INFLAMMATORY BOWEL DISEASE
WHAT TO DO AND WHEN?

What is IBD?

Inflammatory Bowel Disease (IBD) refers to two main chronic inflammatory conditions of the digestive system, including Crohn's disease and Ulcerative Colitis. These are lifelong conditions, which means you will always have the condition, however the condition can alternate between periods of well management symptoms (remission), and poorly managed symptoms (relapse). Treatment including diet, medications and surgery may help you feel a lot better.

Types of Crohn's and Colitis

Crohn's disease is inflammation anywhere in the gut (mouth to anus) and any part of the gut can be affected. Crohn's colitis is a type of Crohn' disease where only the large bowel in inflamed.

Ulcerative Colitis is inflammation and ulcers in the large bowel (colon to anus). Only the inner lining is inflamed. When only the rectum is inflamed this is called proctitis.

There is another type of IBD called Microscopic colitis, which is inflammation of the large bowel, which does not cause ulcers and there is no blood in stools. Microscopic Colitis usually is well managed and goes away after treatment.

Signs and symptoms to look out for:-

Not everyone feels the same, and how you feel can change over time. You should continue to take any regular medications as discussed by your IBD team. A relapse or exacerbation of your IBD is often called a 'Flare', which can be any change in symptoms:-

- Increased bowel movements - more than 5x per day for more than 3 days.
- Blood/Mucus/slime in stools for more than 3 days.
- Loose bowel movements for more than 3 days.
- Fever/raise temperature in addition to the above.
- Persistent abdominal pain/nausea or vomiting

What to do and when?

To find out if you have IBD and to monitor signs and symptoms episode of a 'flare up' the following tests should be completed:-

Step 1:

Blood test: Speak to your GP to oragnise a blood test, this will include **Full Blood Count, Liver Function Tests, Urea and Electrolytes, C-Reative Protein, Vitamin D, and Bone profile**. Blood tests check for inflammation, infections and if you are getting enough nutrients and vitamins.

Stool test: Speak to your GP to oragnise a test for **Enteric pathogens including C.difficile and Faecal calprotectin**.This will check for infections and infammation.

Step 2: Medications

Oral therapy

Medication	Form and dose
Salofalk	Granules/Tablets - Maintenance dosing 1.5g, once a day. Treatment dosing is 3g once a day.
Octasa	Tablets - Maintenance is 2.4g once a day or divided doses. Treatment is 4.8g/day in divided doses.
Mezavant XL	Tablets - Maintenance is 2.4g once a day. Treatment is 4.8g once a day.
Pentasa	Granules/Tablets - Maintenance is 2g once a day. Treatment is 4g once a day.

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The IBD Team

Consultant Gastroenterologist

Registrar

Advanced Nurse Practitioner

Specialist Dietitian

Pharmacist

Other health care professionals may be involved in your care and you may be referred into other services as appropriate.

It's perfectly safe for you to increase your mesalazine therapy to 'Treatment', when you have symptoms (as indicated above) but if you do, we ask that you increase therapy for 6 weeks.

Rectal Therapy (Mesalazine Suppositories, Enemas or Foam)
It is safe to institute this therapy, normally nightly for 4 weeks, to help control symptoms during flare up. Symptoms should improve after two weeks, but if they don't, get in touch with your IBD Team. Please Note: Some patients use Rectal Mesalalzine as a maintenance regime to control their IBD. The frequency of this will by directed by the IBD Team.

Steroids
It is not advisable to initiate steroid therapy without discussing this with your IBD Team. It is important to remember that these medicines are not recommended as a long term treatment. If you are prescribed these please let you IBD Team know. If you are started on steroids and have no symptom improvement after 7 Days, please contact the IBD team to discuss further treatment/appropriate management. The current medical treatments for both Crohn's disease and Ulcerative colitis are used to avoid repeated courses of steroids as they potentially have the most significant side effects in the longer term.

Immune system 'Adjustment' medicines (Azathioprine, 6- Mercaptopurine & Methotrexate)
These are immunosuppressant medicines and you should not increase or decrease these therapies without discussing it with the IBD team. There is a requirement for blood monitoring at a minimum of every 12 weeks.

Biological Medication
Tofacitinib, Golimumab, Filgotinib, Upadacitinib, Ozanimod, Adalimumab, Ustekinumab, Infliximab & Vedolizumab - If you develop or are being treated for an infection, then you should withhold your Biological medication until the infection has resolved. Please contact the IBD Team to discuss this further.

Side effects
If you think you have, or may have had, a side-effect to a medicine, also called an 'adverse drug reaction' (ADR) or 'adverse event' please report it to your GP, pharmacist or nurse as soon as possible. This includes any possible side effects not listed in the package leaflet. Reports can also be made via the Yellow Card Scheme Website: www.mhra.gov.uk/yellowcard or on the Yellow Card app and to the pharmaceutical company. Reporting suspected adverse reactions is important as it allows continued monitoring of the benefit/risk balance of the medicine.

Diet
There is no single diet that helps with the management of Crohn's disease or Ulcerative Colitis. Keeping a food diary can be helpful in idnetifying what works for you. Spicy and high fibre foods (including vegetables, nuts and wholegrains) can make people feel worse, when they are in a flare up.
Dietary advice can also depend on symptoms and physical factor. For example, if you have a stricture (narrowing) in your gut, you may require a low fibre and/or soft diet to make foods easier to digest.
Sometimes in Crohn's disease, a liquidised diet called enteral or parenteral nutrition can be used to support and treat a flare up.
It is improtant to eat a healthy balanced diet when symptoms are well managed.
Please speak to your GP or a Dietitian before making any big changes to your diet.

Step 3: Contact IBD Telemedicine service:

Advice line Telephone: 01624 650376
Ensure you leave a message with the problem and return telephone number

Secretary Telephone: 01624 650146

Email line: ibdemailline@gov.im

Useful Patient Information:
1. CCUK (National Charity) www.crohnsandcolitis.org.uk
2. C3: www.curecrohnscolitis.org
3. Ileostomy Association: www.iasupport.org
4. Get your Belly Out: www.getyourbellyout.org.uk

RESPONSE TO TREATMENT?

Patient's responses differ but generally:

- Steroids: Within 2 weeks
- Mezalazine / 5ASA: Within 2 Weeks
- Azathioprine/ Mercaptopurine: Within 12 weeks
- Methotrexate: Within 8 weeks
- Adalimumab/Infliximab/ Ustekinumab: Within 2 weeks
- Tofacitinib: Within 8-10 weeks
- Vedolizumab: Within 12 weeks
- Others will differ

Please Note: Failure to attend for blood monitoring as directed may mean that your therapy is Withheld or Withdrawn