



Did you know?

...non-adherence to mesalazine in pregnant UC patients is underestimated by physicians and may contribute to disease flares and adverse pregnancy outcomes?¹

The effect of medication adherence on pregnancy outcomes among UC patients was investigated in a multicenter prospective study in Japan, using self-reported questionnaires.^{1,#}



Although more than 90% of patients self-reported good adherence to mesalazine prior to pregnancy, the rate of patients' self-reported non-adherence in the first trimester was significantly higher than physicians' estimate (P=0.0116).¹

n=68 pregnant UC patients, all diagnosed with UC before conception.

n=65 treated with mesalazine and n=47 treated with mesalazine monotherapy.¹

Good-adherence to mesalazine	Prior to pregnancy	Trimester 1	Trimester 2	Trimester 3	Postpartum
Patients' self-reported Good-adherence (%)	92.3*	60	72.3	84.6*	90.8*
Physicians' estimated Good-adherence (%)	92.3	81.5	86.1	95.4	95.4

*P<0.05 compared to Trimester 1

REASONS FOR NON-ADHERENCE¹

- Quiescent disease
- Fear of negative effect on the fetus
- Forgetfulness
- Vomit due to hyperemesis gravidarum

NON-ADHERENCE TO MESALAZINE MONOTHERAPY ASSOCIATED WITH¹

- Disease relapse (P=0.002)
- Adverse pregnancy outcomes, including spontaneous abortion, preterm birth, and low birth weight (P=0.03)

MESALAZINE DOSE¹

Non-adherence to a high dose of mesalazine[£] significantly increased the proportion of pregnant UC patients with relapse (P=0.022)

[£]At least 3.0 g daily of mesalazine

#Clinical data such as disease activity, medication adherence, and pregnancy complications were obtained 30 days before conception, each trimester during pregnancy, and 30 days after delivery. To decrease social desirability bias and mutual interference, the questionnaires were collected anonymously and separately from patients and physicians.²

Results from this study show that non-adherence to mesalazine may be an independent risk factor for relapse in pregnant UC patients and possibly for adverse pregnancy outcomes. Educating patients and providing information about safety of medications and risk of self-discontinuation during pregnancy is of crucial importance.^{1,2}

UC: Ulcerative colitis

1. Watanabe C et al. Digestive Diseases and Sciences 2021; 66(2): 1-10.
2. Flanagan E et al. Inflammatory Bowel Diseases 2021; 27: 1909-1918