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Pediatric Crohn's disease—severity at diagnosis, clinical outcomes and pediatricians' prescribing behavior

The severity of pediatric Crohn's disease at diagnosis does not reliably predict subsequent clinical outcomes, according to the results of a new Dutch study.

There is a lack of data comparing treatment strategies for children with Crohn's disease who are diagnosed with either mild disease or moderate-to-severe disease. Despite this lack of data, Edmond Rings and his colleagues from The Netherlands have noticed a reluctance to prescribe immunomodulators in children diagnosed with mild disease, probably owing to the adverse effects associated with these drugs. "We were interested in the prescription of medication in children with mild Crohn's disease, as well as in the course of this disease related to the medical strategy chosen," says Rings.

Rings and colleagues carried out a retrospective study using data from

patients with newly diagnosed Crohn's disease. 43 children from seven centers in The Netherlands were included in the study, and data were collected from 1998 to 2007. 25 children had mild disease and 18 children had moderate-to-severe disease, according to the Pediatric Crohn's Disease Activity Index. Treatments and disease outcomes were compared between the two groups of patients.

“... severity of Crohn's disease at diagnosis does not reliably predict ... clinical course...”

Aminosalicylates were more frequently prescribed as initial therapy (rather than immunomodulators) for children with mild disease compared with those with moderate-to-severe disease. However, children with mild disease were found to

have more relapses, shorter duration of first remission and longer total duration of systemic steroid use compared with children with moderate-to-severe disease.

The authors conclude that severity of Crohn's disease at diagnosis does not reliably predict subsequent clinical course, and children with mild disease should not be treated differently. "We showed that pediatricians direct therapies according to the severity of disease, but there is no sound evidence for such a decision," says Rings. "Further studies will be conducted to find optimal strategies to change the course of pediatric Crohn's disease."

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