

**Title: HIGH BURDEN OF OBESITY AND LOW RATES OF WEIGHT LOSS  
PHARMACOTHERAPY IN INFLAMMATORY BOWEL DISEASE: 10 YEAR TREND**

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**"Introduction:**

Obesity and inflammatory bowel disease (IBD) have been increasing in the past decade. There is a paucity of data on the recent trend of obesity and the utilization of anti-obesity pharmacotherapy in IBD. Hence, we aimed to use a population-level database to analyze their trends.

**Methods**

A retrospective analysis of population-level data 2010–2019 was performed among individuals  $\geq$  18 years of age using a commercial database, IBM Explorys. The prevalence and trends of obesity, diabetes mellitus type 2 (DM2), essential hypertension (HTN), dyslipidemia and/ or hyperlipidemia (HLD), sleep apnea, and anti-obesity pharmacotherapy were studied. Univariate analysis using chi-square test and trend analysis using the Cochran Armitage test were performed.

**Results**

Among 39,717,520 adults, 37.3% of IBD patients were obese (CD 36.9% vs UC 38.5%,  $p < 0.0001$ ). The proportion of IBD adults with obesity and related comorbidities increased from 2010 to 2019: obesity (19.7% to 30.1%), DM2 (8.3% to 12.5%), HTN (25.1% to 33.9%), HLD (22.1% to 32.2%) and sleep apnea (4.1% to 10.8%),  $p < 0.0001$  for all comparisons. Only 2.8% of eligible adults with obesity were prescribed anti-obesity pharmacotherapy in the last 10 years, trend increased from 1.4% to 3.6%, 2010–2019.

**Conclusion**

With obesity being a harbinger for metabolic syndrome, the increase in obesity in IBD patients was accompanied by a concomitant increase in the diseases associated with obesity in the past decade. However, this alarming rise in obesity was accompanied by a disproportionately small increase in anti-obesity pharmacotherapy."