Inflammatory Bowel Disease

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Inflammatory bowel disease

- Aetiology
- Symptoms
- Diagnosis
- Medical Management
- Nurse-Led service
Inflammatory bowel disease (IBD)

Ulcerative colitis

&

Crohn’s disease

IBD unclassified (IBDU)
Background

• 146,000 people in UK with ulcerative colitis
• 115,000 people in UK with Crohn’s disease
• Peak incidence between 15-25
• Remitting & relapsing
• Female=Male
• Link with colorectal cancer
• Genetic predisposition
• Smoking

(NICE, 2013 & 2016)
IBD

Ulcerative Colitis

• Colon
• Continuous inflammation
• Mucosa
• 20-30% with pan colitis come to colectomy

Crohn’s disease

• Whole GI tract
• Segmental
• Transmural inflammation
• 50% require surgery in first 10 years
• 70% require surgery in lifetime (BSG 2017)
Ulcerative Colitis
Ulcerative Colitis distribution:

- Entire colon: 18%
- Up to splenic flexure: 28%
- Recto sigmoid: 54%
Crohn’s disease
Crohn’s disease-distribution

- Esophagus
- Stomach
- Duodenum
  3–5%

- Small intestine and colon
  40–55%

- Small intestine only
  25–30%

- Colon only
  20–25%

- Involvement of the rectum
  11–26%

- Anorectal disease
  (anal fistulae, anal fissures, peri-proctitic and other abscesses)
  30–40%
Complications (Crohn’s)

- Strictures
- Fistulas
- Abscesses
- Perforation
Extra intestinal manifestations

**Vascular**
- Vasculitis
- Thromboembolism

**Liver**
- Fatty liver
- Chronic active hepatitis
- Primary sclerosing Cholangitis

**Joints**
- Peripheral arthropathy
- Sacroileitis
- Spondylitis

**Eye**
- Episcleritis
- Uveitis
- Conjunctivitis

**Heart**
- Myocarditis

**Renal**
- Oxalate stones
- Kidney tubular damage

**Skin**
- Pyoderma gangrenosum
- Erythema nodosum
Symptoms

• Diarrhoea
• Fatigue
• Abdominal pains
• Rectal bleeding
• Loss of appetite/ weight loss
• Nausea & vomiting
• Fever
Diagnosis of IBD

- Clinical
- Endoscopy
- Histology
- Radiology
Treatment

Aims:
• Treat active inflammation/alleviate symptoms
• Mucosal healing
• Maintain remission
• Improve and maintain quality of life
• Appropriate timing of surgery
Treatment options

• Symptoms
• Severity
• Site of disease
• Type of disease
• Previous treatments
• Drug intolerances
• Patient choice
Treatment of IBD

- Surgery
- Biologics
- Immunomodulators
- Corticosteroids
- 5-ASA
Acute severe colitis

- Stool frequency 6 times or more
- Systemic upset:
  - fever
  - tachycardia
  - high ESR, high CRP, low albumin
Acute severe colitis: why is it important?

- Untreated mortality >50%
- Timing is essential
- Daily monitoring:
  - “How are you feeling?”
  - Stool chart
  - Observations
  - Blood tests: FBC, ESR, U&E’s, LFT’s, CRP
  - Abdo X-ray/ endoscopy
- Treatment: IVHC 100mg QDS
  - VTE prophylaxis, Adcal D3
- Early discussion of additional treatment
  - Ciclosporin/Infliximab
  - Surgery

Decision by Day 3
Crohn’s disease

• **Independent Risk Factors for Surgery:**
  – Terminal ileal location
  – stricturing behaviour
  – penetrating behaviour
  – <40 years

• **Poor Prognosis Factors:**
  – extensive small bowel disease
  – severe upper gastrointestinal disease
  – perianal disease
  – deep colonic ulcers & rectal involvement
  – immediate need for high dose corticosteroids
  – colonic resection
Nutrition

• UC- not linked to diet
• CD- artificial nutritional support may alter inflammatory response
• Patients prone to malnutrition
Guidelines

Published ECCO Guidelines

In its aim to foster transparency, ECCO has diligently maintained a disclosure policy of potential conflicts of interests (CoI) for several years: ECCO Guidelines manuscripts cannot be submitted for publication without all authors having submitted their CoI Forms.

