

# A User Guide for Inflammatory Bowel Disease

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# CROHN'S DISEASE

# Definitions

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## Clinical remission:

Resolution of symptoms (stool frequency  $\leq 3$ /day, no bleeding and no urgency)

## Endoscopic remission:

Absent or minimal endoscopic lesions

## No response:

No clinical improvement within 2-3 weeks of corticosteroid therapy, or up to 12 weeks of anti-TNF therapy

## Relapse:

Flare of symptoms associated with evidence of inflammation as determined by CRP, fecal calprotectin, MR or CT enterography, endoscopy or ultrasound and absence of viral/bacterial infection

## Recurrence:

The reappearance of lesions after surgical resection

## Steroid-resistant:

Patients who have active disease despite prednisolone of up to 0.75 mg/kg/day over a period of 4 weeks

## Steroid-dependent:

Patients who are either

- Unable to reduce steroids below the equivalent of prednisolone 10 mg/day within 3 months of starting steroids without recurrent active disease, or
- Who have a relapse within 3 months of stopping steroids

# Treatment Algorithm for Crohn's Disease

Provide patients with Crohn's Disease proper education and advice on smoking cessation, drug adherence and fertility

Assess extent and severity using endoscopy ± MR or CT enterography

Mild ileal/  
ileocolonic

5-ASA

Clinical remission

Lack of response/  
worsening symptoms

Continue + regular follow-up

Moderate ileal/  
ileocolonic

Steroid/budesonide taper over 6-8 weeks<sup>1</sup>

Re-evaluate in 2-4 weeks

Remission

Stop + follow-up consider 5-ASA if colonic disease

Re-evaluate in 3-6 months

Recurrent symptoms, need new course of CS, relapse when tapering CS < 10mg (steroid-dependent) or within 3-6 months of stopping CS

Steroids/budesonide taper + start AZA/6MP/MTX

Relapse or suboptimal response

Severe/extensive luminal disease  
Fistulizing disease  
Severe perianal disease<sup>2</sup>

