

Observational, retrospective cohort. Propensity score analysis. New diagnosis of CD treated with 5ASA as first maintenance therapy line (within first 6 months and at least for 3 months) vs those not receiving maintenance therapy (no-MT).

Exclusion: Topical 5ASA use alone.

*No data of disease location or smoking habit

Primary endpoints: Disease related outcomes (time to admission, time to surgery, time to biologic, steroid dependency)

Results:

- 16% received 5-ASA-MT and 29% no-MT, both strategies declined over the years, $p < 0.001$.
- Probability of maintaining therapy at year 1,3,5 was 78%,57% and 47% in 5-ASA-MT & 76%, 49% and 38% in no-MT, $p < 0.001$
- PS analysis demonstrated comparable outcomes of time to biologic: $p = 0.2$; steroid dependency: $p = 0.9$; hospitalisation: $p = 0.5$; CD-surgery: $p = 0.1$
- Rates of pancreatitis and AKI were higher in the 5ASA group but not in the PS matching.

Conclusion:

First-line 5-ASA monotherapy was not superior to no-MT but associated with a slightly higher rates of adverse events, while both strategies have declined over the years. These findings suggest that a subset of patients with mild CD may be offered a watchful waiting approach.

5-aminosalicylate maintenance is not superior to no maintenance in patients with newly diagnosed Crohn's disease A nationwide cohort study

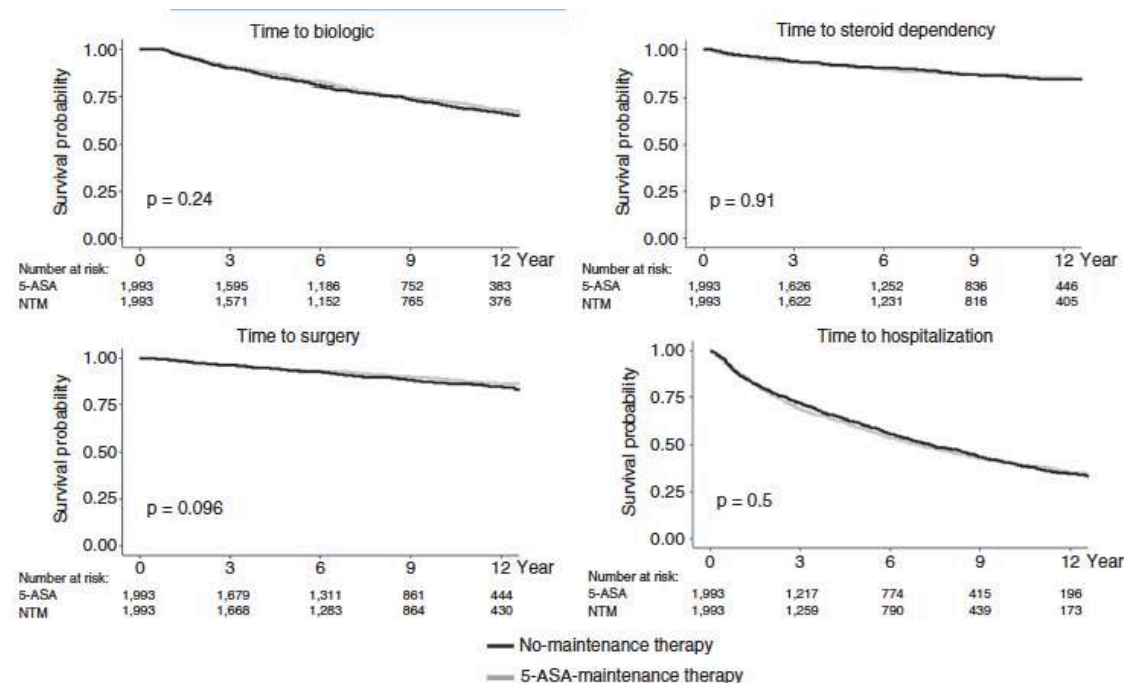


FIGURE 3 Time to each outcome among 5-ASA maintenance therapy and no maintenance therapy patients who included in propensity score analysis. ASA, aminosalicylic acid.