As ECCO experts are increasingly involved in several activities such as the ECCO Congress, Workshops, Guidelines, or other projects, including publications of papers in JCC (Journal of Crohn's & Colitis) throughout one year, ECCO now collects one completed CoI form from experts in line with the respective Congress business year (updated every autumn). These forms are publicly accessible through the ECCO website – showing the "ECCO Annual Disclosure of Potential Conflicts of Interest".

ECCO Ulcerative Colitis (UC) Consensus Update (2017) – Part 1
ECCO Ulcerative Colitis (UC) Consensus Update (2017) – Part 2

This is the third European Crohn's and Colitis Organization (ECCO) consensus guideline that addresses ulcerative colitis (UC). It has been drafted by 26 ECCO members from 14 European countries. It is derived from and updates the previous ECCO consensus advice on UC. All the authors recognise and are grateful to previous ECCO members who contributed to creating the previous consensus guidelines on which some of the text is based. Attention is also drawn to other ECCO consensus guidelines which have contributed to this endeavour, on extra-intestinal manifestations (EIMs), malignancy, imaging, small bowel endoscopy, opportunistic infections (OI), surgery, endoscopy, pathology, anaemia, reproduction and pregnancy, and paediatric UC.

This guideline includes recommendations on:
- patient information and support
The aim of the Inflammatory Bowel Disease (IBD) Standards is to ensure that NHS services throughout the UK deliver:

**A. High quality clinical care**
High quality, safe and integrated clinical care for IBD patients based on multi-disciplinary team working and effective collaboration across NHS organisational structures and boundaries.

**B. Local delivery of care**
Care for IBD patients that is delivered as locally as possible, but with rapid access to more specialised services when needed.

**C. Maintaining a patient-centred service**
Care for IBD patients that is patient-centred, responsive to individual needs and offers choice of clinical care and management where possible and appropriate.

**D. Patient education and support**
Care for IBD patients that assists patients and their families in understanding Inflammatory Bowel Disease and how it is managed and that supports them in achieving the best quality of life possible within the constraints of the illness.

**E. Information technology and audit**
An IBD Service that uses IT effectively to support patient care and to optimise clinical management through data collection and audit.

**F. Evidence-based practice and research**
A service that is knowledge-based and actively supports service improvement and clinical research.

**PARTICIPATING ORGANISATIONS**
- Association of Coloproctology of Great Britain and Ireland
- British Dietetic Association (Gastroenterology Group)
- British Society of Gastroenterology
- British Society of Paediatric Gastroenterology Hepatology and Nutrition
- National Association for Colitis and Crohn’s Disease
- Primary Care Society for Gastroenterology
- Royal College of Nursing (Crohn’s and Colitis Special Interest Group)
Impact on patients

• Symptoms have profound impact on quality of life (Ghosh et al, 2007)

• Medical treatments may cause secondary health problems

• Absence from education or work

• Anxiety, depression

• Surgery
What do patients want from an IBD service?

- Access to IBD team
- Speedy response
- Emotional support
- Personalised care
- Continuity of care
- Information
Aims of nurse led service

• Minimise impact of disease
• Facilitate rapid access
• Recognised point of contact
• Improve disease management
• Patient centred
• Quality service
Role of the IBD Nurse Specialist

• Access
  – Telephone help-line
  – E-mail
  – Nurse led clinics
  – Inpatient support

• Assessment
  – Investigation
  – Treatment options
  – MDT
  – Information
  – Administration/prescribing
  – Monitoring
  – Support
Effectiveness

• Increased patient satisfaction
• Enhanced patient information
• Health promotion
• Cost effective

Nightingale et al, 2000

• Quality of care impact on quality of life

Van Der Eijk et al, 2004
Summary

- IBD is complex and unpredictable
- Services should aim to minimise the impact of the disease
- Patient centred care