Exclude/drain abscess

Anti-TNF therapy +/- AZA/6MP/MTX

Re-evaluate 8-12 weeks after initiation

Loss of response

No response

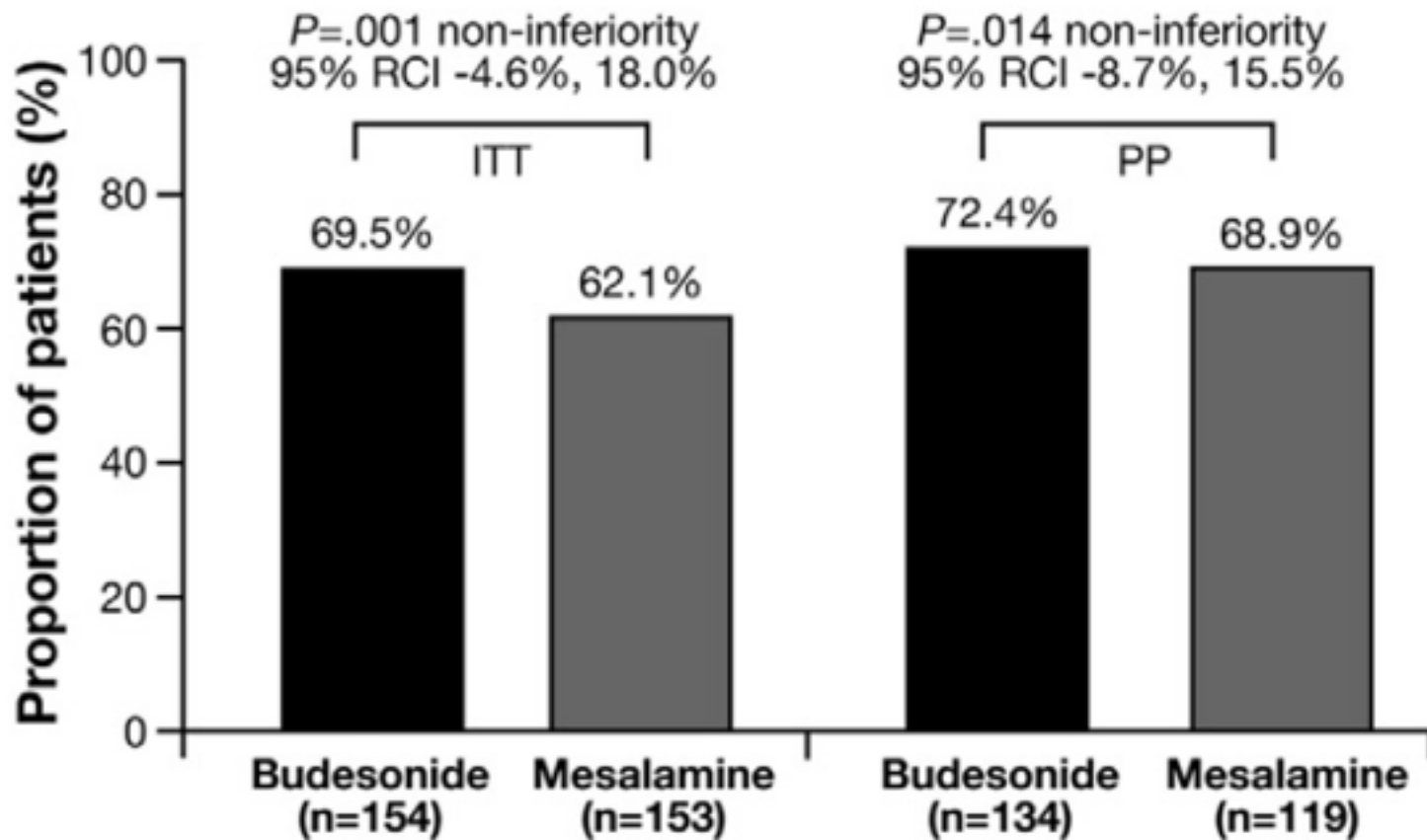
Go to Algorithm A

Consider alternative emerging therapy surgery

1. Corticosteroids (CS) taper: From 40-60mg/d to 0mg/day over 6-8 weeks by 5-10mg/wk.  
2. consider surgery/GYN consult for perineal disease consider adding 5-ASA in colonic disease as chemoprevention.

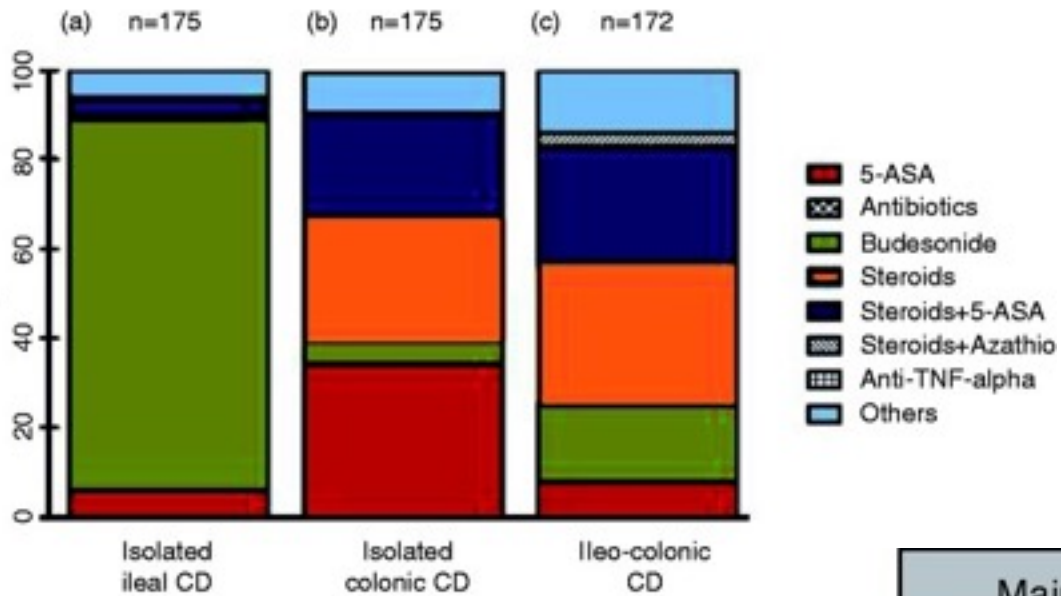
Consider referral to a multidisciplinary IBD service  
AZA: Azathioprine  
MTX: Methotrexate  
6MP: 6-Mercaptopurine

