

Shared Care of Patients with Inflammatory Bowel Disease

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IBD CAN MAKE GROWING UP A REAL PAIN



It's hard to be a kid when you have Inflammatory Bowel Disease (IBD). Unpredictable flares can have you sitting the fun. Chances are, you know one of the nearly 1 in 200 Americans who suffers from the debilitating pain disruptions that come with Crohn's disease and ulcerative colitis. The physical and emotional toll can be de The Crohn's & Colitis Foundation of America is committed to helping those with IBD cope and to finding a cu with IBD can get back to being kids again. People with IBD can't wait. Won't you help someone you know?

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SOMEONE YOU KNOW MAY HAVE CROHN'S OR COLITIS.



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CROHN'S & COLITIS
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The Spectrum of IBD

CROHN'S DISEASE

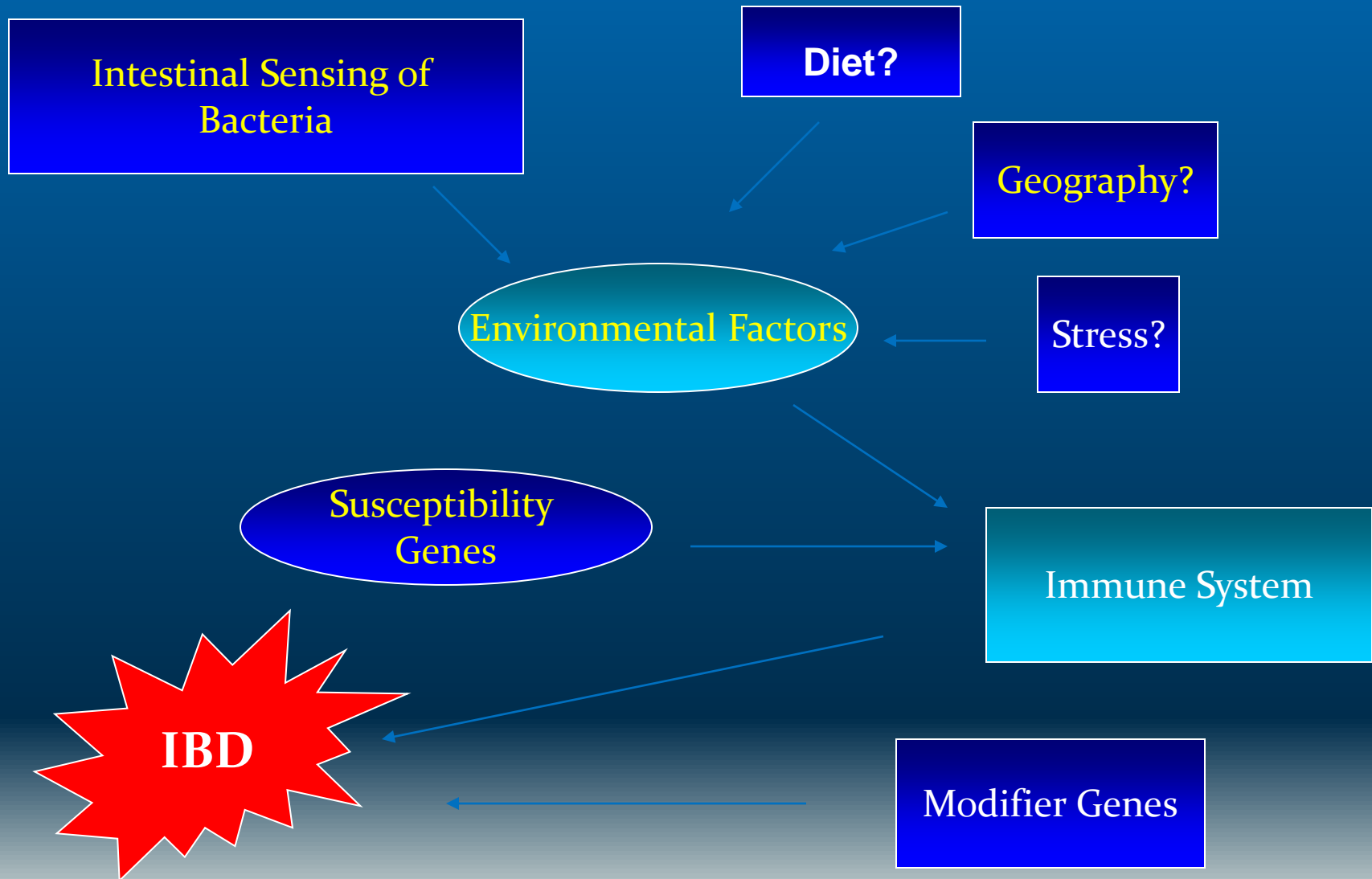
- Patchy inflammation
- Mouth to anus involvement
- Full-thickness inflammation
- Variable involvement
- Fistulas
- Abscesses
- Strictures
- Extraintestinal manifestations
- Increased risk of cancer

