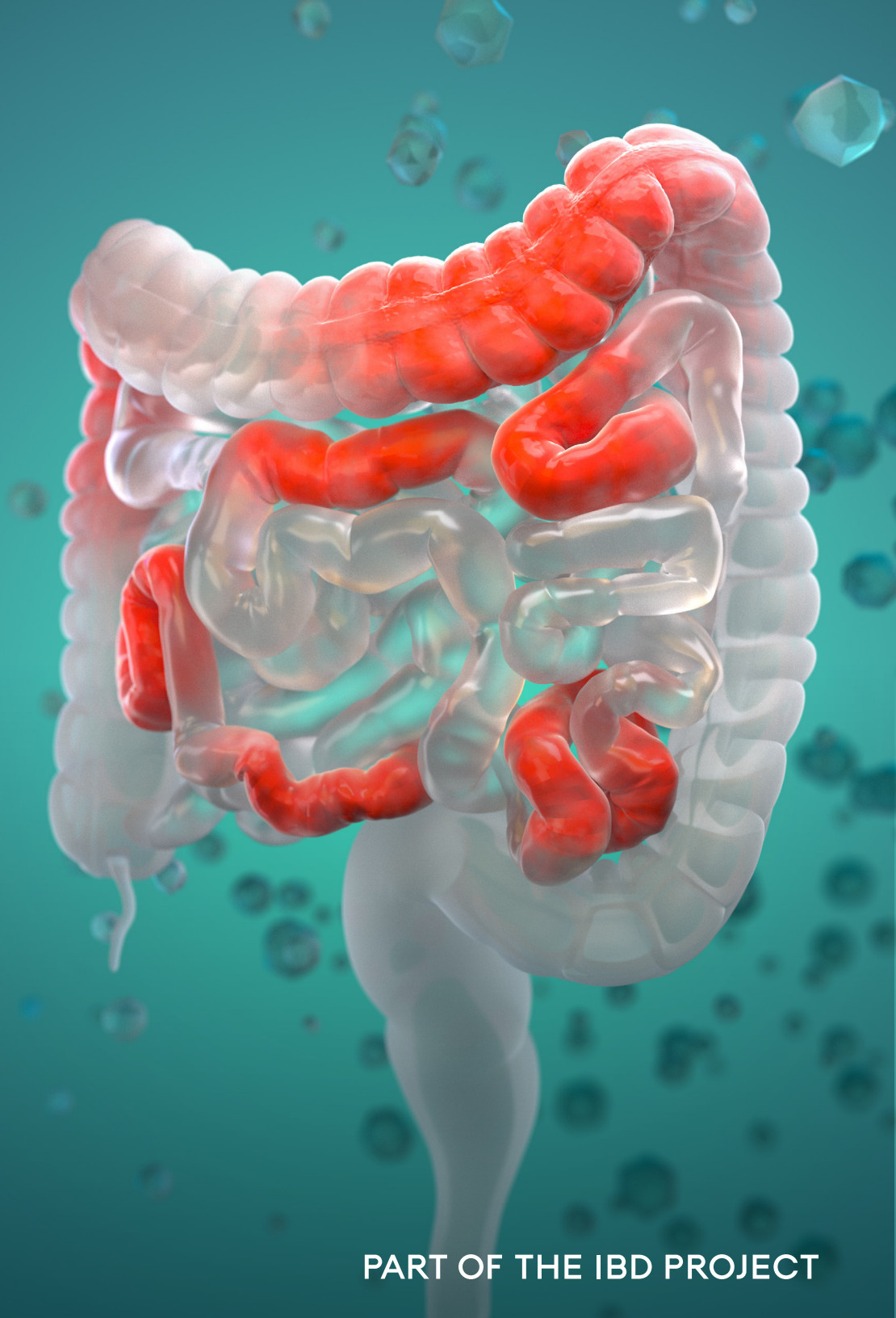


IBDIQ

Spotlight on Crohn's Disease

MANAGING THE DISEASE



PART OF THE IBD PROJECT

Understanding Crohn's disease

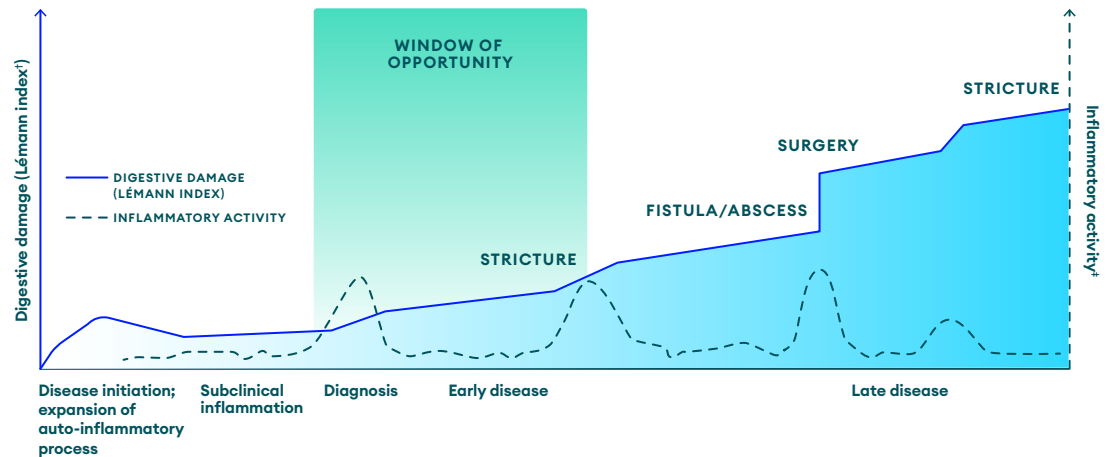
Crohn's disease (CD) is a chronic, relapsing, immune-mediated inflammatory bowel disease that often results in progressive segmental damage to the gastrointestinal tract.^{1,2}

In CD, inflammation can occur from the mouth to the anus, but most commonly involves the distal part of the small intestine (ileum) and the colon.³

Early management and intervention of CD within the “window of opportunity” (before bowel damage occurs) may reduce disease-related complications.¹

Hypothetical disease course of a patient with CD¹

Patients with CD may experience progression of cumulative digestive damage and inflammatory activity.¹



¹The Lémann index is a tool designed to assess bowel damage with respect to cumulative damage, progression of damage, identification of patients at risk of damage progression, and determination of treatment response.^{4,5} Assessed by CDAI, CDEIS, and/or CRP.¹

CDAI=Crohn's Disease Activity Index; CDEIS=Crohn's Disease Endoscopic Index of Severity; CRP=C-reactive protein.

Colombel J-F, et al. *Gastroenterology*. 2017;152(2):351-361. (Reprinted with permission from Elsevier.)

TREATING INFLAMMATION EFFECTIVELY AFTER DIAGNOSIS AND BEFORE BOWEL DAMAGE OCCURS—DURING THE WINDOW OF OPPORTUNITY—MAY REDUCE DISEASE-RELATED COMPLICATIONS (BOWEL DAMAGE, HOSPITALIZATION, SURGERY, AND DISABILITY).¹

