



Goals of Treatment in Inflammatory Bowel Disease (IBD)

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Overview

- Brief overview of IBD
- Measures of Health
- Overriding goals of therapy

What is IBD?

Inflammatory bowel disease (IBD)

- Group of disorders characterized by chronic inflammation of the intestines/digestive tract
- Associated with extraintestinal issues – joints/skin/eye/bone



Types of IBD

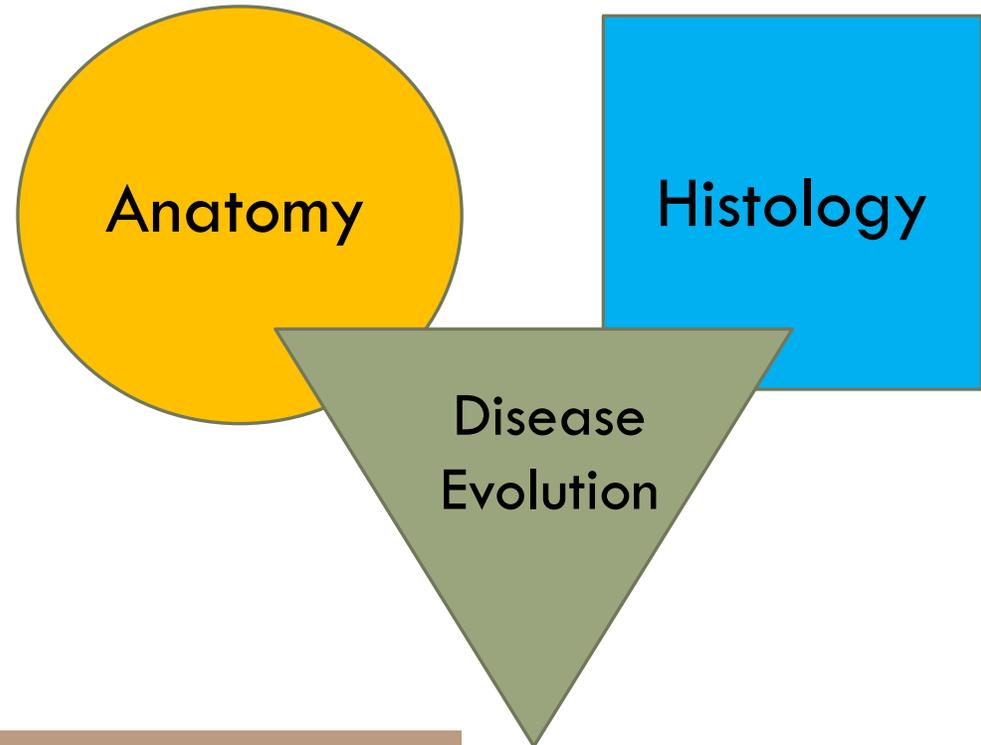
3 main subtypes

Crohn's

Ulcerative Colitis

Indeterminate Colitis –

or IBD-Undetermined



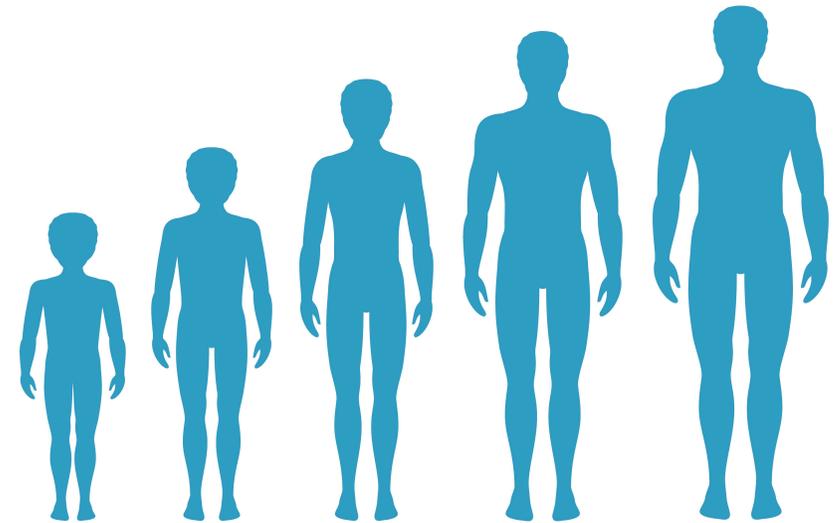
BOTTOM LINE: We provide a preliminary subtype at the time of diagnosis but as things evolve subtypes may change

