

Gastroenterology

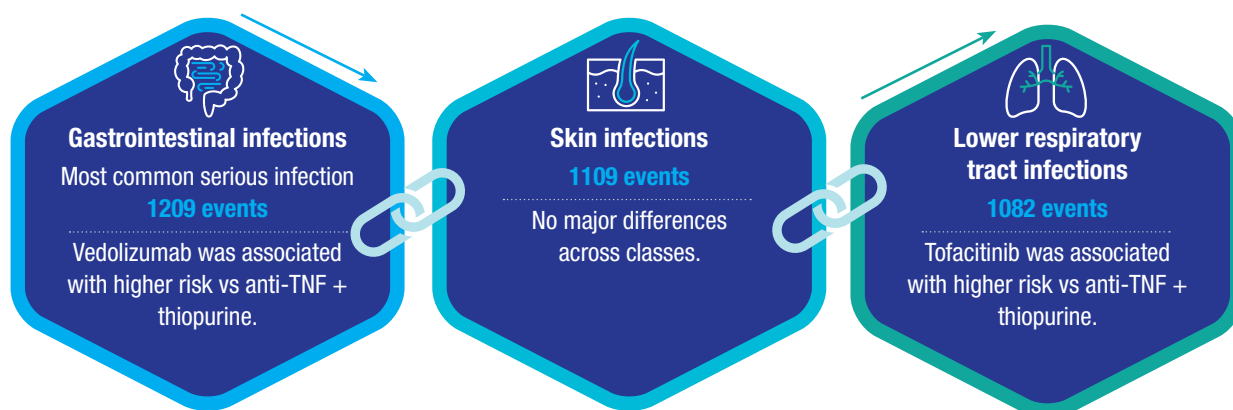
Across recent VA inflammatory bowel disease (IBD) data, several patterns have emerged. Serious infections requiring hospitalization remain relatively uncommon in veterans and outcomes appear broadly similar across contemporary biologic and targeted therapies, with risk increased by age, cardiopulmonary comorbidities, and concurrent steroid or opioid use than to specific drug classes.¹ Anemia in IBD consistently appears as a common, often persistent condition, linked to greater use of hospital and steroid-based care, particularly among veterans with higher comorbidity burden and those who smoke.² Likewise, vitamin D emerges as a modifiable factor: deficiency is frequently observed, while supplementation is repeatedly associated with fewer flares, lower acute care utilization, and gradual, dose-related improvements in serum vitamin D levels.³

Serious Infection Outcomes Across IBD Drug Classes¹



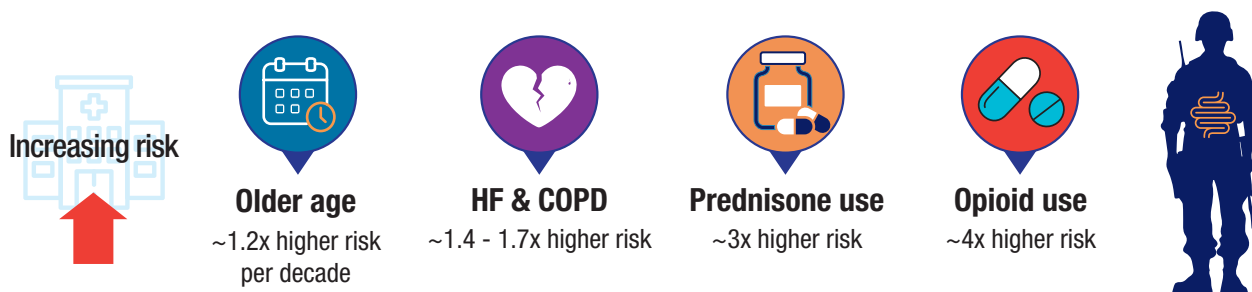
More than 14,500 veterans with Crohn disease or ulcerative colitis starting anti-tumor necrosis factor (TNF) inhibitor combinations, anti-TNF monotherapy, vedolizumab, ustekinumab, or tofacitinib were followed for serious infections requiring hospitalization.

Site-Specific Infection Signals



Gastrointestinal infections were a key driver of differences; when excluded, medication-class differences in overall infection hospitalization attenuated.

Other Risk Factors For Serious Infection



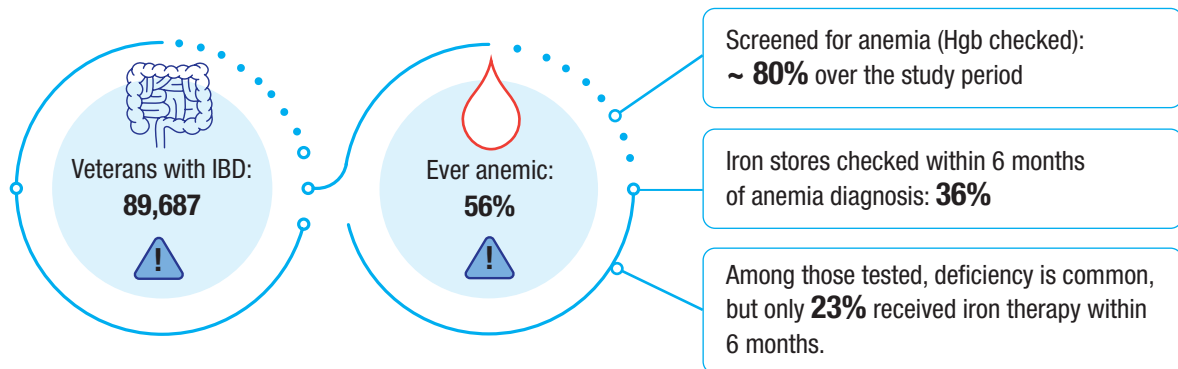
Across this VA cohort the rates of infection requiring hospitalization after exposure to IBD medications were low. Vedolizumab, ustekinumab, and tofacitinib showed broadly similar rates of infection-related hospitalization compared with anti-TNF inhibitor plus thiopurine combination therapy.

