World Gastroenterology 2018: 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 an l- Eyad Gadour- South Manchester University Hospital

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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??? 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 levels in patient with IBD. The hypothesis is glucose status is abnormal in active inactive IBD.

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 will comprised of the patients who are experiencing the flare up. The third group comprised of normal subjects who were equally described as the control group. The enclosure standards for the participants is to study there included age which will encompassed 16-90 year-old, the medical condition of the patient where the ones included were known to have IBD, The patients under gastroenterology team at University Hospital of South Manchester. The exclusion conditions for a subject to be removed or not be 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.

This review focuses on patients with IBD who are in remission and who have become asymptomatic after medical, endoscopic or surgical therapies. Once in remission, patients with IBD look forward to a normal life but, because of the chronicity of maintenance therapy and the possibility of disease recurrence, still face difficult physical and emotional transitions and social and financial challenges. Since many IBD patients in remission may be treated by non-specialists, we discuss aspects of broader care that may be disregarded but play an important role in the preservation of general health and quality of life. When IBD patients are transitioned by their gastroenterologists to primary care or other specialty providers for follow-up, those providers should have sound understanding of the risks for long-term.

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. Caring for the IBD patient in remission can be complicated, challenging and sometimes suboptimal. Gastroenterologists often provide such care, but patients who live in rural settings have to travel a great distance for their IBD follow up, or are discharged by their gastroenterology or surgery teams and may subsequently seek care from family practitioners, general internists, or other providers. These practitioners need to navigate through various medical and surgical treatments, their late and sometimes indolent effects, surveillance options and schedules for follow-up care. Referral to physical and occupational therapy, other services (i.e. stoma therapists, counselling), pain management teams and social services must also be considered to ensure that all needs are addressed.

Results: The total number of participants in this study was 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 Ileocolic and B1-inflammtory behaviour was lower compared to 16% of E1S0.

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. An A1L1B1 Montreal classification category participant 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