Assessing disease severity

Assess a patient's disease location and severity to help guide disease management decisions.^{5,6}

Assessing CD disease severity based on the American College of Gastroenterology Guidelines⁵

CD DISEASE SEVERITY BASED ON ACG GUIDELINES										
	Weight loss	Eating/drinking	Fever	Abdominal mass	Diarrhea	Abdominal pain/tenderness	Serum CRP	CDAI	Symptoms	SES-CD
Remission	No	Normal	No	No	No	No	Normal	<150	Without any symptoms	0-2
Mild	<10%	Normal	No	No	Possible	Possible	Elevated	150-220	Symptoms, but with minimal impact on QoL indices	3-6
Moderate-severe	Significant	Impaired	Yes	Yes	Possible	Yes	Elevated	220-450	Symptoms persist despite treatment	7-15 (moderate); ≥16 (severe)
Severe-fulminant	Significant, cachectic	Impaired	Yes	Yes	Yes	Yes	Elevated	>450	Symptoms persist despite aggressive treatment; abscess and persistent vomiting possible	≥16 (severe)

CDAI=Crohn's Disease Activity Index; CRP=C-reactive protein; QoL=quality of life; SES-CD=Simple Endoscopic Score for Crohn's Disease.

Chronic intestinal inflammation of CD can lead to the development of intestinal complications such as strictures, fistulas, and abscesses over time.⁵

“THERAPEUTIC RECOMMENDATIONS FOR PATIENTS WITH CD ARE ESTABLISHED BASED UPON DISEASE LOCATION, DISEASE SEVERITY, DISEASE-ASSOCIATED COMPLICATIONS, AND FUTURE DISEASE PROGNOSIS.”

