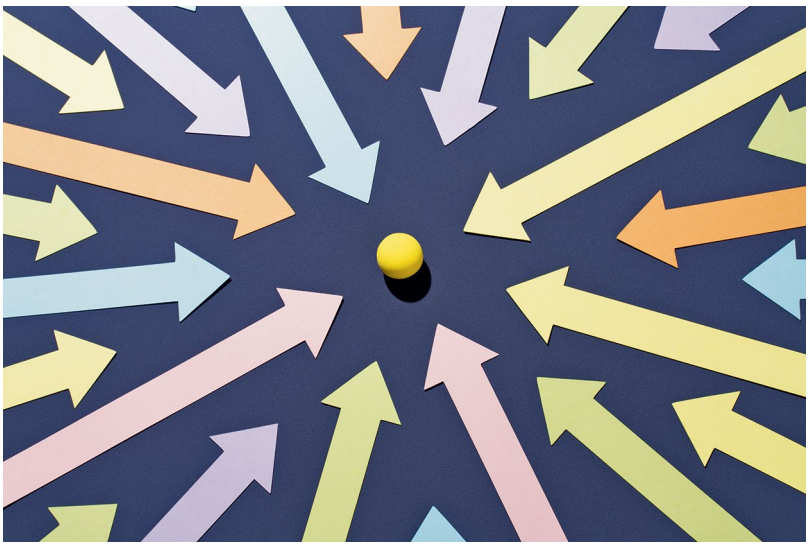
https://doi.org/10.1038/s41575-025-01078-4

Prioritizing inflammatory bowel disease

Inflammatory bowel disease remains a global health challenge, despite advances in treatment and understanding of disease biology. In this issue, we focus on the most pressing priorities in inflammatory bowel disease research and care.



Inflammatory bowel disease (IBD), encompassing Crohn's disease and ulcerative colitis, remains a major clinical challenge owing to its complex pathophysiology and clinical management: it is a progressive, chronic disease and many patients relapse and do not achieve optimal disease control[1,2]. In addition, the burden of this lifelong condition is increasing worldwide[3]. In this Focus issue of *Nature Reviews Gastroenterology & Hepatology*, we examine priorities and key target areas in IBD, from bench to bedside to broad public health initiatives.

There were nearly seven million cases of IBD worldwide in 2017, with the prevalence of IBD rising steadily[3], and evidence indicates that the burden of disease and epidemiological pattern are shifting. The incidence of IBD is rising sharply in newly industrialized countries in Asia and Latin America in particular, with real-world data[4] now supporting a previous theoretical framework that detailed four distinct epidemiological stages[5]. As the condition continues to cause a substantial burden on global health systems (including direct and indirect costs[6,7]), now is the time to broaden and shift thinking towards an effort to reduce the burden of IBD, and better plan for the future. In their Consensus Statement, Solitano et al. identify priorities (37 statements in total) across six domains — epidemiology, care models, treatment strategies, education and awareness, patient and community engagement, and leadership to promote health equity — to advance the research agenda for improved management and public health response for IBD.

A clearer understanding of disease mechanisms is essential to shape the next generation of treatments and improve clinical care. As discussed in a Review by Caruso, Lo, Chen & Núñez in this Focus issue, host–microbe interactions are thought to be critical in the development of Crohn's disease and microbiota-based therapies are being investigated. There is also compelling evidence that biological sex has a key influence in IBD pathophysiology, disease burden and clinical manifestations, and Armstrong and colleagues support the progressive inclusion of sex in the study of IBD and argue that more research is needed to investigate sex as a biological variable. Over the past decade or so, there have been major advances in treatment for IBD with an ever-expanding list of available drugs targeting numerous pathways involved in the pathophysiology of IBD. In their Review, Vieujean et al. discuss current and emerging therapeutic options for IBD and the therapeutic toolkit available for disease management. Finally, a series of commentaries in this Focus issue aim to spark new thinking in clinical trial design and clinical practice in the IBD field, highlighting the opportunities and challenges of adoption of adaptive platform trials, artificial intelligence and early intervention with biologic agents.

"As the global burden of IBD continues to increase, we must be proactive and plan the future of IBD care"

As the global burden of IBD continues to increase, we must be proactive and plan the future of IBD care. Attention and resources are needed to reduce the effects of IBD at individual and societal levels, ensuring a patient-centred approach to improve quality of life and disease outcomes throughout an individual's life course alongside healthcare policies to promote equitable access to care.

Published online: 2 June 2025

References

1. Le Berre, C., Honap, S. & Peyrin-Biroulet, L. Ulcerative colitis. *Lancet* **402**, 571–584 (2023).
2. Dolinger, M., Torres, J. & Vermeire, S. Crohn's disease. *Lancet* **403**, 1177–1191 (2024).
3. GBD 2017 Inflammatory Bowel Disease Collaborators. The global, regional, and national burden of inflammatory bowel disease in 195 countries and territories, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017. *Lancet Gastroenterol. Hepatol.* **5**, 17–30 (2020).
4. Hracs, L. et al. The global evolution of inflammatory bowel disease across epidemiologic stages. *Nature* https://doi.org/10.1038/s41586-025-08940-0 (2025).
5. Kaplan, G. G. & Windsor, J. W. The four epidemiological stages in the global evolution of inflammatory bowel disease. *Nat. Rev. Gastroenterol. Hepatol.* **18**, 56–66 (2021).
6. Burisch, J. et al. The cost of inflammatory bowel disease in high-income settings: a *Lancet Gastroenterology & Hepatology* Commission. *Lancet Gastroenterol. Hepatol.* **8**, 458–492 (2023).
7. Burisch, J., Claytor, J., Hernandez, I., Hou, J. K. & Kaplan, G. G. The cost of inflammatory bowel disease care: how to make it sustainable. *Clin. Gastroenterol. Hepatol.* **23**, 386–395 (2025).