The meta-analysis of 3 large, double-blind, randomized studies in the treatment of active mild to moderate ileal or ileocolonic Crohn's disease confirms that Pentasa 4 g/day is superior to placebo in reducing the CDAI but the clinical significance of the magnitude of this difference is not clear.  
Hanauer SB, Stromberg U, 2004

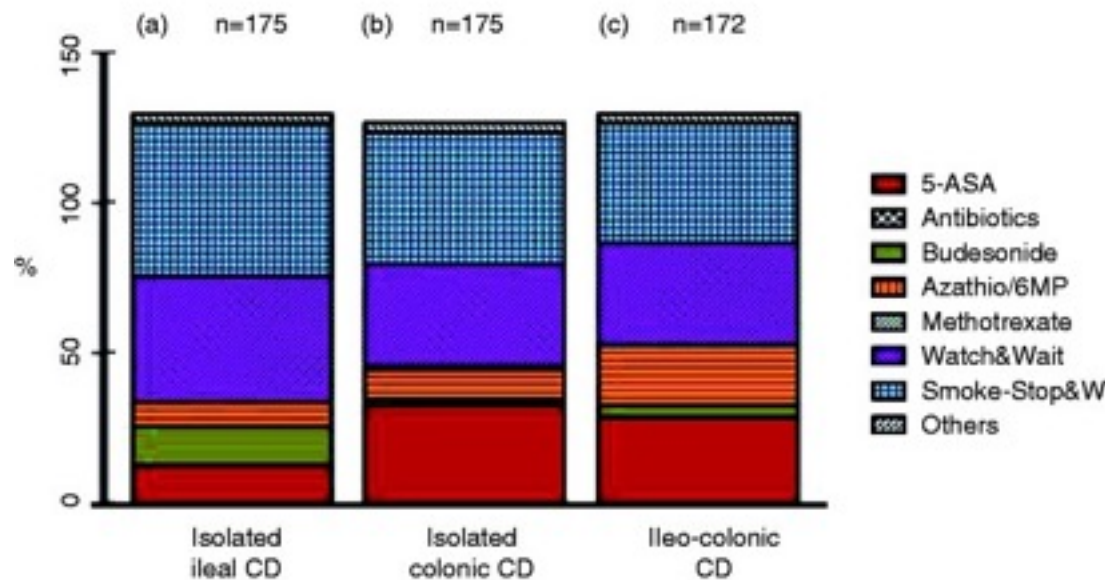


Salofalk 4.5gm/d, ileal and or ascending colon or distal colon  
Fromm et al 2011

