

Inflammatory Bowel Disease Standardized Care Protocols

Title: Health maintenance

Objective: Prevent development of other diseases and monitor for adverse effects of therapy

Patient population: individuals diagnosed with inflammatory bowel disease

IBD patients are at increased risk of infections, metabolic bone disease, certain malignancies and mental health disorders secondary to their disease while on immunomodulatory therapy. Majority of the infections can be prevented if patients are routinely monitored.

Health Maintenance Cornerstones

1. Annual routine review by family physician
2. Annual routine review by IBD specialist if patient is **NOT** on any treatment. Frequency of review will change depending on disease trajectory and medication.
3. Colon cancer/dysplasia screening: Patients with colonic disease for > 8 years should undergo colonoscopy every 1-3 years—*see Surveillance protocol*
4. Provide smoking cessation counselling especially in patients with Crohn's disease
 - a. discuss at every visit
 - b. provide patient with educational materials
 - c. refer to *Smoking Action Plan*
4. Diet and Nutritional assessment
 - a. provide with educational materials
 - b. if ileal disease or post– surgery, monitor vitamin B12 and iron annually
 - c. assess vitamin D 25-OH level. If deficient or insufficient, *refer to Vitamin D protocol*.
 - d. consider referral to the IBD dietician
5. Vaccination
 - a. ensure vaccinations are up-to-date. *Refer to vaccination guide*
 - b. annual inactivated influenza vaccine
6. Annual screening
 - a. skin examination for melanoma
 - b. oral health
 - c. ophthalmologic examination
 - d. Depression and anxiety (PHQ-8 questionnaire)

Patients on 5-ASA

1. Annual renal function test

Patients on immunomodulatory therapy

1. All patients should receive age appropriate vaccination before initiation of immune suppression therapy
2. Female patients should have annual cervical screening (PAP smear) and routine breast examination
3. Patients should undergo skin examination for non-melanoma squamous cell cancer (NMSC)
4. Attenuated virus vaccines must be avoided. *Refer to vaccination guide*

Thiopurines

- Patients on thiopurines should have CBC and liver function tests quarterly
- Lymphoma awareness—consider signs and symptoms:
 - painless swelling in the lymph nodes in the neck, under the arm or in the groin
 - unexplained fevers
 - night sweats
 - unexplained weight loss
 - itchy skin

Biologics

- Tuberculosis (TB) test before starting biologic. *Refer to initiation of biologic protocol*
- TB risk assessment once per year and consider re-testing if:
 - contact with TB
 - travel to TB-endemic region (see countries list)
- Cancer awareness—consider signs and symptoms:
 - unexplained fevers
 - night sweats
 - unexplained weight loss

Osteoporosis screening

- Monitor vitamin D and calcium levels
- Assess bone density (DEXA scan) if the following conditions are present:
 - steroid use >3 months;
 - inactive disease but past chronic steroid use of at least 1 year within the past 2 years;
 - inactive disease but maternal history of osteoporosis;
 - inactive disease but malnourished or evidence of sarcopenia;
 - inactive disease but amenorrhea;
 - post-menopausal women; regardless of disease status
 - UC patient with an ileal pouch anal anastomosis

REFERENCES

Farraye, F.A. et al. ACG Clinical Guideline: Preventive care in inflammatory bowel disease. Am J of Gastroenterol 2017; 112:241-258

Mir, F. et al. Health maintenance in inflammatory bowel disease. Curr Gastroenterol Reports 2018; 20(23): 22-28