



## GUIDELINES

# Portuguese consensus on the best practice for the management of inflammatory bowel disease: IBD ahead 2010 meeting results

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Received 18 January 2012; accepted 19 January 2012

Available online 4 July 2012

### KEYWORDS

Inflammatory bowel  
disease;  
Corticosteroids;  
Crohn's disease;  
Consensus

### Abstract

**Introduction:** The treatment of inflammatory bowel disease (IBD) has focussed on the management of symptoms but is becoming more resolute on changing the course of the disease and its complications in the long-term. In order to minimize the development of complications and to improve outcomes for these patients it is important to develop other strategies to manage IBD and to optimize current clinical practice.

**Objective:** This article reports the main consensus statements reached during the Portuguese National Meeting on improvement of disease control in IBD, on optimization of corticosteroid and immunosuppressive use in Crohn's disease and on best practice in topics of current interest in Crohn's disease.

**Methods:** An International Steering Committee selected the top 10 most important unanswered practical questions on the use of conventional therapy in Crohn's disease, to be debated and analysed in several National Meetings of different countries. In each country a National Steering Committee (NSC) was created to moderate a National Meeting during which several expert groups answered the selected questions in light of their clinical practice. Answers were classified according to the Oxford levels of evidence.

**Consensus:** A general consensus was obtained, some of the conclusions were as follows. It is important to introduce conventional corticosteroids in moderate to severely active Crohn's disease of any localization with initial duration of treatment varying according to patient's response; the best option to prevent steroid-induced side effects is to avoid its prolonged or repetitive use and switching appropriate patients to immunosuppressive therapy. Initiation of

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**PALAVRAS-CHAVE**

Doença Inflamatória Intestinal;  
Corticosteroides;  
Doença de Chron;  
Consenso

immunomodulators early in the disease course should be considered for patients with a poor prognosis and optimal safety monitoring was discussed, with the need to reassess patients at appropriate timepoints, make corticosteroid-free remission a goal and treat beyond symptoms.  
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### Consenso português sobre a melhor prática clínica para tratamento da Doença Inflamatória do Intestino: resultados da reunião IBD Ahead 2010

**Resumo**

**Introdução:** O tratamento da Doença Inflamatória Intestinal (DII) tem-se focado no controlo dos sintomas. No entanto, nos últimos anos tem-se vindo a concentrar mais na mudança do curso da doença e das suas complicações a longo-prazo. De forma a minimizar o desenvolvimento de complicações e melhorar a condição dos doentes, torna-se fundamental desenvolver outras estratégias para controlo da DII e otimizar a prática clínica habitual.

**Objectivos:** Este artigo relata o consenso alcançado por um grupo de peritos durante a reunião Nacional de Peritos relativamente ao controlo da doença e à optimização do uso dos corticosteroides e imunossuppressores na doença de Crohn.

**Métodos:** Uma Comissão Científica Internacional seleccionou as 10 questões práticas mais importantes relativas ao uso da terapêutica convencional na doença de Crohn, afim das mesmas serem debatidas e analisadas em várias Reuniões Nacionais de diversos países. Em cada país foi constituída uma Comissão Científica Nacional para moderar a Reunião Nacional, onde vários peritos nacionais discutiram e responderam às questões colocadas de acordo com a prática clínica. As respostas foram classificadas de acordo com os níveis de evidência de Oxford e avaliadas de acordo com os graus de evidência de Oxford.

**Consenso:** Foi alcançado um consenso geral. Algumas das conclusões encontradas incluem: a importância da introdução de corticosteroides na doença de Crohn activa moderada a grave de qualquer localização; a duração do tratamento com corticosteroides, nestes casos, deve variar de acordo com a resposta do doente; a melhor opção para prevenir efeitos secundários induzidos pelos corticosteroides é evitar o seu uso prolongado e repetitivo e a passagem apropriada de alguns doentes para terapêutica imunossupressora. A administração de imunomoduladores numa fase inicial do curso da doença deve ser considerada nos doentes com mau prognóstico. Foi também discutida a optimização da monitorização da segurança, com a necessidade de reavaliar os doentes em momentos específicos e apropriados, estipular como objectivo a remissão livre de corticosteroides e o tratamento para além dos sintomas.

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**Introduction**

Inflammatory bowel disease (IBD) is a chronic idiopathic inflammatory disorder of the gastrointestinal tract which includes Crohn's disease and Ulcerative Colitis. Both pathologies are characterized by intermittent presence of symptoms such as abdominal pain, diarrhea, blood in the stool, and systemic symptoms.<sup>1</sup>

The incidence of IBD is usually higher in subjects between 15 and 30 years of age.<sup>2</sup> According to a Portuguese study by Azevedo and co-workers, the incidence of Crohn's disease was particularly higher in the age stratum between 17 and 39 years and the prevalence of IBD in Portugal in 2007 was 146 patients per 100,000 subjects, showing an increasing trend between 2003 (when it was 86 patients per 100,000 individuals) and 2007.<sup>3</sup> Moreover, the incidence of IBD is considered to be variable in different regions and for different groups of population, and has increased in recent years.<sup>3,4</sup> Several studies report that incidence is estimated to be around 5–7 per 100,000 subjects/year for Crohn's disease in the northern hemisphere countries, such

as the United States of America and northern European countries and about 0.1–4 per 100,000 subjects/year in southern countries.<sup>3,4</sup> In Portugal, according to a study by Shivananda et al., between 1991 and 1993, the estimated incidence of Crohn's disease was 2.4 per 100,000 subjects and for Ulcerative colitis it was 2.9 per 100,000.<sup>4</sup>

The treatment of IBD has focussed on the management of symptoms and, in recent years, has become more resolute on changing the course of the disease and its complications in the long-term. In fact, the probability of developing complications requiring hospitalization and surgery is high and recurrence after surgery is also common.<sup>5–7</sup> Therefore, in order to minimize the development of these complications and to improve outcomes for these patients, it is important to develop other strategies to manage IBD and to optimize current clinical practice.

With the main objectives of discussing ways to improve disease control in IBD, to outline key clinical data and experience leading to optimization of corticosteroid and immunosuppressive use in Crohn's disease and to debate the best practice in topics of current interest in Crohn's

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