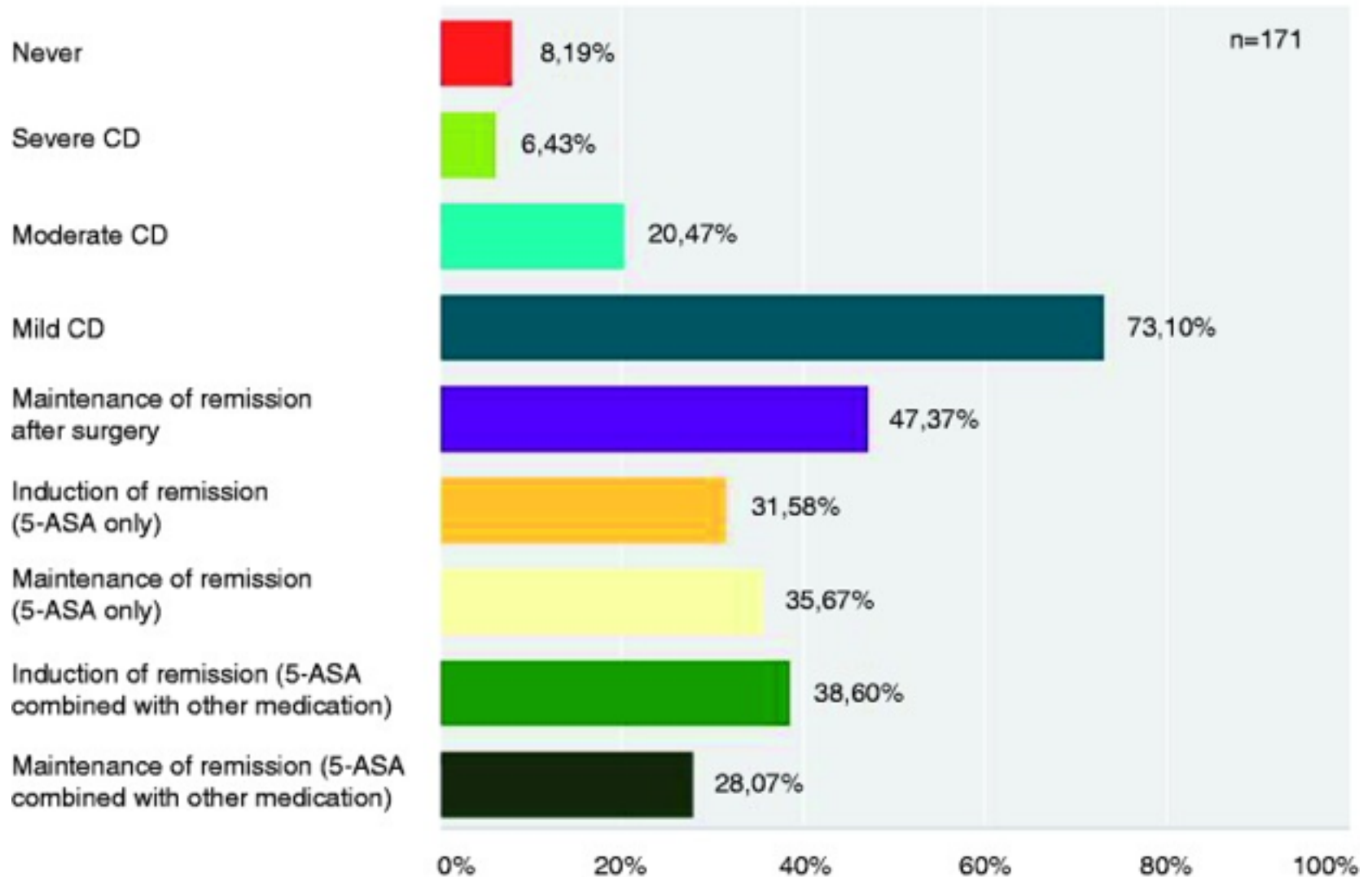
## Induction of Remission



## Maintenance of Remission



In which clinical situations do you use 5-ASA in CD?

