

Gastroenterology updates

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Gastroenterologist

Disclosures

- None

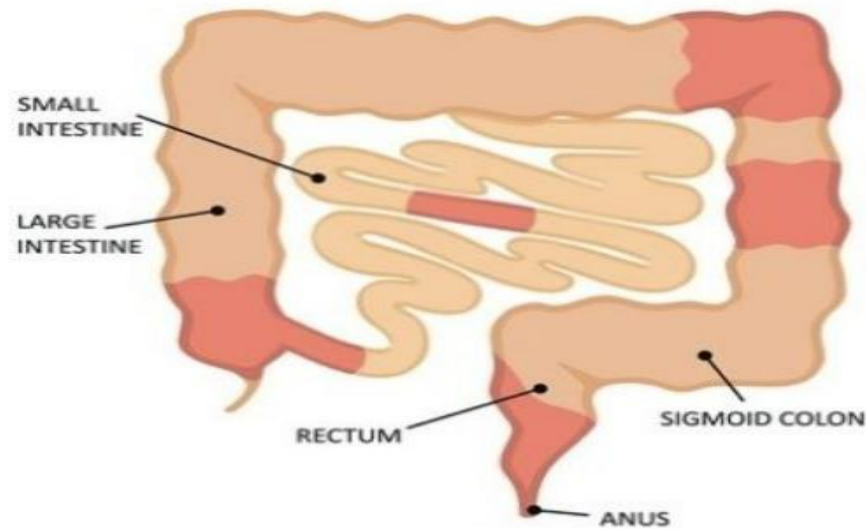
IBD topics

- IBD treatments in NZ – anything new?
- Pregnancy and IBD
- Managing acute UC flare

INFLAMMATORY BOWEL DISEASE (IBD)

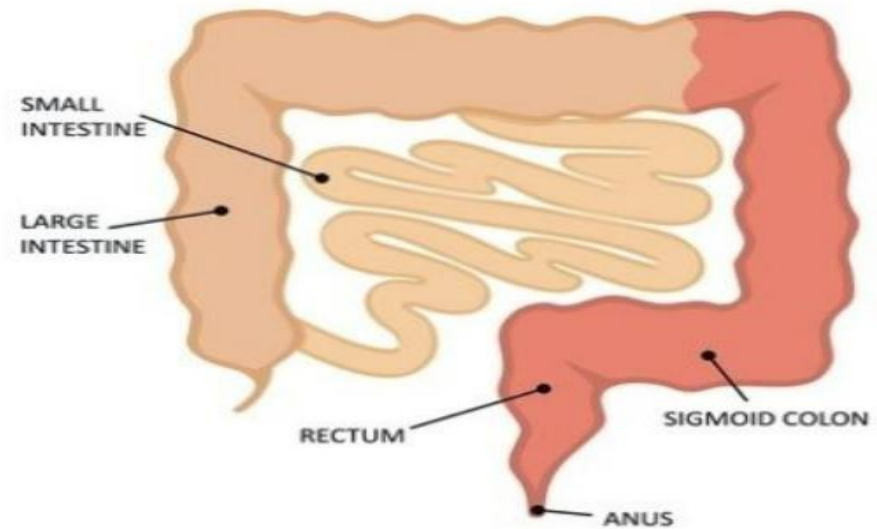
CROHN'S DISEASE

PATCHY INFLAMMATION THROUGHOUT SMALL AND LARGE BOWEL



ULCERATIVE COLITIS

CONTINUOUS AND UNIFORM INFLAMMATION IN THE LARGE BOWEL



IBD treatments in NZ – anything new?

Crohn's disease

- Steroids
 - Prednisone
 - **Budesonide**
 - Colifoam enema, Proctofoam
- Mesalazine
 - Asacol
 - Pentasa
 - Sulfasalazine

Ulcerative colitis

- Steroids
 - Prednisone
 - **Cortiment (not funded)**
 - Colifoam enema, Proctofoam
- Mesalazine
 - Asacol
 - Pentasa
 - Sulfasalazine

IBD treatments in NZ – anything new?

