

Open-label trial.

Patients with CD recently diagnosed <6 months were randomized to Azathioprine 2.5mg/kg/d or conventional therapy (AZA only if steroid dependency, chronic active disease with frequent flares, poor response to steroids or severe perianal disease).

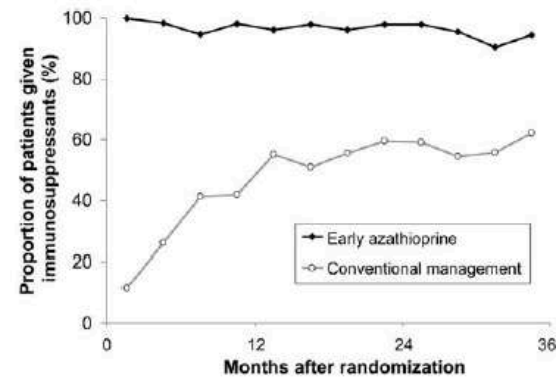
Primary endpoint: Proportion of trimesters spent in steroid free and anti-TNF free remission in the first 3 years

Results: N=50

- 61% of the conventional group needed immunosuppressant prescription, median time 11 months.
- Median trimesters spent in remission
- AZA group 67% vs 56% conventional management, p=0.69
- More patients in AZA group were free of perianal surgery than conventional group, p=0.036

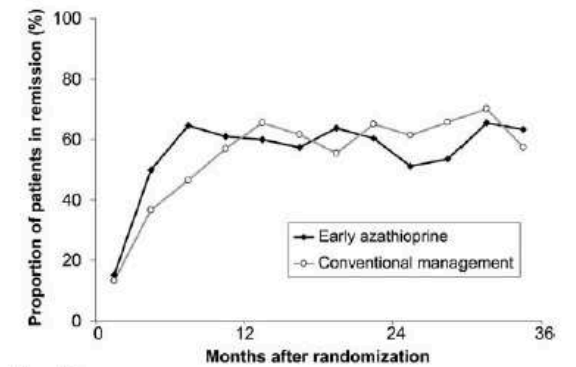
Conclusion:

Based on results from a clinical trial, administration of azathioprine within 6 months of diagnosis of CD was no more effective than conventional management in increasing time of clinical remission.



No. patients	0	3	6	9	12	15	18	21	24	27	30	33	36
Early aza.	65	64	59	56	54	53	53	52	50	48	43	41	
Conv. m.	67	65	63	62	58	55	54	52	49	44	43	40	

Figure 1. Proportion of patients who were treated with immunosuppressant therapy (including immunomodulators and anti-TNF) per trimester over time. All trimesters of follow-up are included.



No. patients	0	3	6	9	12	15	18	21	24	27	30	33	36
Early aza.	61	58	54	50	45	47	48	48	43	41	35	41	
Conv. m.	65	60	59	55	55	47	45	46	39	38	37	40	

Figure 2. Proportion of patients in corticosteroid-free, anti-TNF-free remission per trimester over time. The concomitant proportions were significantly different only at trimester 3 ($P < .05$). Trimesters ended by a missing visit are excluded.

