



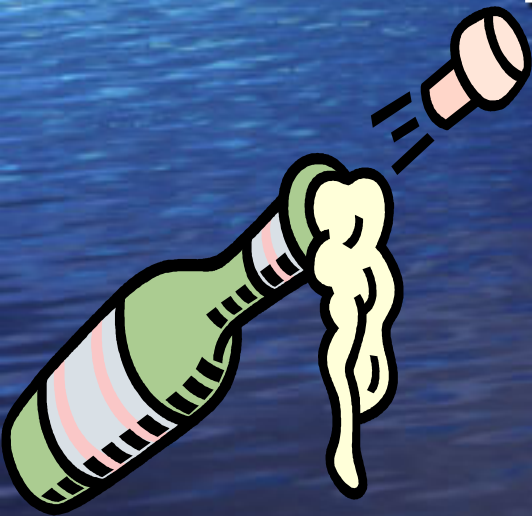
Patient Self Management Programme

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Congratulations !!

- You've just graduated through

The School of IBD



Patient Self Management

- 1) Relatively Stable Disease
- 2) Relatively Sensible Patients
- All doctors differ in their management
- National guidelines
 - BSG guidelines
 - ECCO guidelines
 - AGA guidelines

What does it all mean?

- We finally get rid of you
- But this doesn't mean your forgotten
 - Telephone access
 - Access to medical information
 - Access to emergency clinics
 - Full screening following National Standards

Aims of Treatment

- 1) Symptom control
 - 2) Disease control (bloods, calprotectin)
 - 3) Avoid Medical Complications (steroids, DEXA)
 - 4) Avoidance of Surgery and its Complications
 - 5) Reduce cancer risk (mesalazine = 50%, colonoscopy)
-
- Guidance through pregnancy

Aims of Treatment

- 1) Symptom control

For UC Patients = UCDAI

- 1) Daily stool frequency =
 - Usual post operative frequency 0
 - 1–2 stools more than usual per day 1
 - 3–4 stools more than usual per day 2
 - > 4 stools more than usual per day 3
- 2) Rectal Bleeding
 - None 0
 - Streaks of blood 1
 - Obvious blood 2
 - Mostly blood 3
- 3) General well being
 - Generally well 0
 - Slightly unwell 1
 - Moderately unwell 2
 - Very unwell 3
- Remission = $\leq 2 / 9$

For Crohns' Patients = Harvey Bradshaw Score

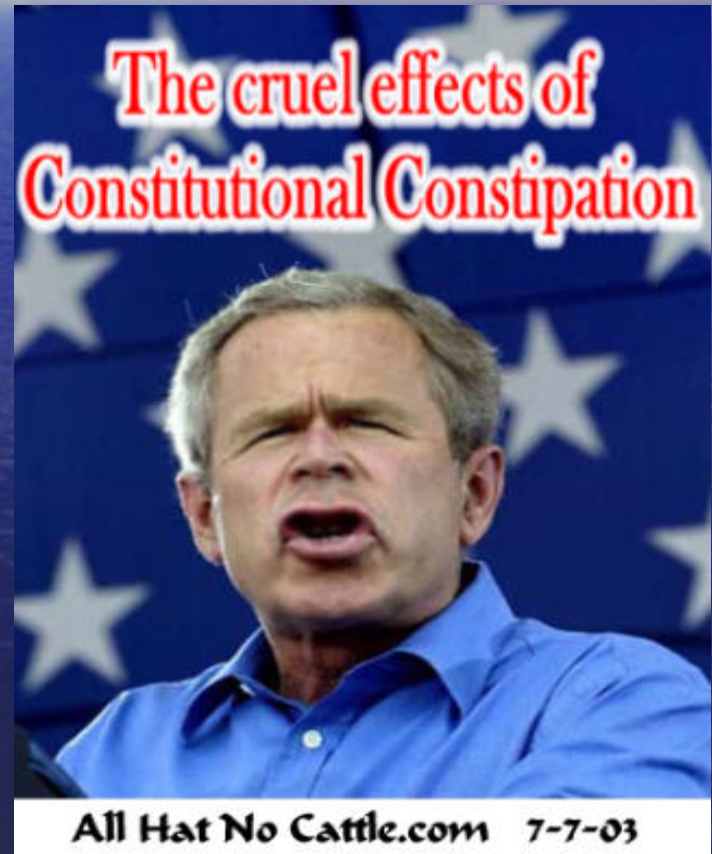
- | | | |
|---|--|---------------------|
| • | Number of liquid Stools | No. |
| • | Abdominal pain | None |
| • | | Mild |
| • | | Moderate |
| • | | Severe |
| • | Abdominal mass | None |
| • | | Dubious |
| • | | Definite |
| • | | Definite and tender |
| • | General wellbeing | Very well |
| • | | Slightly below par |
| • | | Poor |
| • | | Very poorly |
| • | | Terrible |
| • | Number of EGIMOF IBD | 1 point each |
| • | Mouth ulcers, uveitis, arthralgia | |
| • | Anal fissure, new fistular, perianal abscess | |
| • | Erythema nodosum, pyoderma gangrenosum | |
| • | Remission = ≤ 5 | |

