

## RECURRENCE RATES AND PHARMACOLOGICAL TREATMENT FOR HEMORRHOIDAL DISEASE: A SYSTEMATIC REVIEW

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### Introduction



HD is a common anorectal condition, though data on the rates of recurrence and interventions that can reduce recurrence are limited

### Objective

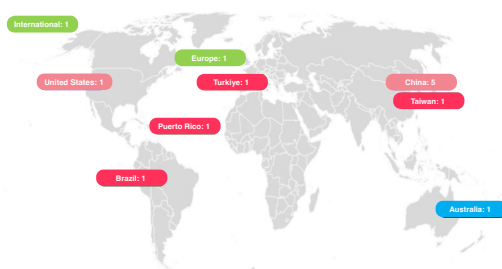


To conduct a systematic literature review in order to summarize evidence on the epidemiology and recurrence of HD in adults, and the effectiveness of available interventions

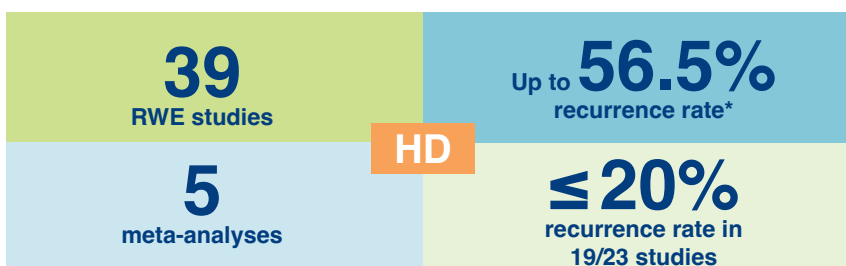
### Methods



A systematic literature search of databases including MEDLINE, Embase, and the Cochrane Database was conducted on 13 August 2019 to identify RWE studies on the epidemiology of HD and SLRs with meta-analyses on the efficacy/effectiveness of systemic or topical pharmacological treatment for HD. PRISMA and Cochrane reporting guidelines were followed



### Results



### Treatments

- Lower recurrence rates and superior efficacy (bleeding, discharge/leakage, pain) with pharmacological treatment versus placebo or no treatment
- In one meta-analysis, MPFFs were the only phlebotonic agents to statistically significantly reduce recurrence risk vs no treatment/placebo (low-quality evidence)

### Risk factors for recurrence

- Time since treatment
- Similar to HD risk factors:
  - ✓ Sedentary behavior
  - ✓ Constipation
  - ✓ Chronic venous disease
  - ✓ CEAP class
  - ✓ Male gender
  - ✓ Age

### Conclusion

HD recurrence rates following systemic treatment were infrequently reported, highlighting the need for further research on optimal treatment, treatment duration and risk of recurrence. Existing evidence supported the benefit of MPFFs in the prevention of HD recurrence

CEAP, Classification System for Chronic Venous Disorders; HD, hemorrhoidal disease; MPFFs, micronized purified flavonoid fractions; RWE, real world evidence; SLR, systematic literature review. \*After surgery/phlebotonic treatment; data from 23 RWE studies and 1 meta-analysis