Crohn's disease

- Immunomodulators
 - Azathioprine / Mercaptopurine / Thioguanine
 - **Methotrexate**
- Biologics
 - Infliximab
 - **Adalimumab i.e. Humira**

Ulcerative colitis

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Crohn's disease

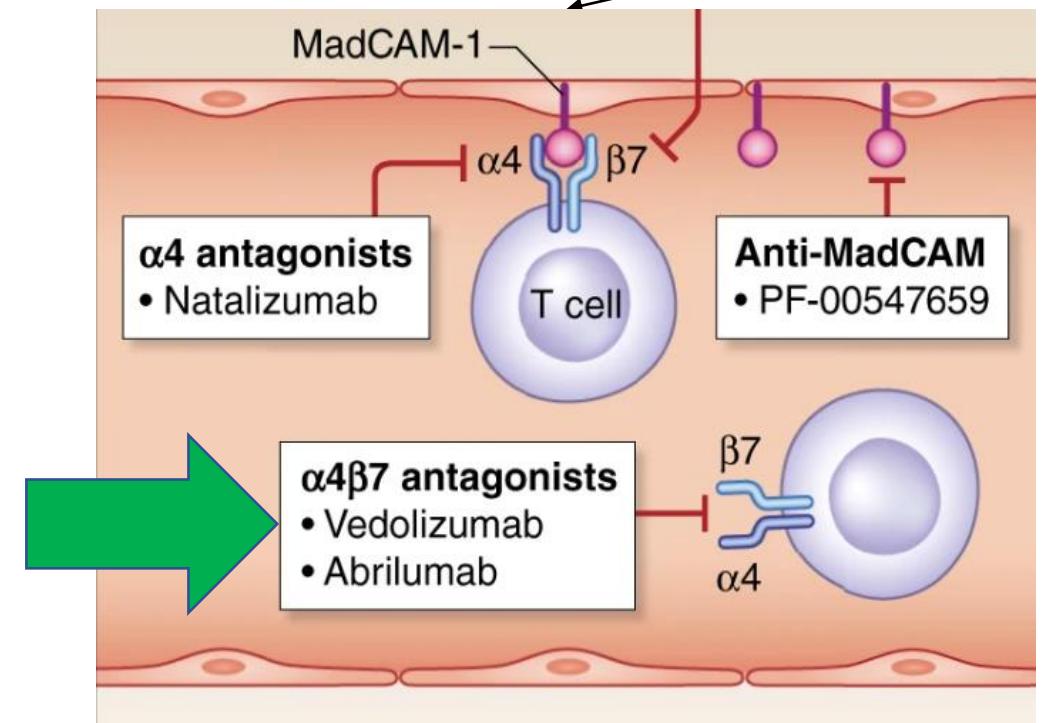
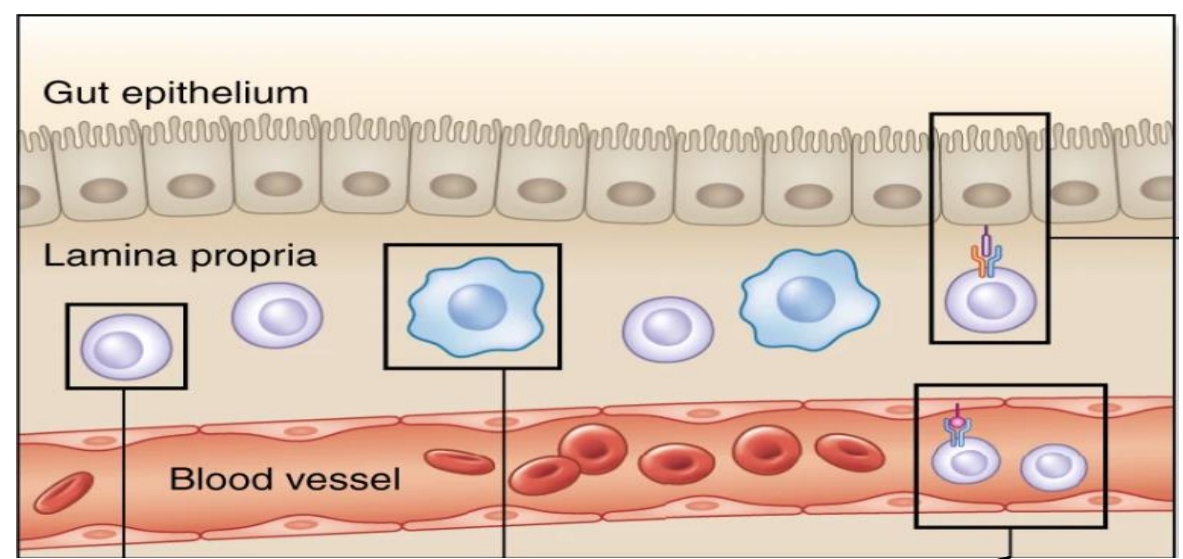
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 - Azathioprine / Mercaptopurine / Thioguanine
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- Biologics
 - Infliximab
 - Adalimumab i.e. Humira / **Amgevita (from 2022)**
 - **Vedolizumab (from 1 Feb 2023)**
 - **Ustekinumab (from 1 Feb 2023)**