Extra GI Manifestations of IBD

Effects approx 4%, may include:

- Erythema nodosum
- Aphthous ulcers
- Uveitis, episcleritis
- Acute arthropathy affecting the large joints (e.g. wrists, hips, knees)
- Sacroiliitis
- Pyoderma gangrenosum
- Primary sclerosing cholangitis
- Ankylosing spondylitis

Distal colitis + Proximal Constipation



Distal colitis + Proximal Constipation

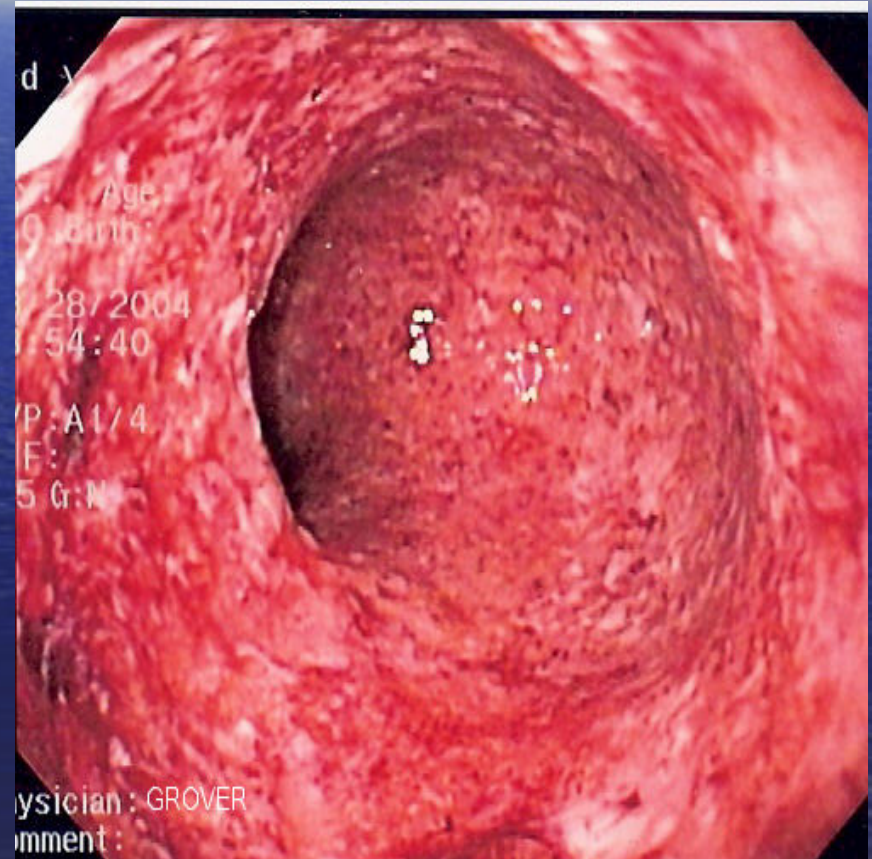
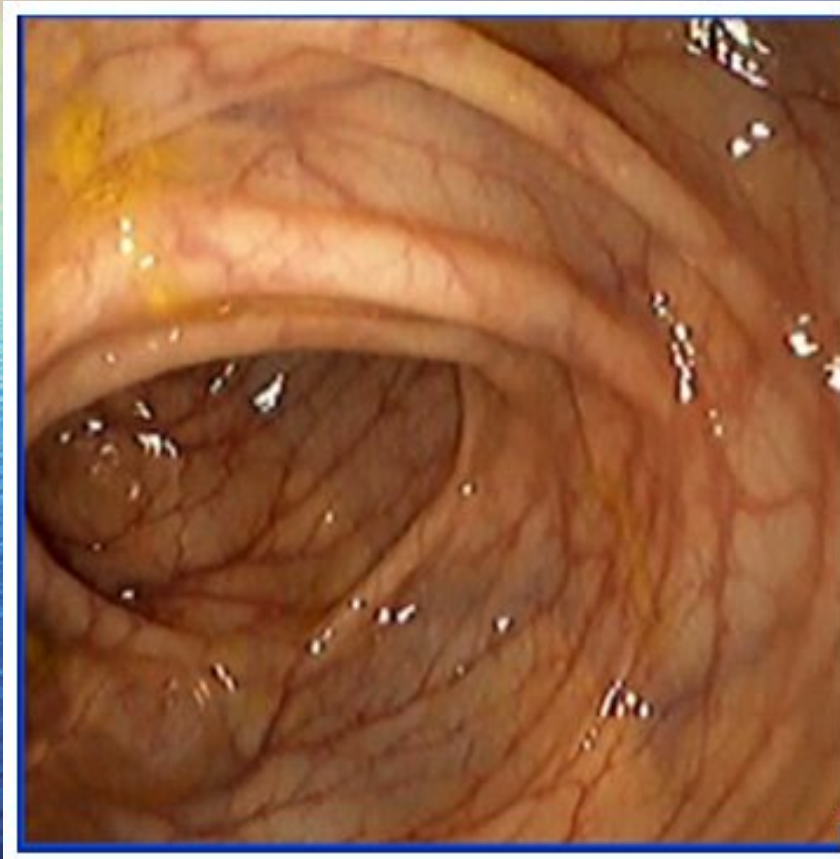


