

MEDIA RELEASE

Low-income children with IBD are more likely to undergo surgery than their wealthier counterparts

TORONTO, January 13, 2010 – Approximately 2,000 Ontario children under the age of 18 suffer from Crohn's disease and ulcerative colitis, collectively known as Inflammatory Bowel Disease (IBD). New research conducted at the **Institute for Clinical Evaluative Sciences (ICES)** and **The Hospital for Sick Children (SickKids)** has found children with IBD from low-income neighbourhoods are 17 per cent more likely to be hospitalized and up to 80 per cent more likely to undergo surgery for Crohn's than those from high-income neighbourhoods.

"It's alarming that children of lower income are more likely to undergo major surgery, as well as be hospitalized and visit the emergency department compared with children of higher-income families. They seem to have equal access to specialists, but the high cost of newer medications may be playing a role," says lead author Eric Benchimol, adjunct scientist with ICES, and pediatric gastroenterologist at the Children's Hospital of Eastern Ontario (CHEO).

Currently, there are approximately 2,000 children and adolescents under 18 living with IBD in Ontario, with more than 350 new cases diagnosed yearly. The number of children living with IBD in Ontario rose by 50 per cent between 1994 and 2005.

"We need to better understand why low-income children with IBD have worse outcomes than their more affluent counterparts in order to best serve all children with this disease," says Astrid Guttmann, senior author, Staff Paediatrician at SickKids and scientist at ICES.

The study examined all Ontario children under-18 years diagnosed with IBD from 1994 to 2004 and compared the health services utilization and surgical rates in children of the lowest two income groups with those from the highest two income groups. The study found:

- Patients of lower-income households were more likely to be hospitalized and visit the emergency department, compared with those from higher-income households.
- While no difference in surgical rates by income was present before 2000, in children diagnosed with Crohn's disease (not ulcerative colitis) after 2000 were more likely to undergo surgery.

- This difference may be due to difficulty of low-income children accessing newer, more expensive medications like immunomodulators and biologics.

“This study raises a number of provocative issues related to childhood inflammatory bowel disease,” says Dr. Kevin Glasgow, Chief Executive Officer of the Crohn’s and Colitis Foundation of Canada (CCFC). “It reinforces CCFC’s call for timely and equitable access to therapies for IBD, regardless of socio-economic status and is particularly concerning if some children with Crohn’s disease are proceeding too rapidly to surgery. Clearly, more research is needed to understand the root causes of these apparent socio-economic discrepancies in health services utilization and the risk of surgery.”

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The study “Surgical and Health Services Outcomes of Paediatric Inflammatory Bowel Disease: the Role of Socioeconomic Status in a Universal Access Healthcare System,” is published online ahead of print in the Journal of Pediatrics (January 13, 2011).

More detailed study findings on the ICES website: [.ices.on.ca](http://ices.on.ca)

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