Ulcerative colitis

- Immunomodulators
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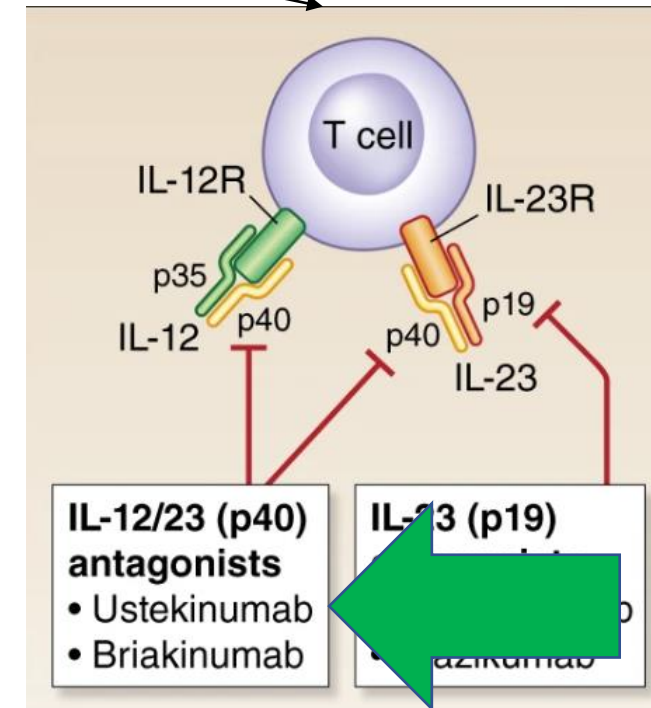
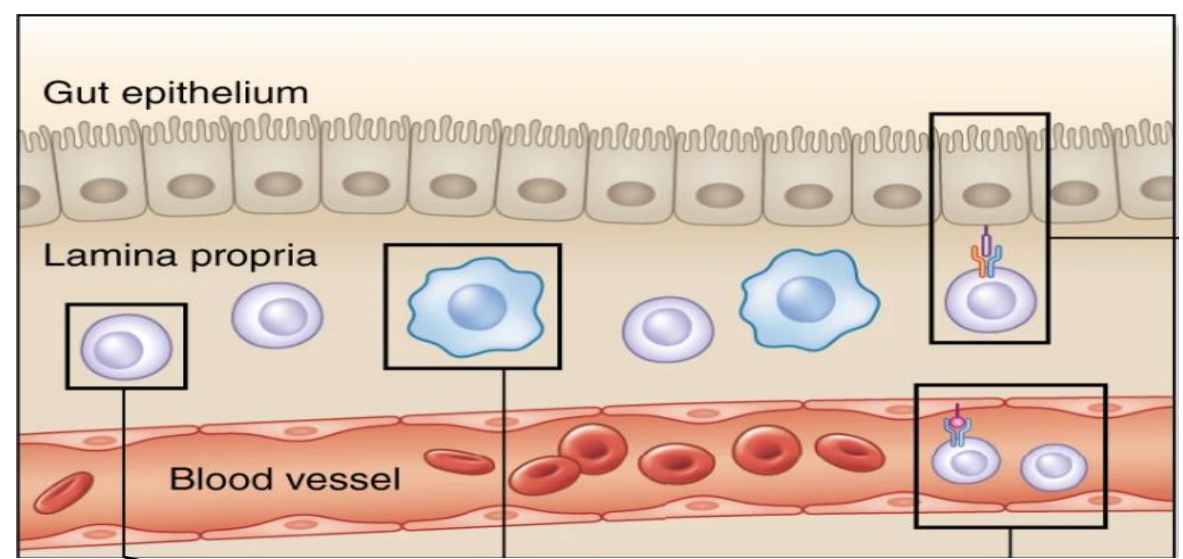
Vedolizumab