ULCERATIVE COLITIS

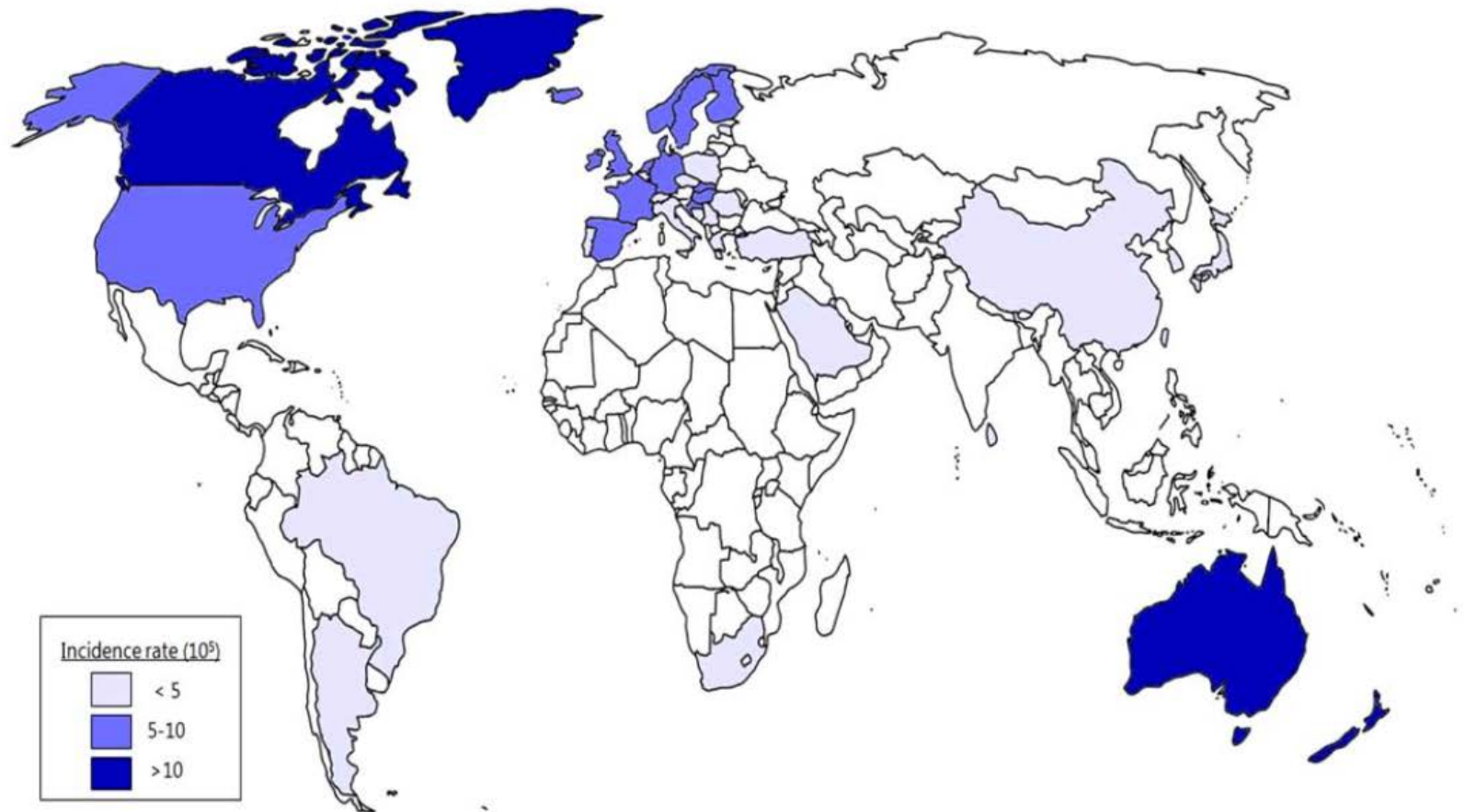
- Continuous inflammation
- Colon only
- Superficial inflammation
- Variable involvement
- Increased risk of cancer
- Extraintestinal manifestations