Silent Burden: Anemia Management in Veterans With IBD²



In a national VHA cohort of about 90,000 veterans with Crohn disease or ulcerative colitis, anemia care practices and downstream outcomes were evaluated over 2 decades. The study focused on how often anemia and iron deficiency were recognized and treated, and how anemia related to hospitalizations, steroid use, and IBD-related surgery.

Anemia Frequency and Treatment Patterns



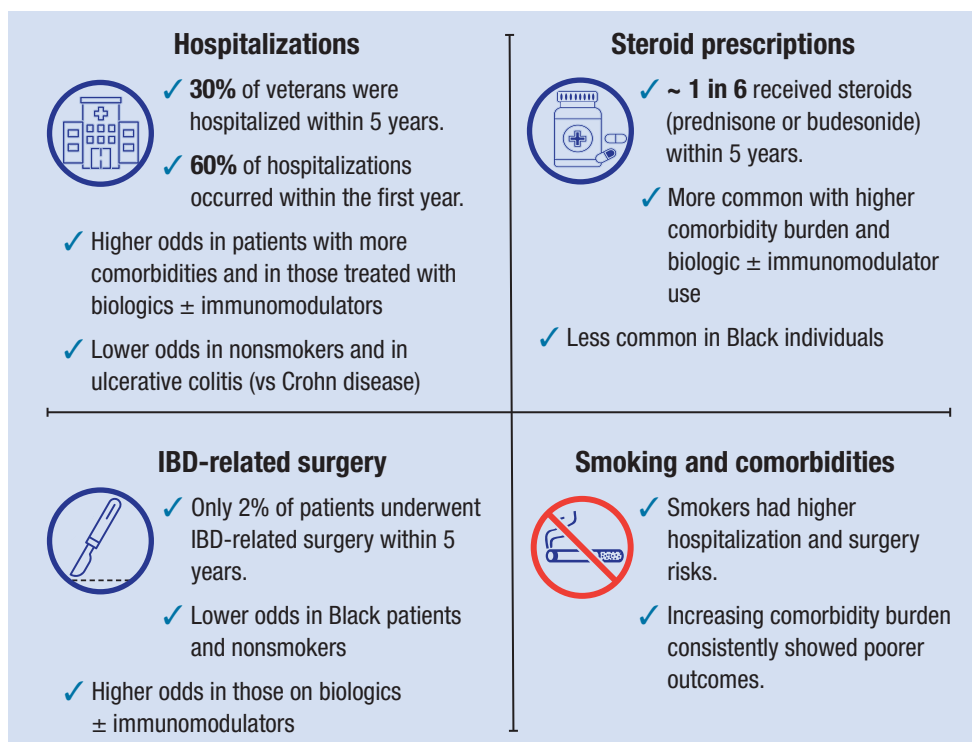
Hemoglobin and Anemia Resolution



Most anemic patients with IBD had **hemoglobin ≥ 10 g/dL**.

Only 19% achieved hemoglobin normalization within 12 months of anemia diagnosis.

5-Year Outcomes



Anemia was common among veterans with IBD, yet iron status was often not evaluated, treatment for iron deficiency was infrequent, and anemia rarely normalized within a year. In this cohort, anemia and higher comorbidity burden were linked to more hospitalizations, steroid use, and surgery.

Vitamin D and IBD: Fewer Flares, Less Acute Care³



A national VA study followed over 5000 veterans with IBD who had a vitamin D level checked between 2000 and 2023. Using quasi-experimental methods, the study compared veterans who did vs did not start vitamin D within 3 months to see how supplementation affected steroid use, emergency department (ED) visits, and hospitalizations.

Vitamin D Deficiency: Common in VA IBD



Median vitamin D: Low, **23 ng/mL**
(at first test)



Only ~ **4 in 10** started vitamin D
after testing.



Many veterans with IBD are undertreated for low vitamin D.

Vitamin D Supplement Effect on IBD Flares and Acute Events



ED visits
34%

fewer IBD-related
ED visits with vitamin D

2.2% absolute reduction



Hospitalizations
53%

fewer IBD-related
hospitalizations with vitamin D

2.6% absolute reduction



Steroids
25%

fewer steroid prescriptions
(trend) with vitamin D

1.3% absolute reduction



Supplemented veterans had fewer flares severe enough to need steroids, ED care, or hospitalization.

Benefits in Crohn Disease and Ulcerative Colitis



Crohn disease

- Fewer ED visits
- Fewer hospitalizations
- Steroid use unchanged



Ulcerative colitis

- Fewer ED visits
- Fewer hospitalizations
- Less steroid use

Supplementation Improved Vitamin D Levels

Bigger increases in serum vitamin D came with supplementation, especially at higher doses.

+0.9 ng/mL

No vitamin D

+6.0 ng/mL

Low-dose
vitamin D

+8.0 ng/mL

Higher-dose
vitamin D



Low vitamin D levels in this IBD cohort were associated with higher use of acute care, while supplementation was linked to fewer ED visits, hospitalizations, and steroid prescriptions. Prospective studies are needed to define optimal dosing strategies and target vitamin D levels.