- Anti-integrin
 - Humanised monoclonal Ab against $\alpha 4\beta 7$ on cells in GI tract (gut specific)
- Funded as 1st line for
 - Crohn's disease
 - Ulcerative colitis
- Administration
 - Induction: Infusion @ week 0, 2 & 6
 - Maintenance: Infusion every 8 weeks
- Excellent safety profile
 - SEs: nasopharyngitis, sinusitis
 - Elderly, comorbid patients



Ustekinumab

- Anti IL-12 / IL-23
 - Human IgG antibody binding to p40 protein subunit found in cytokines IL-12 & IL-23
- Funded as 2nd line biologic i.e. biologic experienced patients
 - Crohn's disease
 - Ulcerative colitis
- Administration
 - Induction: 1 infusion at week 0
 - Maintenance: subcut injection every 8 weeks
- SEs: Similar to anti-TNF



IBD patients on immunomodulators / biologics should have

- Yearly flu vaccination
- COVID vaccinations
- 5 yearly pneumococcal vaccination
- Yearly skin checks
- Regular pap smear

Ms CD

- 28 year old woman with ileocolonic Crohn's disease on Azathioprine & Ustekinumab who wants to start a family
- What are the chances of my child developing IBD?
- Should I stop all my medications?
- What are my chances of having a successful pregnancy?

Family planning and IBD

- Chance of a child developing IBD
 - 1 parent with IBD: ~5-8%
 - Both parents with IBD: ~35%
- IBD in remission = normal fertility
 - Ileoanal pouch surgery associated with 2-3 times increased risk of infertility
- Active IBD results in up to 3 fold increased infertility
- IBD does not affect fertility in men
 - Sulfasalazine and methotrexate may cause reduced sperm count

Pregnancy and IBD

- 2/3 of patients in remission at time of conception remain in remission throughout pregnancy
- **Disease activity = most significant risk factor for pregnancy complications in IBD patients**
 - Patients should be counselled re importance of disease control with medications before conception & during pregnancy
- **Active disease at conception strongly associated with disease relapse during pregnancy**
 - OR = 7.66, CI: 3.77-15.54 (De Lima-Karagiannis et al, Am J Gastro 2016)
- **Active IBD increases risk of spontaneous abortion, IUGR & pre term birth**
 - Absolute risk: 19.5% low birth weight:, 29.3% pre term birth in women with active UC (Kammerlander et al, IBD 2017)

Which of these drugs are contraindicated in pregnancy?

a) Mesalazine

e) Infliximab

b) Azathioprine

f) Adalimumab

c) Methotrexate

g) Vedolizumab

d) Prednisone

h) Ustekinumab

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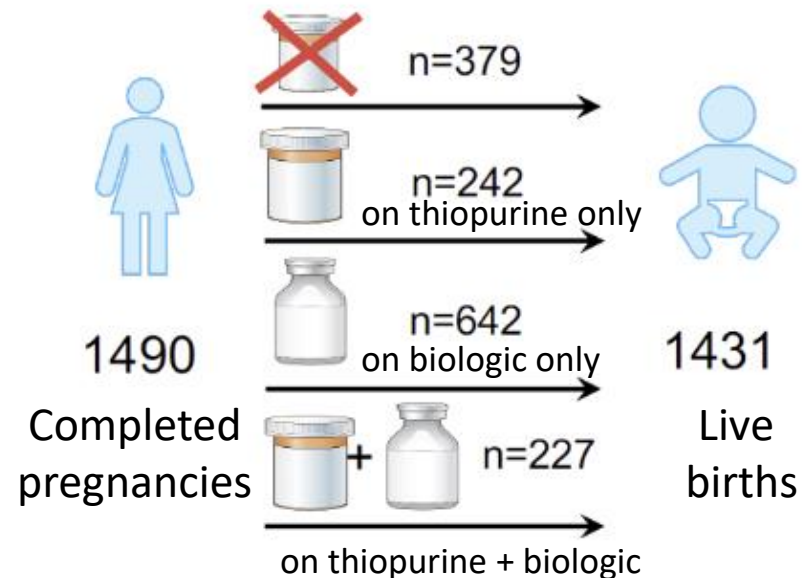
h) Ustekinumab