Indeterminate colitis
10%–15%

The etiology of IBD is multifactorial



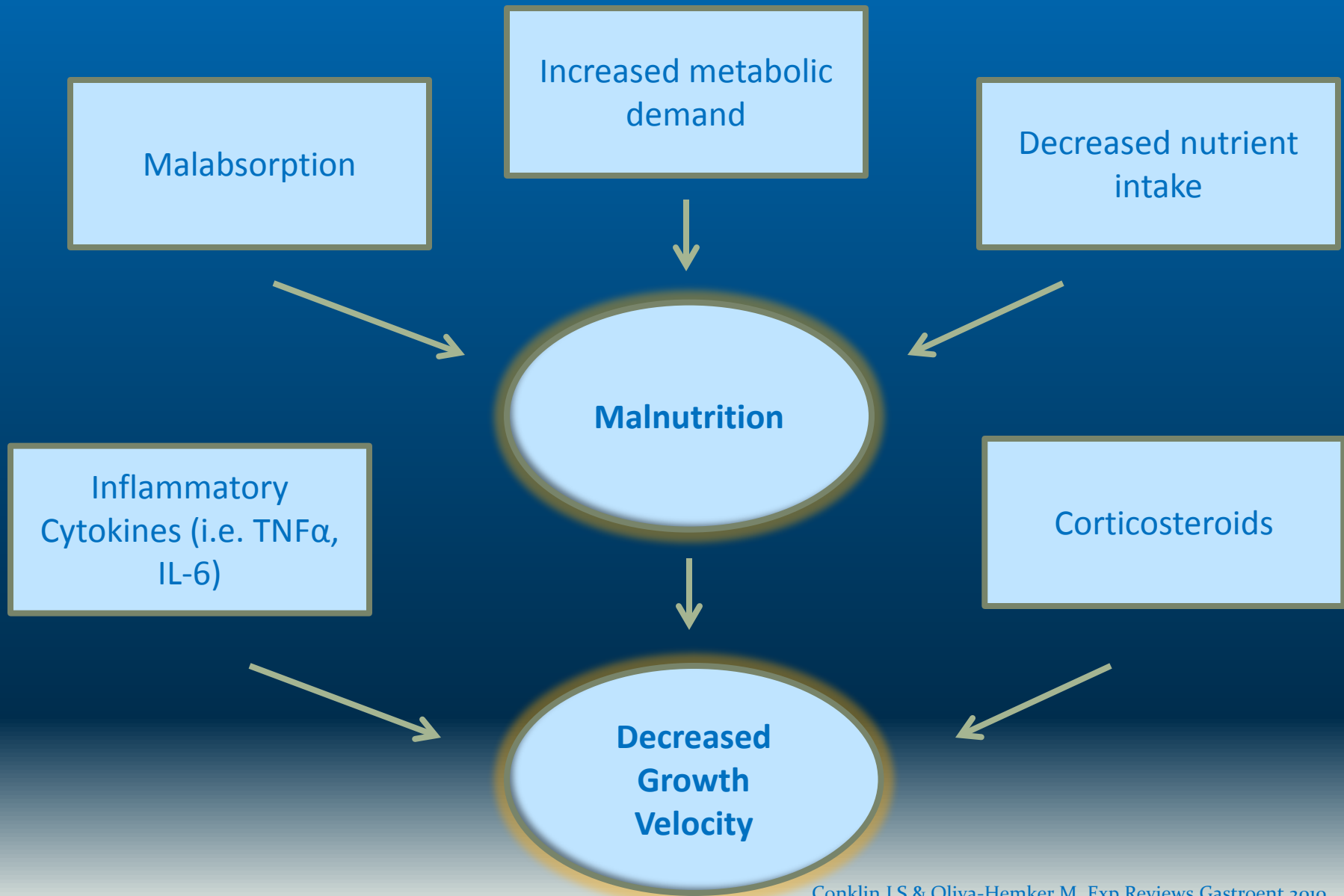
Global Incidence of Crohn's Disease