Age of Disease Onset matters

PEDIATRIC IBD is NOT ADULT-ONSET IBD

Additional considerations in children

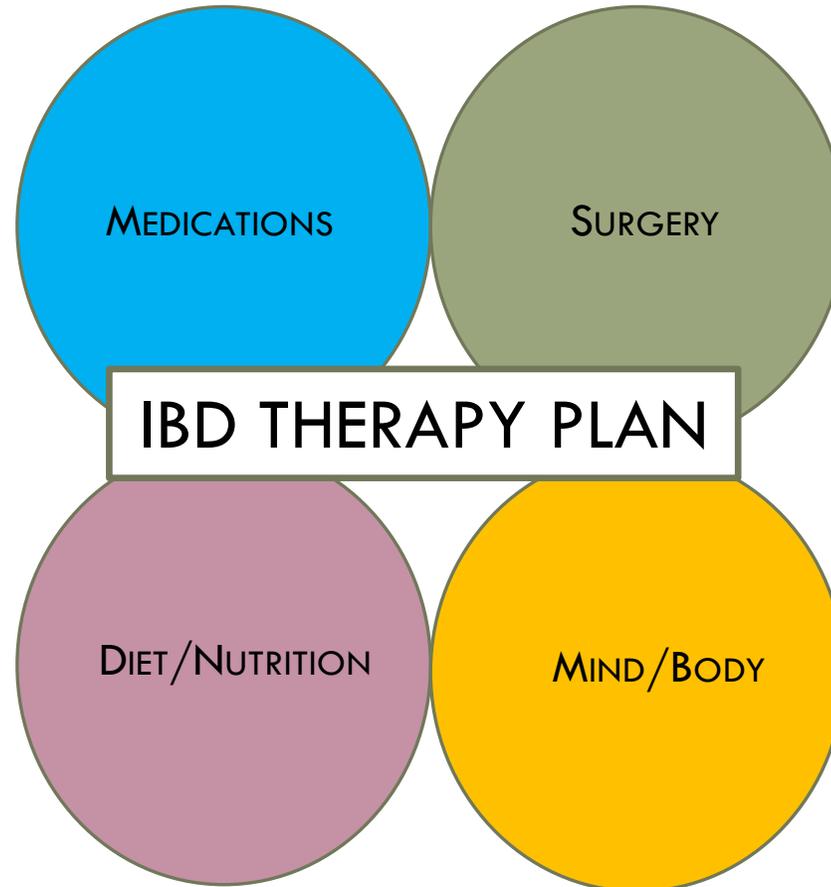
- Growth
- Development



Treatments

Multifaceted

- Medications
- Surgery
- Diet/Nutrition
- Mind/Body



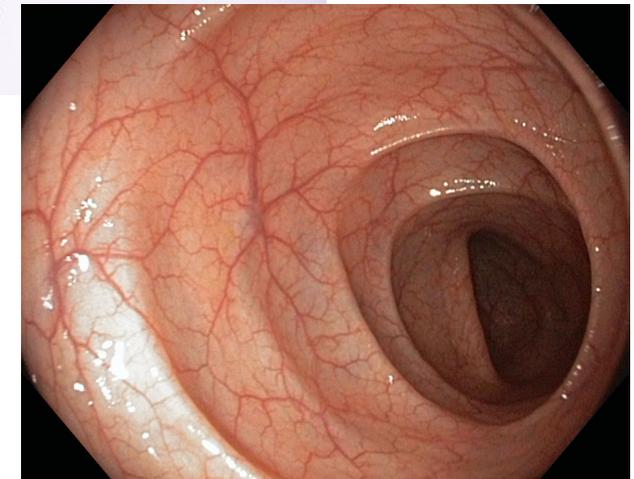
Measures of Health

Self-report

- Symptoms (PUCAI)
- Quality of Life/Depression/Anxiety (12y and older)

Objective

- Inflammatory markers – C reactive protein/Calprotectin
- General labs (Blood counts, chemistries)
- Endoscopy
- Imaging