Aims of Treatment

- 2) Disease control (bloods, calprotectin)

Quiescent UC

Acute UC



Patient Management

CROHNS

- Antibiotics
- Elemental diet / TPN
- Budesonide / Prednisolone
- ?? (Pentasa – mesalazine)
- Azathioprine (2.5mg/kg/d)
- Pre/Probiotics
- Methotrexate (15-25mg / w)
- Infliximab (anti TNF 5mg / kg)
- Surgery (palliative)

UC

- PO Mesalazine
- PO Prednisolone
- PR Mesalazine / Steroid
- PO Azathioprine (2.5mg/kg)
- PO Pre/Probiotics
- IV Heparin
- IV Cyclosporin (3-4mg/kg/d)
- !! IV Infliximab (Acute UC)
- Surgery (curative)

Aims of Treatment

- 3) Avoid Medical Complications (steroids, DEXA)

Monitoring of Medical Complications

- Mesalazine Nephritis
- Haematinic deficiencies
 - (Fe, B12, Folate, VitD)
- Steroid Induced Osteoporosis (BSG guidelines)
 - Osteopenia 35%
 - Osteoporosis 15%
- Azathioprine SEx (FBC, U+Es, LFTs, TFTs, amylase)

Aims of Treatment

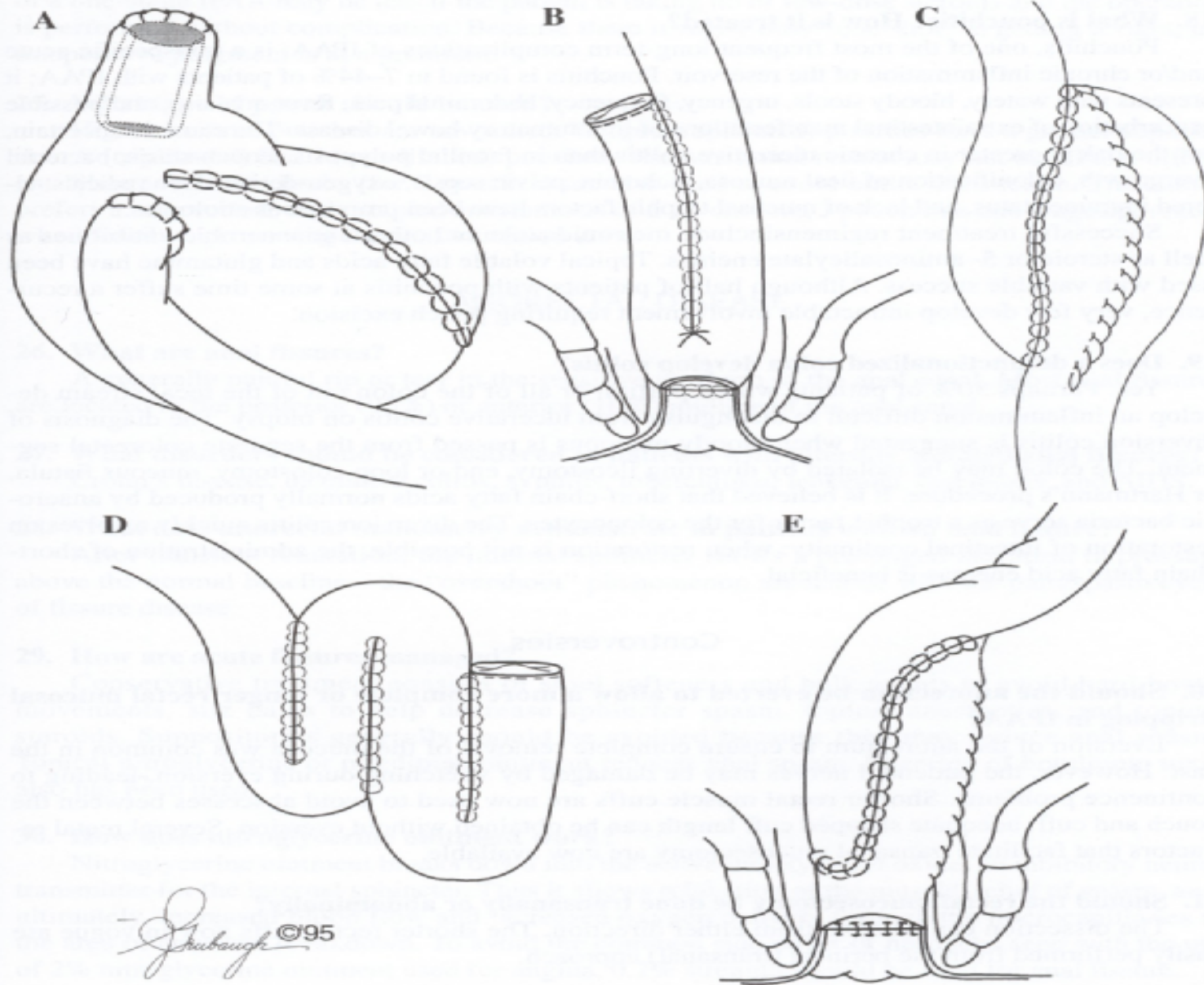
- 4) Avoidance of Surgery and its Complications

Acute Crohns'