American College of Gastroenterology 2018 Clinical Guidelines for CD in Adults⁵

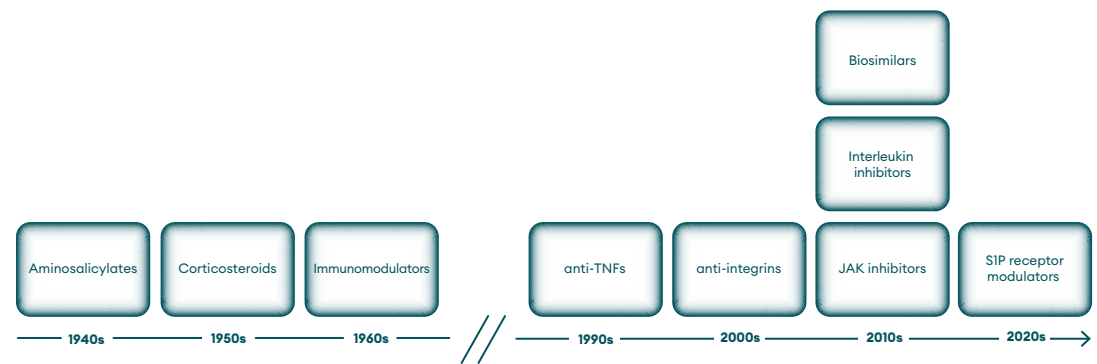
Exploring disease management options

Discuss with patients their desired disease management goals, as well as the benefits and the risks of available management options.^{7,8}

Enable shared decision-making to determine disease management goals and select an appropriate management plan that helps patients achieve their goals.⁷⁻⁹

The IBD treatment landscape has evolved^{5,10-20}

Various IBD therapeutic options are available and should be selected based on the location, extent, phenotype, severity of disease, and benefits and risks of therapeutic options.^{5,21,22}



Please note: this overview is intended to be used in combination with your clinical assessment and latest guidelines to facilitate decisions regarding disease management plans.

JAK=Janus kinase; SIP=sphingosine-1-phosphate; TNF=tumor necrosis factor.



Management of CD may also include the incorporation of non-pharmacological strategies to possibly alleviate symptoms and potentially reduce disease complications^{5,23,24}:



Diet modification

In patients with CD, diet modification, including personalized nutrition and established diets (eg, low FODMAP), may help reduce symptoms and inflammation markers, but the results may not be durable.^{5,23,24}



Physical activity and exercise

Patients with CD may experience reduced cardiovascular capacity and impaired muscle function due in part to fatigue. This can be mitigated by increased physical activity and exercise, which may also positively impact disease activity.²³



Psychotherapy

Negative psychosocial outcomes can be common in patients with CD.²³ Psychotherapy may have a positive impact on quality of life, coping skills, and certain mental health symptoms.²⁵



Intestinal surgery

For patients who have certain characteristics of CD, such as strictures or penetrating complications, surgery is a required therapeutic step.⁵



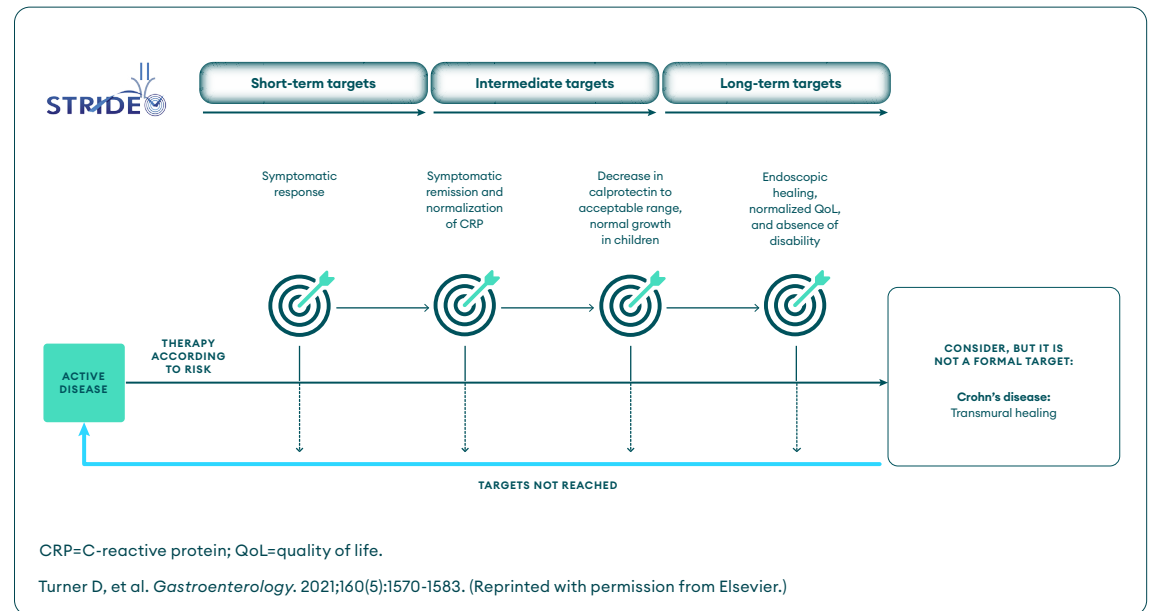
REGULAR CANCER SCREENING CAN SUPPORT EARLY DETECTION IN PATIENTS WITH CD, PARTICULARLY IN THOSE WITH COLONIC INVOLVEMENT WHO ARE AT AN INCREASED RISK OF COLORECTAL CANCER.⁵

FODMAP=fermentable oligosaccharides, disaccharides, monosaccharides, and polyols.

