Crohn’s disease is a chronic disorder that causes inflammation of the gastrointestinal (GI) tract, usually the small intestine and/or colon. Symptoms can include persistent diarrhea, abdominal pain, fever, and rectal bleeding. Loss of appetite and subsequent weight loss may also occur. The disease is not always limited to the GI tract; it sometimes also affects the joints, eyes, skin, and liver. The immune system reacts inappropriately, sometimes mistaking food and normal bacteria in the intestine for foreign substances and launching an attack. In the process, the body sends white blood cells into the lining of the intestines, where they produce chronic inflammation.

So far, there is no cure; the primary treatment goal is to improve immune system regulation to suppress the inflammatory response. This allows the intestinal tissue to heal and relieves the symptoms. After the symptoms are brought under control, medical therapy is used to decrease the frequency of disease flare-ups and to maintain remission.

Approximately 500,000 Americans have Crohn’s disease.1 Data from MediMedia’s Hospital Diagnosis & Therapy Audit indicate that approximately 160,000 patients with the disease are hospitalized each year.2 Although men and women are affected equally, more females are hospitalized (Figure 1).2 Crohn’s disease affects people of all ages, but it is most common in adolescents and young adults, mainly those between 15 and 35 years of age.

In 1998, the Food and Drug Administration approved infliximab (Remicade®, Centocor), a biological therapy, to treat moderately to severely active Crohn’s disease in patients who responded inadequately to conventional therapy and to reduce the number of draining enterocutaneous fistulas. This antibody binds to tumor necrosis factor (TNF), an immune system protein with a role in inflammation.3 TNF is produced by white blood cells and is thought to cause many of the symptoms and tissue injury in Crohn’s disease.

Fewer than 7% of patients received infliximab in the hospital (Figure 2); however, it should be noted that the drug is not given daily and is usually administered in a physician’s office. The hospital market represents only the more severe cases of disease and patients with serious comorbidities.

The data cited in this article are available free of charge to hospitals participating in the PharmScope Insights program. The program specializes in helping hospital pharmacies target areas for performance improvement by providing benchmarks from a panel of 80 hospitals nationwide. To learn about joining PharmScope Insights, a division of MediMedia USA, Inc., visit www.mminfotech.com and click on Hospitals.

REFERENCES