Health Maintenance in IBD

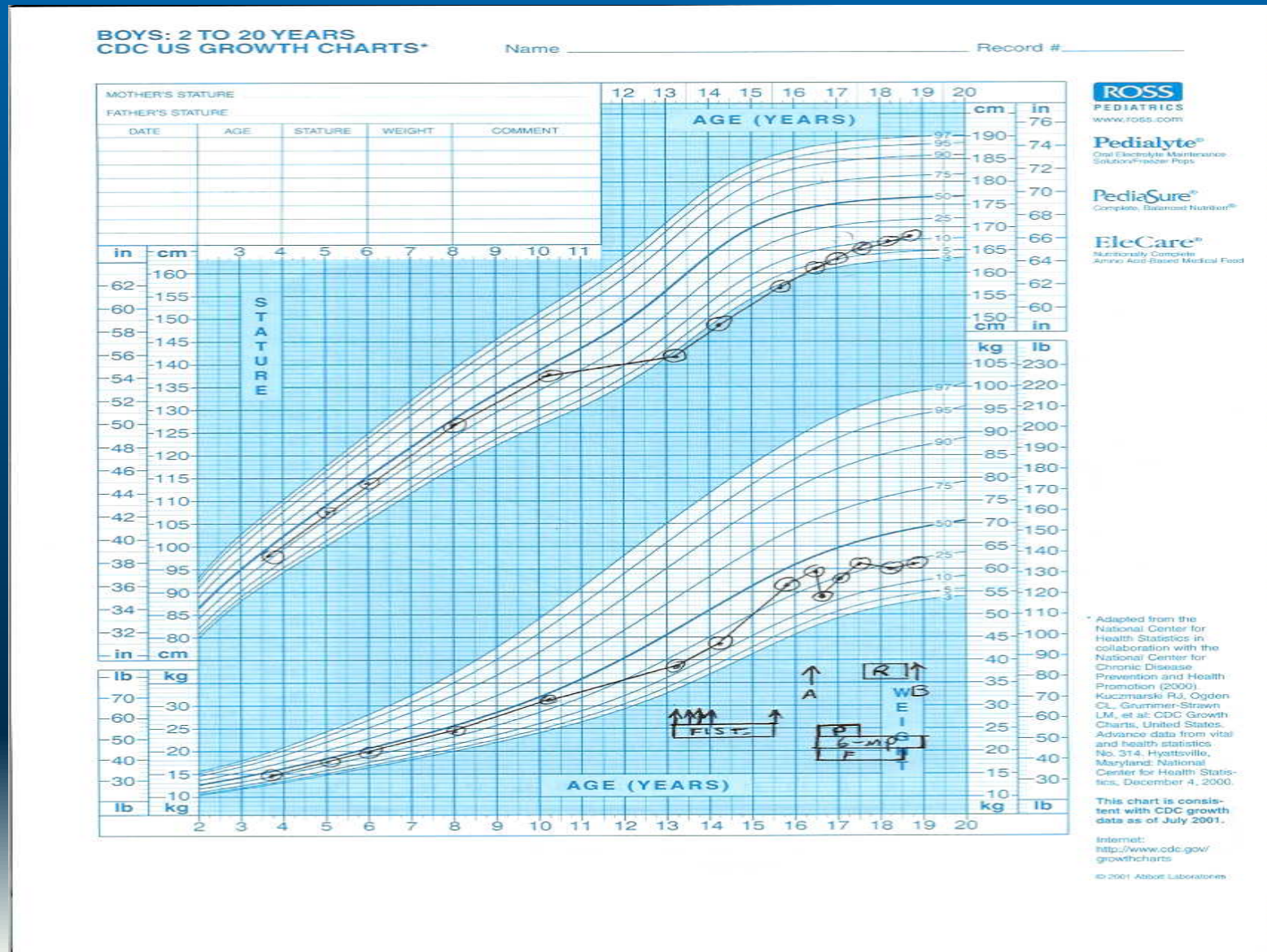
- Growth/Nutritional Assessment
- Bone Health
- Mental Health
- Immunizations
- Health screenings

