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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 centre in UK

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Introduction: Inflammatory bowel diseases (IBD) are a group of chronic diseases of the bowels which have unknown aetiology. Reports indicate that prolonged inflammation leads to the damage of the GI tract. There are two major types of IBD; namely, Crohn's Disease abbreviated as CD and Ulcerative Colitis abbreviated as UC.

Study Aim: The main aim of this study is to monitor the glycaemic status of IBD patients during the remission and flare-up. The study will investigate 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 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 criteria for a subject to be removed or not allowed to take part in this study were pregnancy. In this research, the software SPSS version 20 was used to analyse the data. 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: The total number of participants in this study were 160 whose medical records were analysed as well as tests conducted for various indicators of IBD disease on their blood samples. 57% of 91 participants were female (57%) while 69 participants were male (43%). Out of this population, 68% were aged 40years and above while 32% were below 40 years of age. This indicates that Inflammatory Bowel disease (IBD) affects mostly people above 40 years of age. The Montreal classification type A2L1B1 (8.1%) L1- location Ileocolonic and B1-inflammtory behaviour was lower compared to 16% of E1SO. This indicates that most IBD patients are in this category of Montreal classification. 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 has the least relationship with diabetic patients (0.6%).

Conclusion: In conclusion, the principal aim of this study is to monitor the glycaemic 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 glycaemic status of IBD patients during the remission and flare-up. The hypothesis also proves that there is a relation between blood glucose level and remission in patient with IBD.

Keywords: IBD Blood Glucose Montreal Classification of IBD

Biography:

Eyad Gadour is currently senior specialist registrar in training program in Manchester-UK. He is about to become a Consultant Gastroenterologist with special interest in Hepatology and Hepatobiliary. His MBBS was obtained from The National Ribat University in Sudan. His General medicine training is conducted mainly in Manchester and done Fellowship in Inflammatory Bowel Disease IBD as well as Liver Transplantation at St James's University Hospital in Leeds. Dr Gadour has publications in Gastroenterology, Hepatology as well as Upper GI Surgery with few international presentations.

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