- Mesalazine, thiopurine and biologics are safe in pregnancy and should be continued

Pregnancy and IBD – PIANO registry

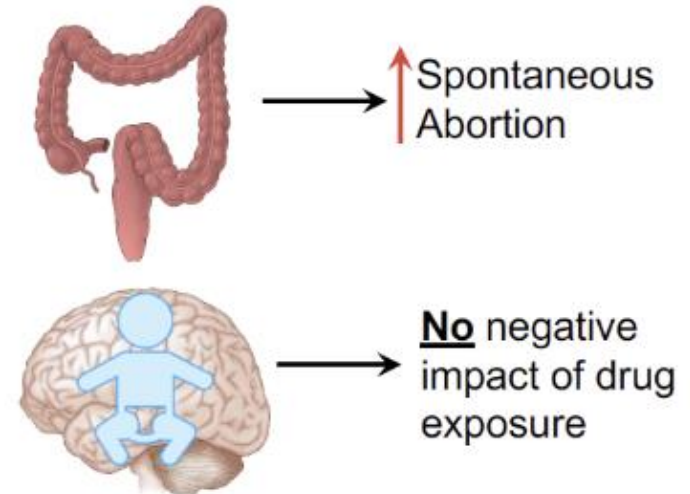
- Prospective multicentre study of pregnancy in IBD and neonatal outcomes in USA

PIANO: Pregnancy and Neonatal Outcomes after Fetal Exposure To Biologics and Thiopurines among Women with Inflammatory Bowel Disease



No increase in:

- Congenital malformations
- Spontaneous abortions
- Preterm birth
- Low Birth Weight
- Infections in year
 - But ↑ with preterm birth

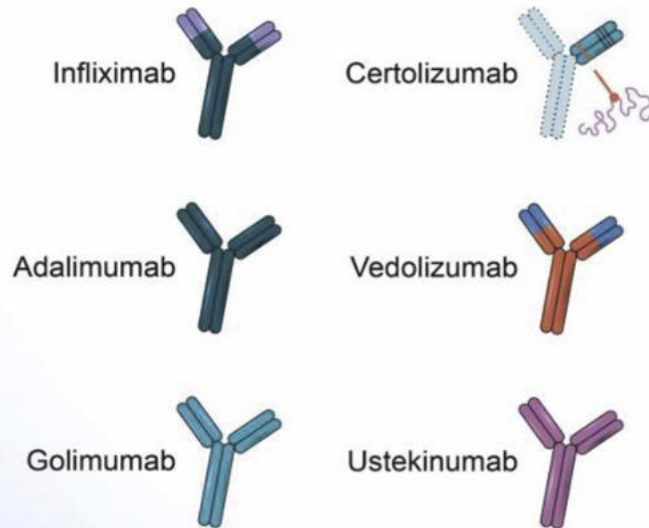


Pregnancy and IBD

Biologics and safety in IBD pregnancies

Study group

Women on biologics:

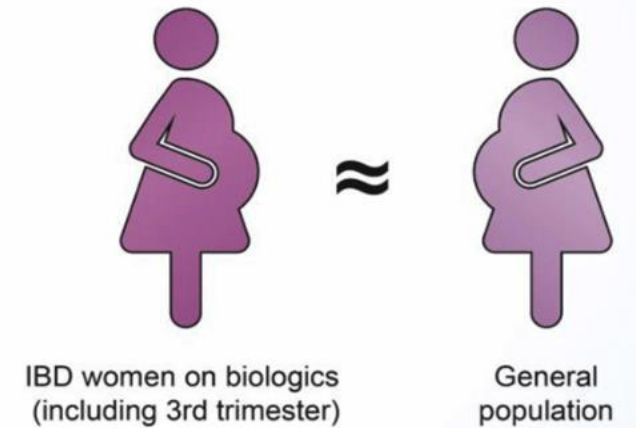


Studies included

Outcome	Studies	Participants	Pooled prevalence	
			Biologics	General population
Early pregnancy loss	37	4410	8 %	14 %
Preterm birth	32	3466	9 %	11 %
Stillbirth	25	4143	0 %	2 %
Low birth weight	23	1943	8 %	6 %
Congenital malformation	44	5176	1 %	3 %