Malnutrition and Growth Failure



Growth Stunting in Crohn's Disease

- Delayed bone age is common in CD



Growth Deficits

- Nutritional Failure:
 - Wt % crossing 2 percentiles
 - Weight loss $\geq 10\%$
 - Weight $\leq 10\%$
- Growth Failure
 - Height % crossing 2 percentiles
 - Height velocity $< 3\%$
 - Height % $< 3\%$

Diet and IBD

- Eating can cause significant symptoms in patients with IBD
- The search for alternate “natural” or complementary options
- No specific foods cause IBD or cause flares of disease

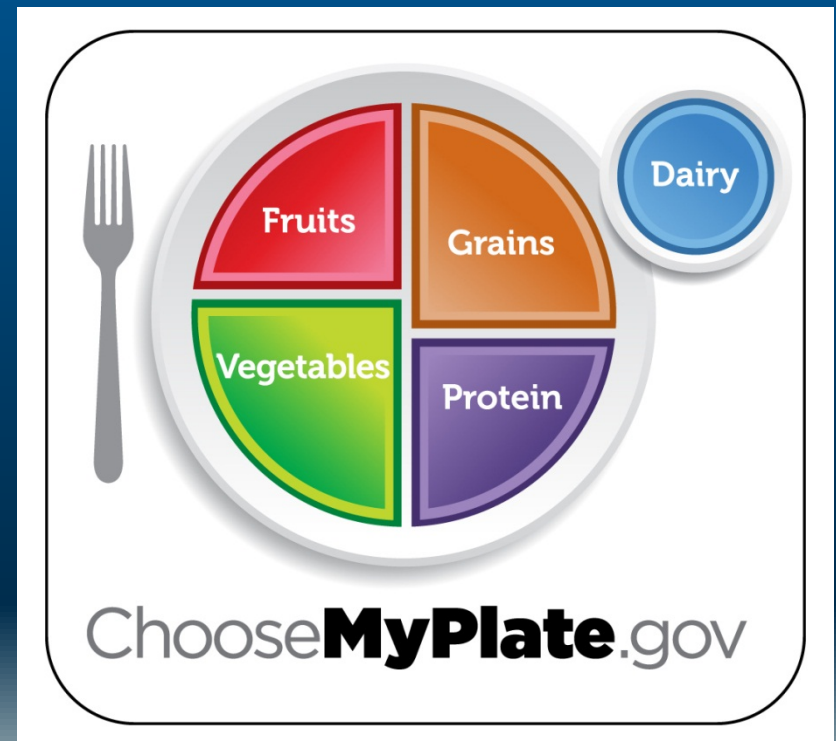


Micronutrient Deficiencies

Ulcerative Colitis	Crohn's Disease
Potassium	Vitamin D
Magnesium	Calcium
Iron	Vitamin B12
Vitamin D	Folate
Calcium	Magnesium
Folate (sulfasalazine)	Iron
	Potassium

Dietary Tips

- Eat small, frequent meals
- Identify trigger and “safe” foods
- Keep a food journal
- When disease is under control, return to fiber-containing foods



Bone Health



- 10-40% of children with Crohn's have bone mass deficits at diagnosis
- May affect attainment of peak bone mass
 - Risk of fracture
 - Slowed linear growth
- Bone modeling and remodeling is affected by pro-inflammatory cytokines