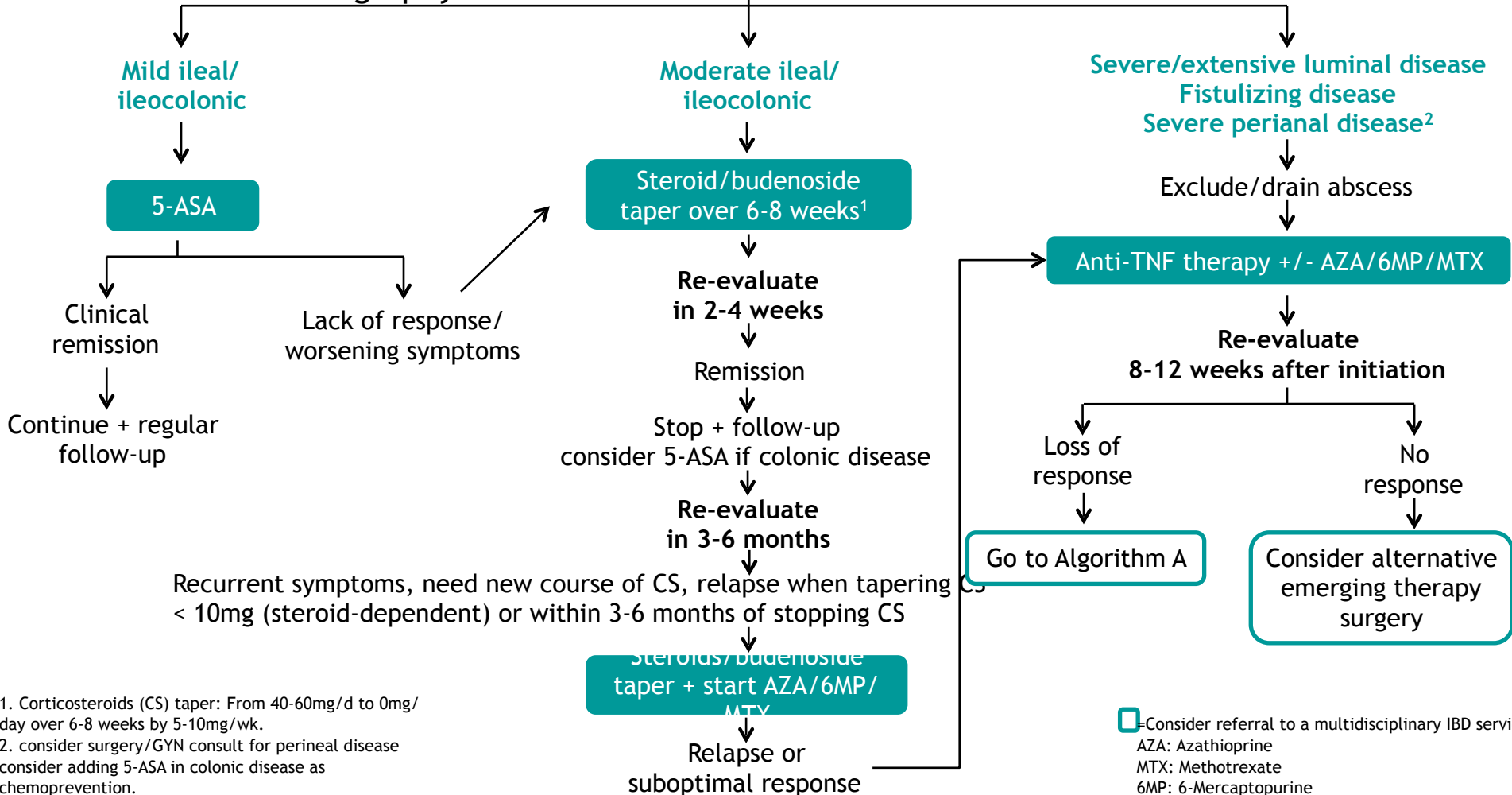




# Treatment Algorithm for Crohn's Disease

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Assess extent and severity using endoscopy ± MR or CT enterography



# Algorithm A: Loss of Response to 1st Anti-TNF Agent

Evaluate for inflammation and complications

Inflammation  
No complication

No Inflammation  
No complication

No Inflammation  
complication

Inflammation  
complication  
(eg. Abscess)

Consider check  
ADA and trough level (TL)

Symptomatic  
treatment

Specific treatment  
for complication

Stop biologic,  
surgical evaluation,  
completely drain abscess

Low ADA  
Low TL

High ADA  
Low TL

Low ADA  
Adequate TL

Increase dose  
and/or decrease  
interval

Increase dose and/or  
decrease interval, add  
immunomodulator or  
switch to 2<sup>nd</sup> anti-TNF

