14th Annual Congress on

Gastroenterology & Hepatology

August 06-07, 2018   Osaka, Japan

Maintaining remission in patients with Inflammatory Bowel Disease (IBD) is well associated with good control of blood glucose level in different Montreal classes of IBD: A retrospective study of 160 IBD patients in a large gastroenterology center in UK

Eyad M O E Gadour
University Hospital of South Manchester NHS Foundation Trust, UK

Introduction: Inflammatory Bowel Diseases (IBD) are a group of chronic diseases of the bowels which have unknown etiology. With studies having established that there is a link between diabetes and IBD, this study sought to investigate if there was any relation between blood glucose level (glycemic changes) and remission in patients with IBD. This study examined a number of factors such as the blood glucose levels of the patients and histology among others. The experimental phase of this study divided the participants into three as described in the study sampling including a control group.

Aim: We investigated if there is any relation between blood glucose level and remission in patient with IBD. The hypothesis is glucose status is abnormal in active inactive IBD.

Methodology: A cross-sectional study determines exposure and outcome simultaneously for every subject. The studies have been regarded as the most appropriate for screening hypothesis because they require a comparatively shorter time commitment as well as fewer resources to undertake. The total numbers of sample employed in this study was 160. The study participants were classified into three groups. The first group included the patients with IBD in remission while the second group comprised of the patients who are experiencing flare up. The third group comprised of normal subjects who were equally described as the control group. The inclusion criteria for the participants in this study included age that encompassed 16-90 year-old, the medical condition of the patient where the ones included were known to have IBD and the patients under gastroenterology team at University Hospital of South Manchester. The exclusion criterion was pregnancy. The relationship between study variables was equally examined using the Chi-Square test, and independent T test. Study hypothesis was examined using One Way Anova Test. Regression analysis was also used to identify predictors of IBD. Significance was considered at alpha level <0.05.

Results: Total number of participants was 160. 57% of 91 participants were female (57%), 69 participants were male (43%). Around 68% were aged 40 years and above while 32% were below 40 years of age. The Montreal classification type A2L1B1 (8.1%) was lower compared to 16% of E1S0. There are no significant statistical differences seen in the other disease types. The other Montreal classification category A2L2B2 [16%] equally had a high percentage in diabetes patient but found to have no statistical difference between other Montreal classifications. A1L1B1 Montreal classification category participants have the least relationship with diabetic patients (0.6%).

Conclusion: In conclusion, the principal aim of this study is to monitor the glycemic status of IBD patients during the remission and flare-up. The chi-square of age and sex indicated a variance of 1.55 and p<0.05. This shows that there is no significant difference between age and sex hence most people are affected by IBD. This thus rejects the null hypothesis and accepts alternative hypothesis that states that there is a relationship between glycemic status of IBD patients during the remission and flare-up.

Biography

Eyad M O E Gadour has an MRCP in Gastroenterology Spr from University Hospital of South Manchester NHS Foundation Trust in UK. He is currently working in University Hospital of South Manchester NHS Foundation Trust, UK.

Notes:

eyadgadour@doctors.org.uk