INFLAMMATORY BOWEL DISEASE FOR THE PRIMARY CARE PHYSICIAN

Jack Bragg, DO, F.A.C.O.I.
Associate Professor of Internal Medicine
Director of the Inflammatory Bowel Disease Team
University of Missouri School of Medicine
REVIEW

- Osteopathic Primary Care of Patients With Inflammatory Bowel Disease: A Review

Jack D. Bragg, DO

JAOA, Sept. 2014, Vol 114 No 9 695-701
CONFLICT OF INTEREST

- NONE
GOALS

• Discuss specific aspects of quality in the care of patients with Inflammatory Bowel Disease.

• Discuss how Osteopathic primary care physicians can accomplish quality care in patients with Inflammatory Bowel Disease.
Osteopathic internists and other primary care specialists can accomplish 80% to 85% of all the care an IBD patient needs.
My favorite computer setting

Finally a computer setting I understand.
AREAS OF NEED FOR IBD PATIENTS

- Bone health
- Vaccinations
- Cancer screening
- Eye health
- Lab monitoring
- Extraintestinal manifestations of IBD
- Smoking status
- Drug usage and safety
- Screening for Depression
• IBD patients in general and those who have been on steroids are at a higher risk for osteopenia, osteoporosis, and avascular necrosis.
RISK FACTORS FOR OSTEOPOROSIS

- Age older than 60
- Low body mass index
- Smoking
- Postmenopausal women
- Steroid treatment - for at least 3 months or repeated courses of steroids
- History of fractures
DEXA SCAN

- Osteopenia is defined as a T-score of -1 to -2.5
- Osteoporosis is defined as a T-score below -2.5
- A T score above -1 warrants prevention
- A T score of -1 to -2.5, same, plus repeat DEXA
- A T score below -2.5 – bisphosphonates
- Think about secondary causes of osteoporosis:
  - Celiac disease, hypogonadism, Vit. D deficiency
VACCINATIONS

- Definition of immunosuppression:
  - Prednisone 20 mg daily or more longer than 2 weeks
  - Azathioprine/6 MP (treatment doses)
  - Methotrexate
  - Biologic agents
  - PC malnutrition
LIVE VACCINES

- **MMR** - If vaccine history is unknown, check titers. If the titer is low, vaccinate 6 weeks prior to starting immunosuppression.
- **Varicella** - Vaccination recommended if unknown history or low titer.
- **Varicella-Zoster Virus (HZV)**
  - Crohn’s patients and those on immunosuppression at greatest risk
- **HZV** can be given to those on low dose azathioprine or methotrexate
INACTIVATED VACCINES

- All are safe in any IBD patient
- May have a diminished response when on one or more immunosuppressive drugs
- Influenza - live and inactivated forms
- Tetanus and Diphtheria - every 10 years
- HPV - priority in female IBD patients 11 to 26 years old
- Pneumococcal vaccine - all IBD patients
INACTIVATED VACCINES (CONT’D)

• Hepatitis A&B - vaccinate if exposure is suspected.
• Meningococcal Vaccine - recommended for adults that are asplenic, complement deficiencies, live in a dorm, military recruits, or traveling to an endemic area.
No bottle opener? I can fix that!
CANCER SCREENING

- Cervical Cancer
- Colorectal cancer
- Skin Cancer
CERVICAL CANCER

• Higher prevalence of abnormal Pap smears in women with IBD-associated with treatment with immunomodulators

• Incidence of abnormal Pap smears in women with IBD-42.5% vs. no IBD-7%

• All abnormal tests were associated with HPV serotype 16 or 18

• Recommendation: Annual Pap smear as recommended by the ACOG’s guidelines
COLORECTAL CANCER

• Either Crohn’s colitis or pan-Ulcerative colitis increased the risk of colon cancer once the patient has had their disease 8 years.
• For left sided disease, the risk goes up at 15 years.
• AGA guidelines state that at 8 years patients should begin undergoing annual colonoscopy with 4 quadrant biopsies every 10 cm in the colon and any suspicious lesion.
• After two examinations without dysplasia, the exams may be stretched out to 2 or 3 years.
• Other factors to consider: degree of inflammation, family history of polyps/cancer, anatomic abnormalities
Gotta feed the baby AND do the laundry? I can fix that!
SKIN CANCER

• Nonmelanoma skin cancers (squamous cell and basal cell) documented in at least two epidemiologic studies to be more common in IBD patients.

• Probably, the use of Imuran and/or anti-TNF agents up the risk.
EYE HEALTH

- Patients who have used or are using steroids are at an increased risk for cataracts.
- Recommendation: Annual ophthalmology exam
REDNECK BABY CHAIR AND TEETHING RING
LAB MONITORING

- Patients on azathioprine or 6-MP should have CBC done 2 or 3 times yearly.
- Patients on a mesalamine product should have a liver panel and renal function checked yearly.
- Patients on steroids should have blood glucose and electrolytes done as needed.
- Patients on methotrexate should have liver enzymes done yearly.
- Patients with IBD should have a liver panel (especially alk Phos.) done yearly to screen for sclerosing cholangitis.
EXTRA-INTESTINAL MANIFESTATIONS OF IBD

• 25% to 40% of IBD patients have extra-intestinal manifestations (EM) of IBD.
• EM may present prior to the bowel disease.
• 1. Musculoskeletal system-arthritis—may be inflammatory, or arthropathy can affect the spine, sacroiliac joint, peripheral joints.
• Tends to be seronegative.
• 2. Eye disease—Episcleritis—red eye with no visual changes, scleritis—red eye with visual changes or uveitis—eye pain, photophobia, blurred vision, “ciliary flush”, headache.
SMOKING CESSATION

• Crohn’s patients suffer the most from smoking.
• Exacerbates the disease, especially ileal disease
• More frequent flares, more use of steroids, higher rates of surgery
• Smoking effects are dose dependent - the fewer cigarettes the better.
DRUG USE AND SAFETY

• Azathioprine/6-MP

• Allopurinol can significantly increase the toxicity of azathioprine.

• Biologics and azathioprine increase the risk for infection and malignancy. Combining the two drugs further increases the risk.
SCREENING FOR DEPRESSION

- Depression affects 15% to 35% of IBD patients.
- Factors - relapsing nature of the disease, chronic pain, medications (steroids)
- Recommendations:
  - The American College of Preventive Medicine and USPSTF recommend screening
- Two questions:
  - 1. Over the past month, have you felt down, depressed, or hopeless?
  - 2. Over the past month, have you felt little interest or pleasure in doing things?
REFERENCES

- Nikolaus S, Schreiber S, “Diagnostics of Inflammatory Bowel Disease” Gastroenterology 2007;133:1670-1689
- Levine JS, Burakoff R “Extraintestinal Manifestations of Inflammatory Bowel Disease” Gastroenterology & Hepatology Vol 7 Issue 4 April 2011 p235-241
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“Do you know what I fear most about old age?”

“No what?”

“I’ll.

“Incontinence!”