IBD prevalence in Baltic states or just a guessing game?

A study by A. Jussila et al. published by the journal last August featured an estimation of rising IBD prevalence in Finland by using a registry for state-reimbursed medicines but the cut-off year for that study was 2008. As some data from the registry are available online it's worth noting now that the IBD prevalence has continued to rise in Finland and there is a further increase in prevalence from 5.95 per 1000 inhabitants (31,370 patients) in 2008 to 7.1 per 1000 population (38,623 patients) in 2012.

Meanwhile just some hundreds of km south in the Baltic States, which together share an area twice as small as Finland and a population of 6.2 millions (vs. 5.4 in Finland), the situation is different. Although good epidemiological studies are not available, similarly to Finland the number of unique patients (identified by social security number and ICD-10 disease code on prescription) receiving any kind of state reimbursed medications for IBD is available on-line for Latvia and Estonia on the web-pages of relevant governmental institutions. Similar information was requested from the Lithuanian National Health Insurance fund but to our disappointment only a number of unique patients receiving each separate drug (i.e. mesalazine, azathioprine etc.) was available with no data on how many patients are receiving multiple medications. Therefore the lower end of the interval given in Table 1 reflects the assumption that every IBD patient in Lithuania is receiving a 5-ASA drug together with some additional medication (gives lowest possible number of patients) so it certainly underestimates the true number of patients, whereas the higher end – the assumption that every patient receives just one type drug, which definitely overestimates the existing number of patients. So the truth must be somewhere in-between. But even with such a wide based approximation for Lithuania a north–south gradient seem to exist also in the Baltics.

Obviously there is lack of standardization and statistical analysis as well as possible imprecision in reporting and diagnosis in these numbers, but the diagnosis on which state reimbursement is based is made using the same guidelines as in the rest of Europe and for most of the patients it’s confirmed by a gastroenterologist, so gross mis- or under-diagnosis would not explain a more than five-fold difference. So we can only conclude that despite the small gap between Helsinki and Tallinn (80 km by ferry) there is a large gap in terms of IBD prevalence.

Table 1 IBD prevalence in Finland and Baltic States in 2012.

<table>
<thead>
<tr>
<th></th>
<th>2012 Finland</th>
<th>2012 Estonia</th>
<th>2012 Latvia</th>
<th>2012 Lithuania</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of patients</td>
<td>386232</td>
<td>11823</td>
<td>16544</td>
<td>2000–2900</td>
</tr>
<tr>
<td>Crude prevalence per 1000 inhabitants</td>
<td>7.1</td>
<td>0.91</td>
<td>0.81</td>
<td>0.66–0.96</td>
</tr>
</tbody>
</table>

* Approximation – please see text for details.

Conflicts of interest

The authors declare no conflict of interest. There was no funding for this work.

References


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