Moroi R, Shiga H, Tarasawa K et al. The clinical practice of ulcerative colitis in elderly patients: an investigation using a nationwide database in Japan. *JGH Open*. 2021. <https://doi.org/10.1002/jgh3.12541>.
  48. Roman AL, Munoz F. Comorbidity in inflammatory bowel disease. *World J Gastroenterol*. 2011; 17:2723–2733. [PubMed: 21734780]
  49. Beaugerie L, Carrat F, Colombel JF, et al. Risk of new or recurrent cancer under immunosuppressive therapy in patients with IBD and previous cancer. *Gut*. 2014; 63:1416–1423.
  50. Bopanna S, Ananthkrishnan AN, Kedia S, Yajnik V, Ahuja V. Risk of colorectal cancer in Asian patients with ulcerative colitis: a systematic review and meta-analysis. *Lancet Gastroenterol. Hepatol*. 2017; 2: 269–76.
  51. Hou JK, Feagins LA, Waljee AK. Characteristics and behavior of elderly-onset inflammatory bowel disease: a multi-center US study. *Inflamm. Bowel Dis*. 2016; 22: 2200–5.
  52. Sturm A, Maaser C, Mendall M et al. European Crohn's and Colitis Organisation topical review on IBD in the elderly. *J. Crohns Colitis*. 2017; 11: 263–73.