Findings

Adverse pregnancy outcomes:



Clinical Gastroenterology and Hepatology

Pregnancy and IBD

Biologics and safety in IBD pregnancies

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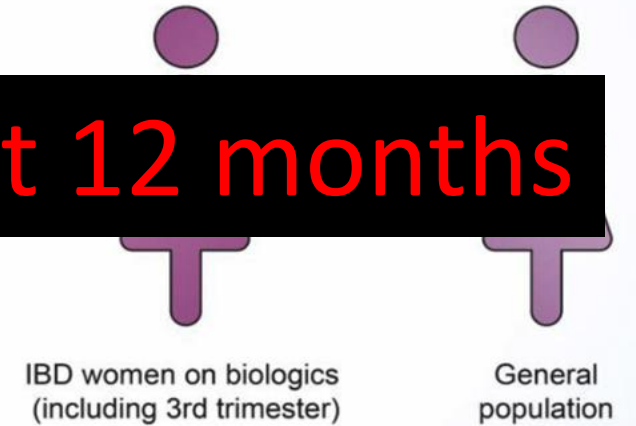


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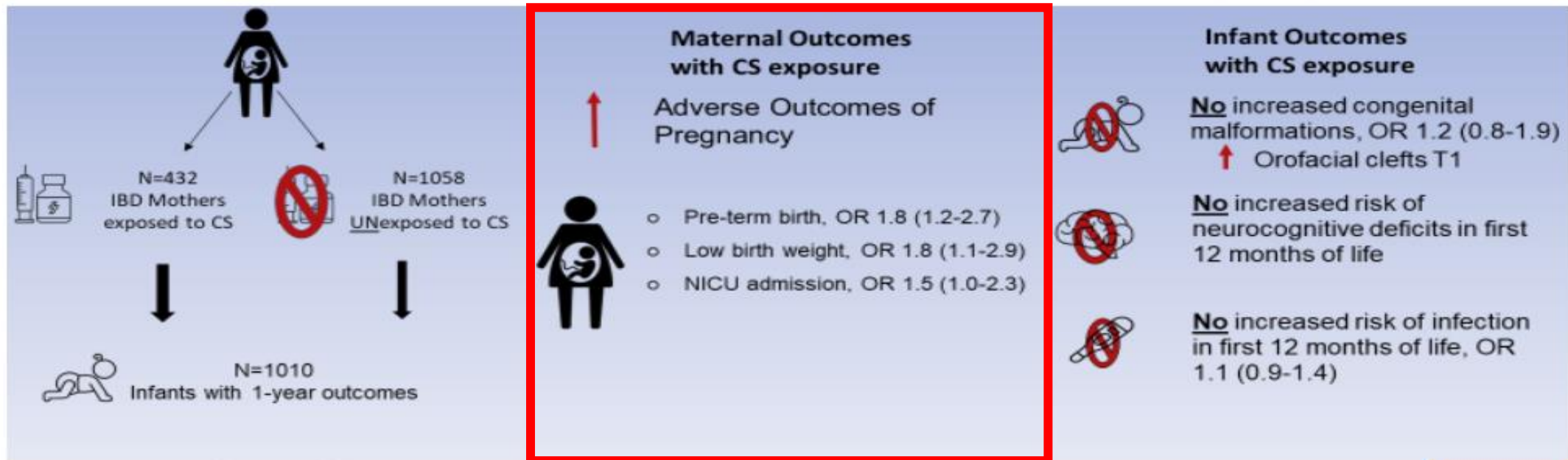
No live vaccines for infants for first 12 months