Stricture / Fistula

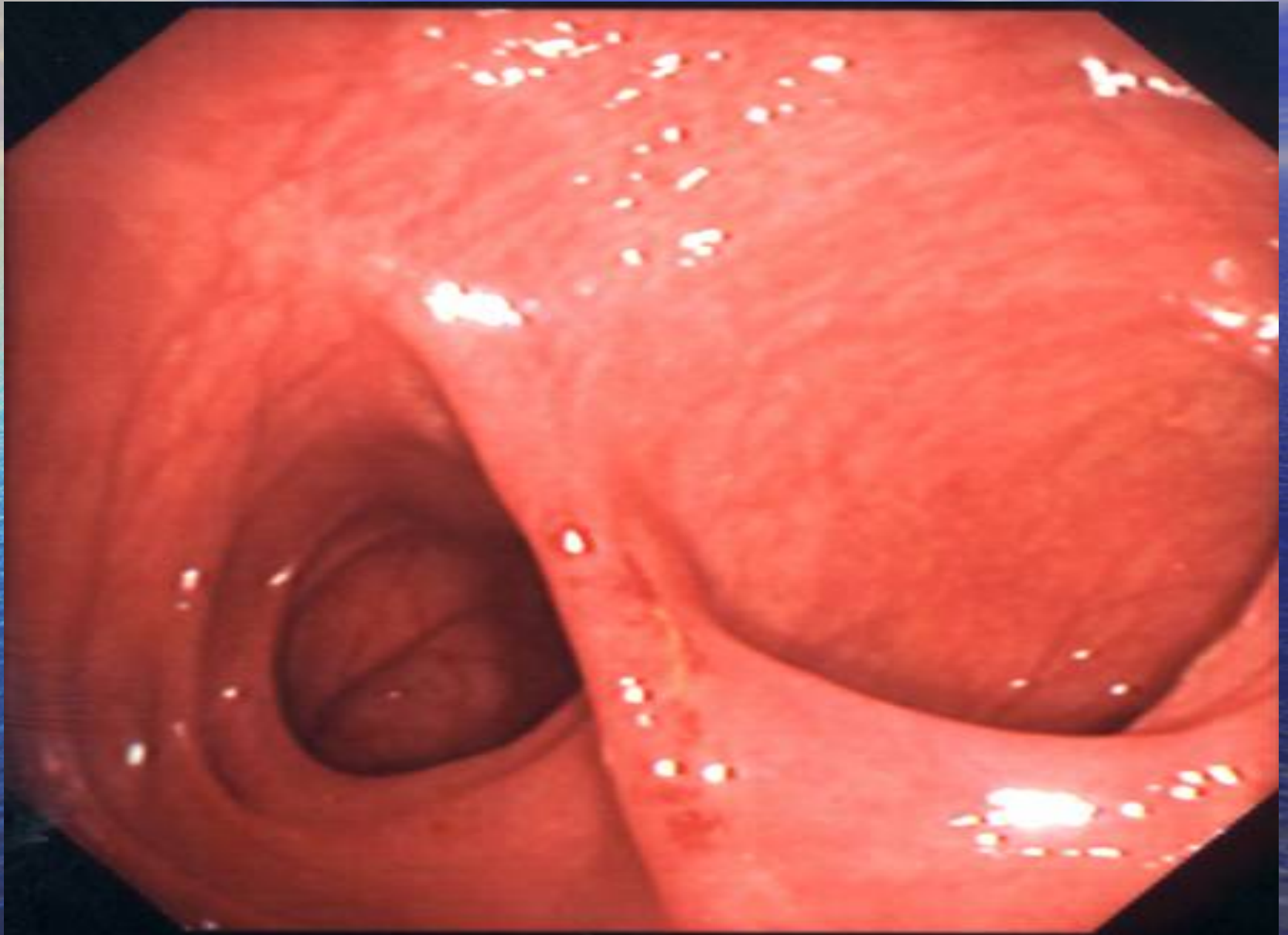






A, Kock pouch. B, J pouch. C, S pouch. D, W pouch. E, H pouch.

- A Normal Pouch



Aims of Treatment

- 5) Reduce cancer risk (mesalazine = 50%, colonoscopy)

Cancer Surveillance

- Lifetime risk of IBD patient = 20%
- Lifetime risk of gen pop = 15%
- Mesalazine reduces this risk by 50%
- Every 2 years to be started in those with
 - Pan UC after = 8-10 years
 - Distal UC after = 15 years

Probiotics + Bowel Flora and IBD

- Crohn's
 - Low bifidobacteria
 - Low lactobacilli
 - High E.coli (in active) ¹
- UC
 - Low lactobacilli (in active) ²
- IBD
 - High bacteriodes/toxins and E.coli (in active) ³

1. Giaffer M.H. et al. The assessment of faecal flora in patients with inflammatory bowel disease by a simplified bacteriological technique. Journal of Medical Microbiology 35: 5224-5231
2. Fabia R. et al. Impairment of bacterial flora in human UC and experimental colitis in the rat. Digestion 54: 248-243
3. Swidsinski A. et al. Mucosal flora in inflammatory bowel disease. Gastroenterology 122: 44-54

What's on Offer

Name	Strain	Implant	Uses
	<i>Saccaromyces boulardii</i>	Yes	Diarrhoea Prevention + Rx
Actimel	<i>L.casei</i> strain DN-114001	Yes	
