# Risk Factors for Microscopic Colitis. A Dutch Case-Control Study

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**Ethical review** Approved WMO

**Status** Recruitment stopped

**Health condition type** Gastrointestinal inflammatory conditions

**Study type** Observational invasive

# **Summary**

## ID

NL-OMON45110

#### Source

**ToetsingOnline** 

#### **Brief title**

Risk factors for MC

#### **Condition**

Gastrointestinal inflammatory conditions

## **Synonym**

Chronic colitis; lymphocytic colitis; collagenous colitis

# Research involving

Human

# **Sponsors and support**

**Primary sponsor:** Medisch Universitair Ziekenhuis Maastricht

Source(s) of monetary or material Support: Ministerie van OC&W,Dr. Falk Pharma

Benelux BV

#### Intervention

**Keyword:** Epidemiology, Hygiene Hypothesis, Microscopic colitis, Risk Factors

## **Outcome measures**

## **Primary outcome**

The main study parameter is the assessment of environmental, hygiene-related risk factors for MC.

#### **Secondary outcome**

Secondary parameters are the difference between the CC and LC subpopulation regarding hygiene-related risk factors, living area as potential risk factor and the assessment of the more generally known risk factors (e.g. age, gender, smoking, medication).

A specific outcome is the risk of exposure to polution in the living area, based on longitudinal residential data (GIS substudy).

# **Study description**

## **Background summary**

Microscopic colitis (MC) includes two main subtypes: lymphocytic colitis and collagenous colitis. MC is characterized by chronic, non-bloody, watery diarrhea and a normal appearing colonic mucosa, though with typical histological inflammatory changes. Although generally considered as a benign condition, MC has a chronic sustained course in the majority of patients and is associated with an impairment of health related quality of life. Over the years several risk factors have been identified for MC. These were mainly generally known risk factors such as gender, age, comorbidities and smoking. Besides, some specific medicines, e.g. proton-pump inhibitors and NSAID\*s, have also been found to increase the risk of MC. No research has ever been performed to identify environmental, hygiene-related risk factors for MC. In inflammatory bowel disease the hygiene hypothesis has gained interest. The

hypothesis states that a decreased antigenic exposure in childhood could be the cause of an immunological over-reaction at the time of a following microbial contact. In this light it would be interesting to investigate whether this hypothesis is also applicable to MC.

## Study objective

The primary objective is to assess environmental, hygiene-related risk factors for MC. Secondary objectives are the difference between the CC and LC subpopulation regarding hygiene-related risk factors, living area as potential risk factor and the assessment of the more generally known risk factors (e.g. age, gender, smoking, medication).

Furthermore, the association between polution in the living area and the risk of MC will specifically be addressed (GIS-substudy).

## Study design

Case-control study

# Study burden and risks

Neither patients nor controls will gain direct benefit from participation. The burden of the study mainly consist of the consumption of time and effort to fill out the questionnaire and to collect the swabs. There is no risk in completing the questionaire. The risk of buccal swab collection is very low. The technique is easy and safe. Beisdes, a clear instruction about how to collect the material will be added.

# **Contacts**

#### **Public**

Medisch Universitair Ziekenhuis Maastricht

P. Debyelaan 25 Maastricht 6229 HX NI

#### Scientific

Medisch Universitair Ziekenhuis Maastricht

P. Debyelaan 25 Maastricht 6229 HX NL

# **Trial sites**

## **Listed location countries**

**Netherlands** 

# **Eligibility criteria**

## Age

Adults (18-64 years) Elderly (65 years and older)

## Inclusion criteria

#### Patients:

- diagnosed with microscopic/collagenous/lymphocytic colitis between 2000 and 2012; .
- inhabitant of Limburg / Eindhoven region at time of diagnosis.; Controls:
- never diagnosed with microscopic/collagenous/lymphocytic colitis;
- participant in 'IBD-ZL controlecohort'

## **Exclusion criteria**

Patients + controls

- Age below 18 years at the time of diagnosis
- Not capable of signing an informed consent
- Deceased

# Study design

# Design

Study type: Observational invasive

Intervention model: Other

Allocation: Non-randomized controlled trial

Masking: Open (masking not used)

Control: Active

Primary purpose: Basic science

## Recruitment

NL

Recruitment status: Recruitment stopped

Start date (anticipated): 03-07-2014

Enrollment: 600

Type: Actual

# **Ethics review**

Approved WMO

Date: 31-12-2013

Application type: First submission

Review commission: METC academisch ziekenhuis Maastricht/Universiteit

Maastricht, METC azM/UM (Maastricht)

Approved WMO

Date: 07-12-2015
Application type: Amendment

Review commission: METC academisch ziekenhuis Maastricht/Universiteit

Maastricht, METC azM/UM (Maastricht)

Approved WMO

Date: 18-04-2016

Application type: Amendment

Review commission: METC academisch ziekenhuis Maastricht/Universiteit

Maastricht, METC azM/UM (Maastricht)

# **Study registrations**

# Followed up by the following (possibly more current) registration

No registrations found.

# Other (possibly less up-to-date) registrations in this register

No registrations found.

# In other registers

Register ID

CCMO NL44127.068.13

# **Study results**

Date completed: 19-07-2016

Actual enrolment: 637