Clinical Gastroenterology
and Hepatology

Pregnancy and IBD

- Corticosteroids can be used but better to prevent active disease

Exposure to Corticosteroids in Pregnancy is Associated with Adverse Perinatal Outcomes Among Infants of Mothers with Inflammatory Bowel Disease: Results From The PIANO Registry

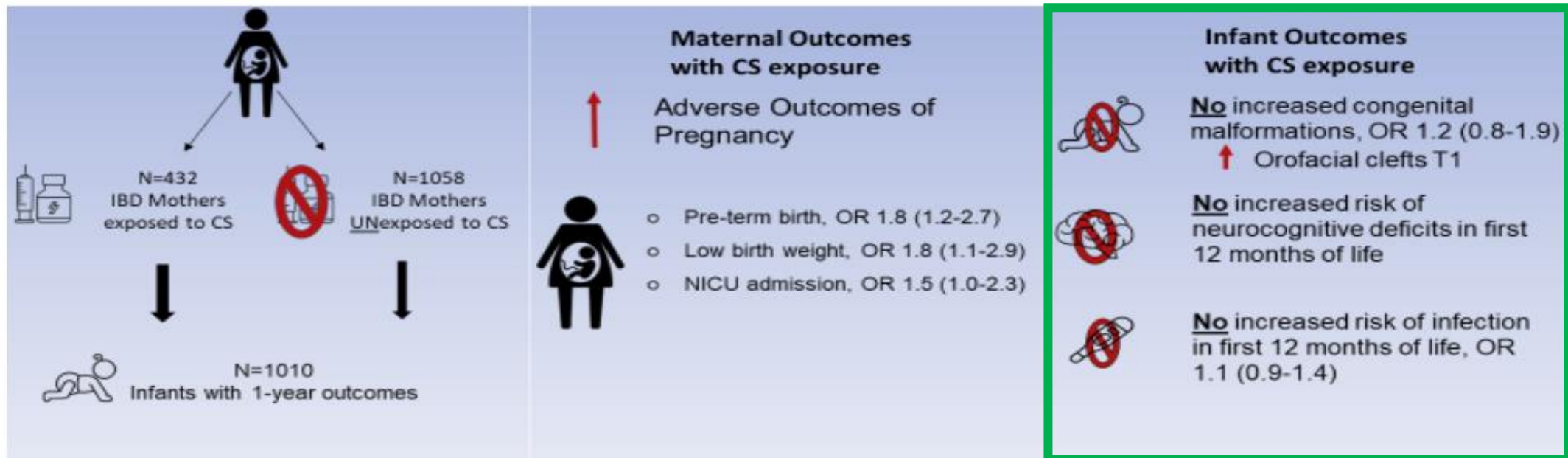


CS Corticosteroids; OR Odds Ratio; T1 First Trimester

Pregnancy and IBD

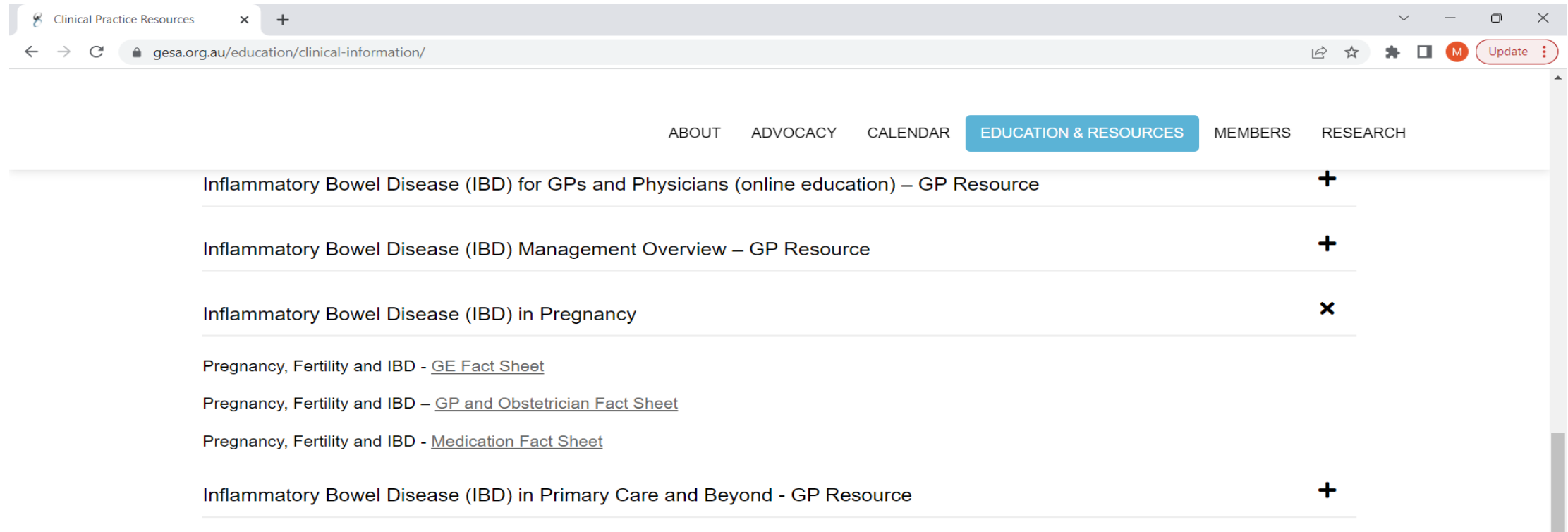
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Pregnancy and IBD - resource