Establishing treatment targets

A treat-to-target approach is recommended by STRIDE-II with the goal of improving long-term outcomes for patients with IBD.^{7,8}

The Selecting Therapeutic Targets in IBD (STRIDE) recommendations were developed and first published by the International Organization for the Study of IBD (IOIBD) in 2015.⁸ They were updated in 2021 (becoming known as STRIDE II). The STRIDE recommendations use evidence-based expert consensus with the aim of determining treatment targets for IBD to be used for a “treat-to-target” clinical management strategy.



Monitoring treatment targets

Effective monitoring strategies support the appropriate timely management of IBD.⁷

There are a variety of monitoring tools available to support IBD disease management, such as these outlined by STRIDE II.^{7,8}



Clinical response and remission

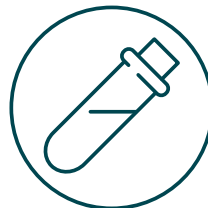
(Scoring system)

- PRO2
- CDAI
- HBI



Endoscopic and histological assessment

- CTE
- MRE
- SES-CD or SES-CD ulceration subscore
- Bowel ultrasound
- Sigmoidoscopy or colonoscopy*



Biomarkers

- CRP
- Fecal calprotectin
- ESR



Quality of life and disability assessment

- IBDQ
- IBD-DI
- SIBDQ
- IBDSI

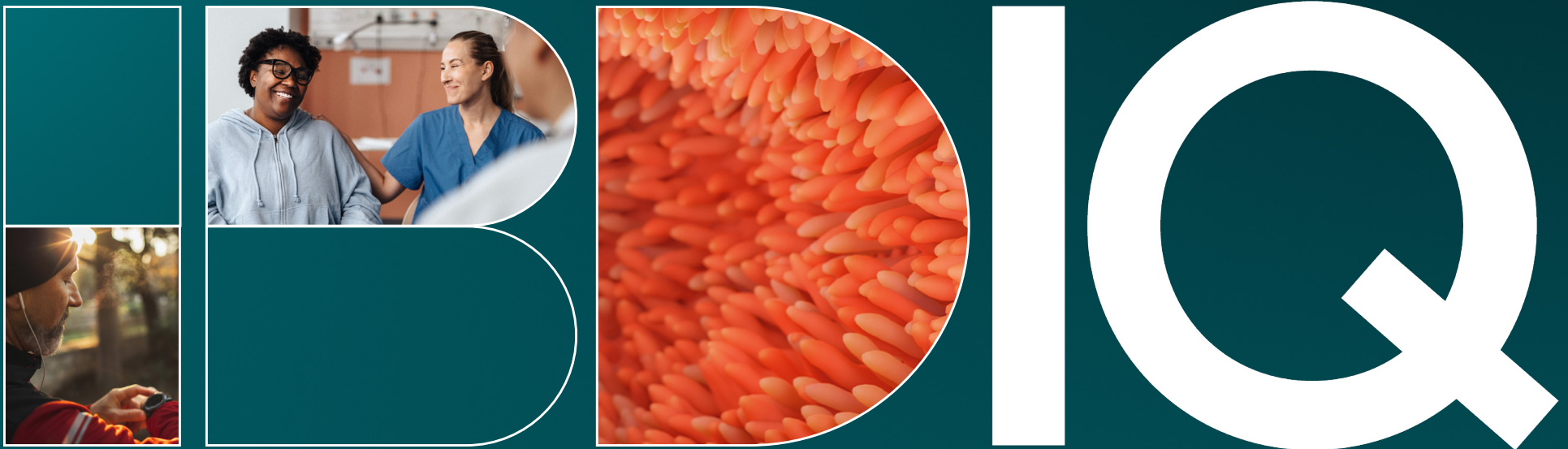
*When not feasible, alternatives in CD can be capsule endoscopy or balloon enteroscopy.

CDAI=CD Activity Index; CRP=C-reactive protein; CTE=computed tomography enterography; ESR=erythrocyte sedimentation rate; HBI=Harvey Bradshaw Index; IBD-DI=IBD Disability Index; IBDQ=IBD Questionnaire; IBDSI=IBD Symptom Index; MRE=magnetic resonance enterography; PRO2=patient-reported outcome 2-item; SES-CD=Simple Endoscopic Score for Crohn's Disease; SIBDQ=Short IBD Questionnaire.

Learn more about Crohn's disease at IBDIQ.com today.



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