Bone Health

- Manage inflammation
- Optimize nutrition
- Weight bearing exercise



DEXA scan

- Patients with Crohn's Disease, or exposure to steroids
- If low BMD, repeat in a year
- Low BMD and history of fracture → may benefit from a referral to a pediatric endocrinologist or Bone Health clinic

Vitamin D – 30 ng/ml

- Prevalence of Vitamin D deficiency in pediatric IBD = 34.6%
- Oral doses of 2,000 IU vitamin D(3) daily and 50,000 IU vitamin D(2) weekly for 6 – 12 weeks ¹

Assessing Mental Health

- 25% of adolescents with IBD may display symptoms of depression
- **97% of these would have gone unrecognized without being queried
- Depression correlated with pain, diarrhea, weight loss

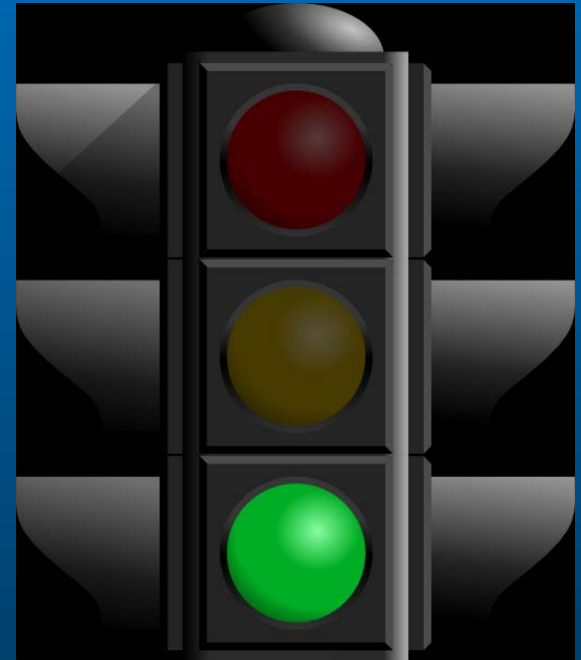
Depression and IBD

- Cognitive Behavioral Therapy
- Hypnosis
- Family/patient support

Szigethy E, et al. J Am Acad Child Adolesc Psychiatry 2007;46:1290-
Mawdsley, et al. Am J Gastroenterol 2008;103:1460-9.
Shepanski, et al. Inflamm Bowel Dis 2005;11:164-70.

Vaccinations

- All inactivated vaccines
 - Diphtheria
 - Acellular tetanus
 - Pertussis
 - HBV
 - Haemophilus influenza
 - Inactivated polio
 - Pneumococcus
 - Hepatitis A
 - Influenza



Avoid live vaccines when immunosuppressed

- (Prednisone > 20 daily or 2 mg/kg/day for at least 14 days)
- Immunomodulators (6MP, methotrexate)
- Biologics (infliximab, adalimumab)



Vaccine considerations

- MMR- avoid, live vaccine
- Varicella-- * check titers ahead of immunomodulation and vaccinate if time
- Hepatitis B- check HepB SAg and Ab before starting biologics

Ophthalmology visit yearly

- Uveitis
 - 6.1% pediatric Crohn's with no ophthalmologic complaints had uveitis
 - Findings are independent of bowel inflammation
- Episcleritis
 - Tends to parallel bowel inflammation.

Dermatology visit yearly

- Increased risk for melanoma associated with IBD
 - Possible association with biologics
 - Absolute risk 57/100,000 patient years (44.1/100,000 in normal cohort)
- Non-melanoma skin cancer risk associated with IBD and thiopurines
 - Absolute risk 912/100,000 patient years (623/100,000 in normal cohort)

Adherence and Self-Management

- Non-adherence linked to disease severity and poor psychosocial functioning
- “How many doses of your medication have you missed this past week?”
- Behavioral, organizational, educational, family-centered interventions

Complementary and Alternative Medicine (CAM)

- In children with IBD, 43.6% use CAM in addition to prescribed medication
 - Spiritual intervention
 - Nutritional interventions
 - Herbal Remedies
 - Alternative Practices



Family Support

- Camp Oasis
- CCFA
- Parent support groups