- GESA clinical practice resources
(<https://www.gesa.org.au/education/clinical-information/>)



The screenshot shows a web browser window with the URL [gesa.org.au/education/clinical-information/](https://www.gesa.org.au/education/clinical-information/). The navigation menu includes ABOUT, ADVOCACY, CALENDAR, EDUCATION & RESOURCES (highlighted), MEMBERS, and RESEARCH. The main content area lists several resources related to Inflammatory Bowel Disease (IBD) and pregnancy, each with a toggle icon (+ or x) on the right side.

Resource Title	Toggle Icon
Inflammatory Bowel Disease (IBD) for GPs and Physicians (online education) – GP Resource	+
Inflammatory Bowel Disease (IBD) Management Overview – GP Resource	+
Inflammatory Bowel Disease (IBD) in Pregnancy	x
Pregnancy, Fertility and IBD - GE Fact Sheet	
Pregnancy, Fertility and IBD – GP and Obstetrician Fact Sheet	
Pregnancy, Fertility and IBD - Medication Fact Sheet	
Inflammatory Bowel Disease (IBD) in Primary Care and Beyond - GP Resource	+

Mr UC

- 25 year old man with ulcerative colitis on Mesalazine 2g bd
 - Flare 4 weeks ago which responded to 2 week course of Prednisone
 - 6-7 bloody BM per day for past week
- Obs: T 37.3, BP 100/70, HR 95
- Investigations
 - Hb 103, platelets 400, WCC 9
 - Na 140, K 3.4, urea 6.7, Cr 80
 - CRP 40
 - Ferritin 5
 - Calprotectin 808
 - Stool MC&S including C.difficile negative
- What would be your management?
 - a) Tapering course of Prednisone over 8 weeks
 - b) Organise Ferinject
 - c) Send an e-Referral for urgent Gastro OP review
 - d) a), b) and c)
 - e) Refer to local hospital for inpatient management

Truelove & Witts criteria for acute severe ulcerative colitis (ASUC)

- > 6 bloody BM per day

PLUS

- 1 or more of the following
 - T >37.8
 - HR >90
 - Hb <105
 - ESR >30 (often substitute with CRP)

- Mr UC

- 6-7 bloody BM per day
- T 37.3
- HR 95
- Hb 103
- CRP 40

Acute severe ulcerative colitis (ASUC)

- Is a life threatening emergency
- Greater the number of clinical criteria associated with >6 episodes of bloody diarrhoea, the higher the chance of patient requiring colectomy would be

Truelove e Witts criteria Diarrhea with blood: >6 episodes/day + <ul style="list-style-type: none">• Heart rate: > 90 bpm;• Temperature: > 37.8° C;• Hemoglobin: < 10.5 g/dl• Erythrocyte sedimentation rate: > 30 mm/h	Colectomy rate (n = 294 hospitalizations)
+ 1	9% (11/129)
+ 2	31% (29/94)
+ 3	48% (29/60)
+ 4	45% (5/11)

Questions?