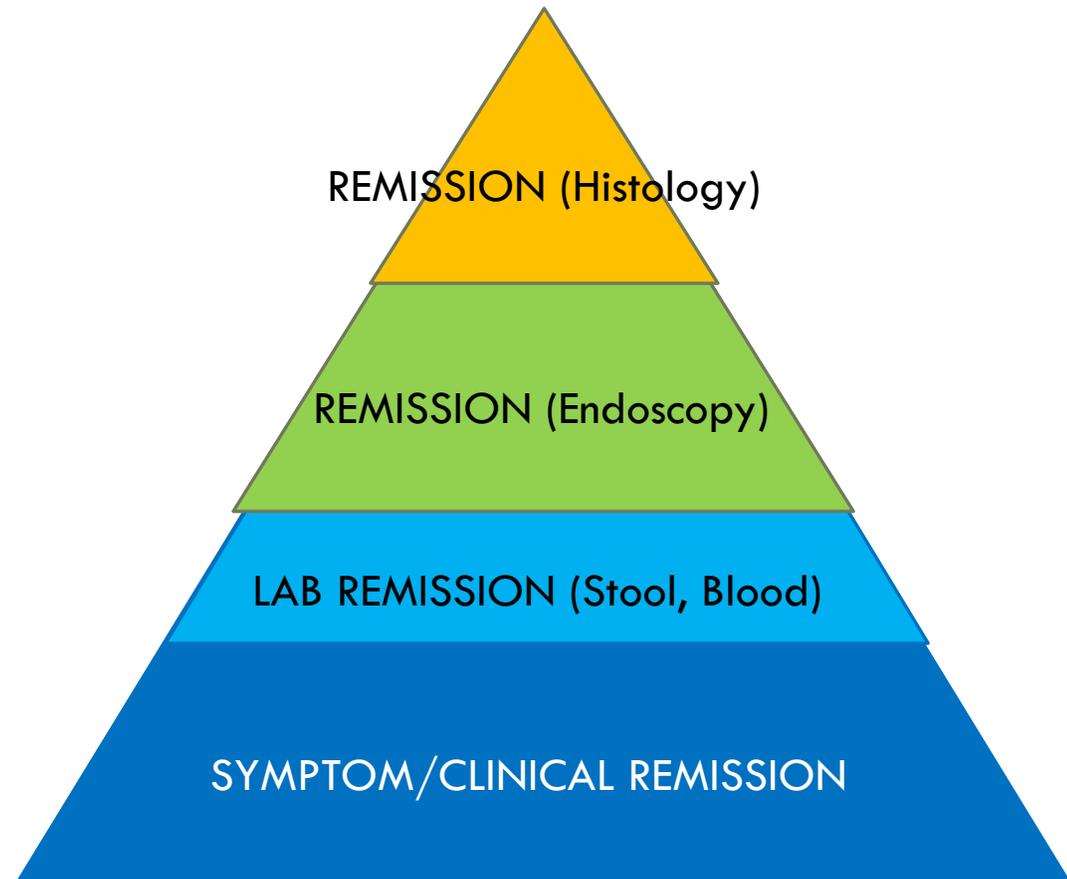
Goals of Therapy

Remission

- Symptoms (Clinical)
- Laboratory/Endoscopy/Histology

Symptoms are just part of the picture

Different levels of remission



Natural history of Crohn's disease

Natural history of Crohn's disease is DISEASE EVOLUTION

- Poor growth, inability to obtain normal adult height or true height potential
- Extension of disease – ONE in THREE
- Changing from inflammation only to development of strictures/fistulizing disease
 - (30% have strictures/fistulizing disease at diagnosis – increases to 60% at follow up)
- Increasing need for surgical management – ONE in THREE at 5 years from diagnosis
- Cancer

Natural history of Ulcerative colitis

Natural history of ulcerative colitis is DISEASE EVOLUTION

- Extension of disease those with ulcerative proctitis – notable - ~75%
- Risk of surgery – 5% at 1 year; 15% at 10 years
- Extraintestinal manifestations common – 20%
 - 50% with arthritis
 - 33% with sclerosing cholangitis (liver disease)
- Cancer

Deep remission changes the natural course of IBD

True for both Crohn's and Ulcerative Colitis

Reduced rates of disease relapse

Reduced rates of hospitalization and surgeries



Withdrawal of Medications

IBD is not “temporary” or curable. It is a chronic disease.

Once we withdraw medications, one is likely to flare

- The deeper the remission, the likelihood of flaring reduces, but often remission is not forever

HOWEVER, in children, goals include

- Obtaining final adult height
- Obtaining ideal bone health

How to achieve goals of therapy

Open honest and frequent communications with your provider

- Frequent follow up – at least 3-4x per year (usually every 3-4 months)

Important to adhere to treatment plan

Adhere to monitoring plan

- Inclusive of symptoms, labs, endoscopic evaluations



Summary

- IBD is a chronic disease requiring chronic therapy to maintain remission
- There are various types of remission
- Our goal is to achieve the deepest durable remission possible
- Achieving deep remission can change the natural history of the disease
- Follow-up is essential to achieving goals of therapy