Stoneyfield Yogurt	<i>L.reiteri</i>	Yes	Diarrhoea Rx
Arla	<i>L.acidophilus</i> NCFB 1748	Yes	
	<i>L.rhamnosus</i> VTT E-97800	Yes	
PrimaLiv	<i>L.rhamnosus</i> 271	Yes	
Yakult	<i>L.casei</i> strain Shirota	Yes	
Culturelle	<i>L.casei</i> GG	Yes	CDT
Pro Viva	<i>L.plantarum</i> 299v	Yes	IBS

Human Studies of Probiotics in UC

- E. coli Nissle 1917 Vs Mesalazine 1y ¹⁺²
 - Remission = 68% Vs 73%
 - Relapses = 67% Vs 73%
- Lactobacillus
- Sacchromyces boulardii + Mesalazine ³
- Aloe Vera
- VSL#3

- Rembacken B.J. et al. Non-pathogenic E.coli verses mesalazine for the treatment of UC, a randomised trial. Lancet 354: 635-639
- Kruis W. et al. Maintenance of remission in UC is equally effective with E.coli Nissle 1917 as with standard mesalazine. Gastroenterology 120 Suppl. 1:A127 (Abstr. 680)
- Guslandi M. et al. Saccharomyces boulardii in maintainance treatment of Crohn's. Digestive Diseases and Sciences 45: 1462-1464

Natural Prebiotics

- Nutraceuticals = “functional foods”
- Inulin / Fructo-oligosaccharides / Lactulose
Transgalacto-oligosaccharides
- Chicory (boiled root = 90% inulin)
- Jerusalem artichoke
- Onion
- Leek
- Garlic
- Asparagus
- Banana
- (cereals eg. Oatmeal)