Switch to 2<sup>nd</sup>  
anti-TNF or  
switch to agent  
from a different  
class

# Vaccines guidelines before and during immunosuppressive treatment

**Ideally at IBD diagnosis:** HBV vaccine (in seronegative patients if risk factors are present)

## **Prior to immunomodulation:**

Inactive trivalent influenza vaccine (to be administered once a year in fall)

Pneumococcal vaccine (PCV)

Pneumococcal polysaccharide vaccine (PPSV23)

**Booster injection:** Pneumococcal polysaccharide vaccine (PPSV23) (single booster injection 5 years later)

## **Patient education and referral to other practitioners**

Cervical cancer screening and consider HPV vaccine (refer to the GP or Gynecologist)

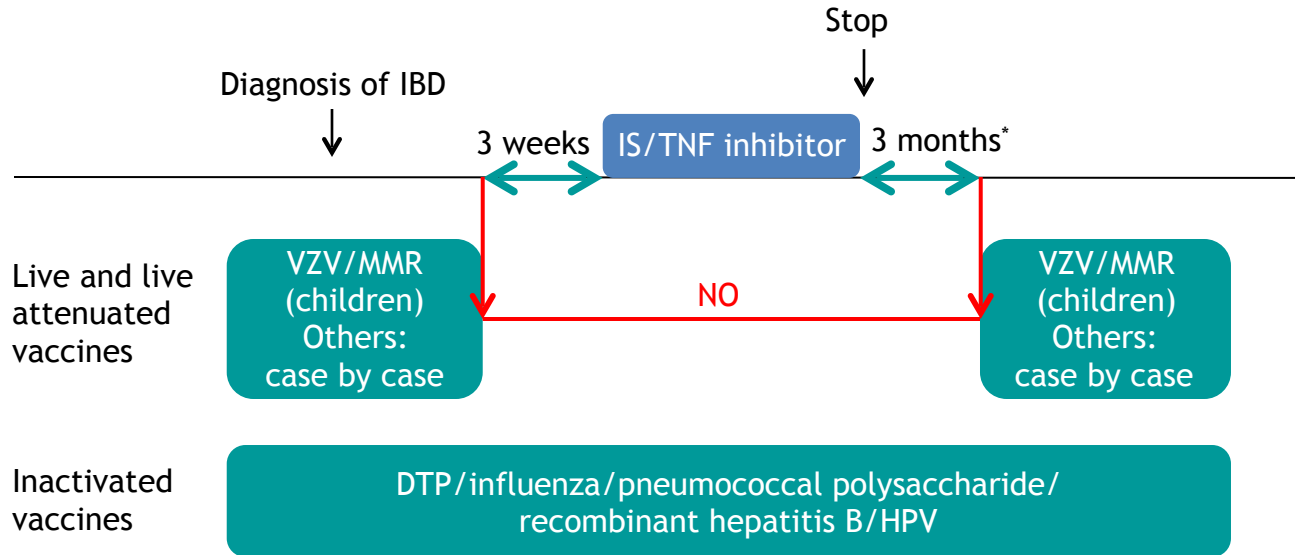
## **Specific vaccinations and treatment related to the area zone of travel**

(refer to an infectious diseases specialist or appropriate travel clinic)

### **Special warning:**

Live attenuated vaccines (such as MMR or yellow fever vaccines) must be avoided in patients on immunosuppressive treatment

# Vaccines in IBD Patients



\* This delay may be reduced to 1 month in case of use of corticosteroids alone

## List of live vaccines

- VZV vaccine (chickenpox) or Zostavax vaccine (herpes zoster-shingles)
- Typhoid vaccine
- Intra-nasal influenza vaccine
- Yellow fever vaccine
- Measles vaccine
- Mumps vaccine
- Rubella vaccine
- Poliomyelitis vaccine