NYU Langone Health

Goals of Caring for Patients with IBD

Goals To Be Covered

- Goal #1: Disease Classification
- Goal #2: Disease Management Strategy
- Goal #3: Treatment (to be covered in other lectures today)
- Goal #4: Monitoring
- Goal #5: Taking Care of the Whole Patient

Goal #1

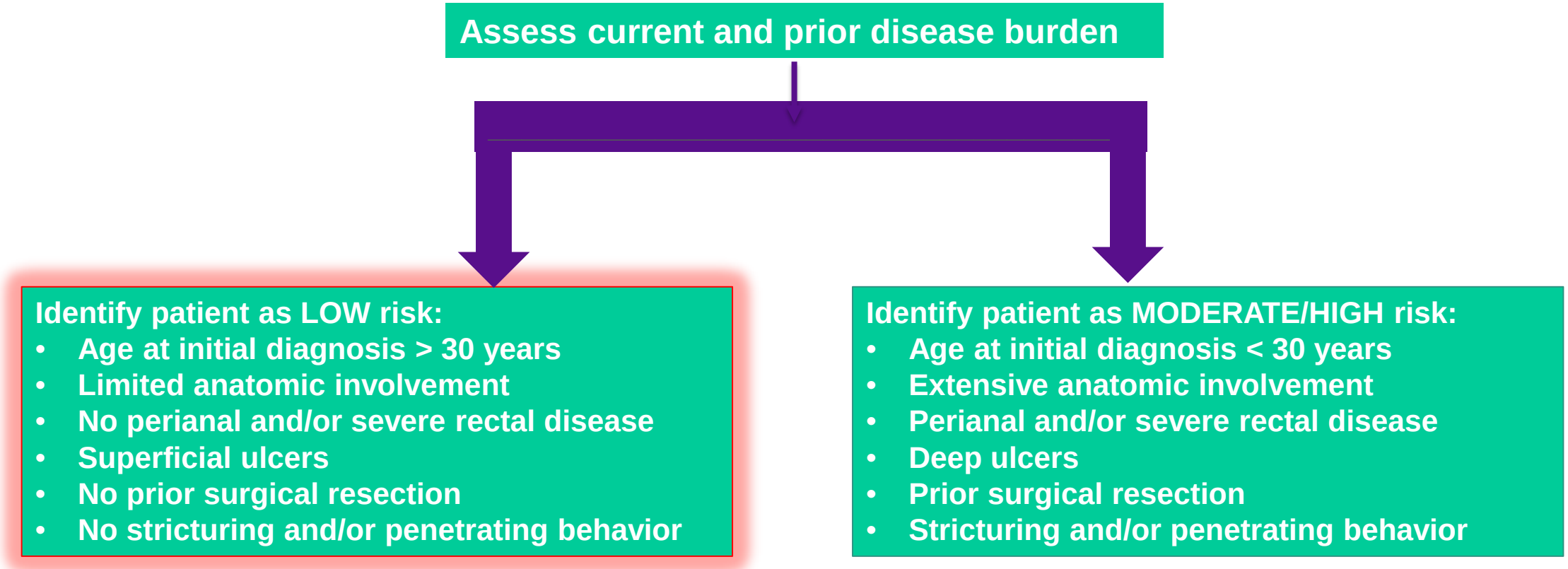
Goal #1: Disease Classification

Aim to identify:

- IBD type
- Location and extent of inflammation
- Disease phenotype (Crohn’s disease)
- Disease activity: snapshot in time
- Disease severity

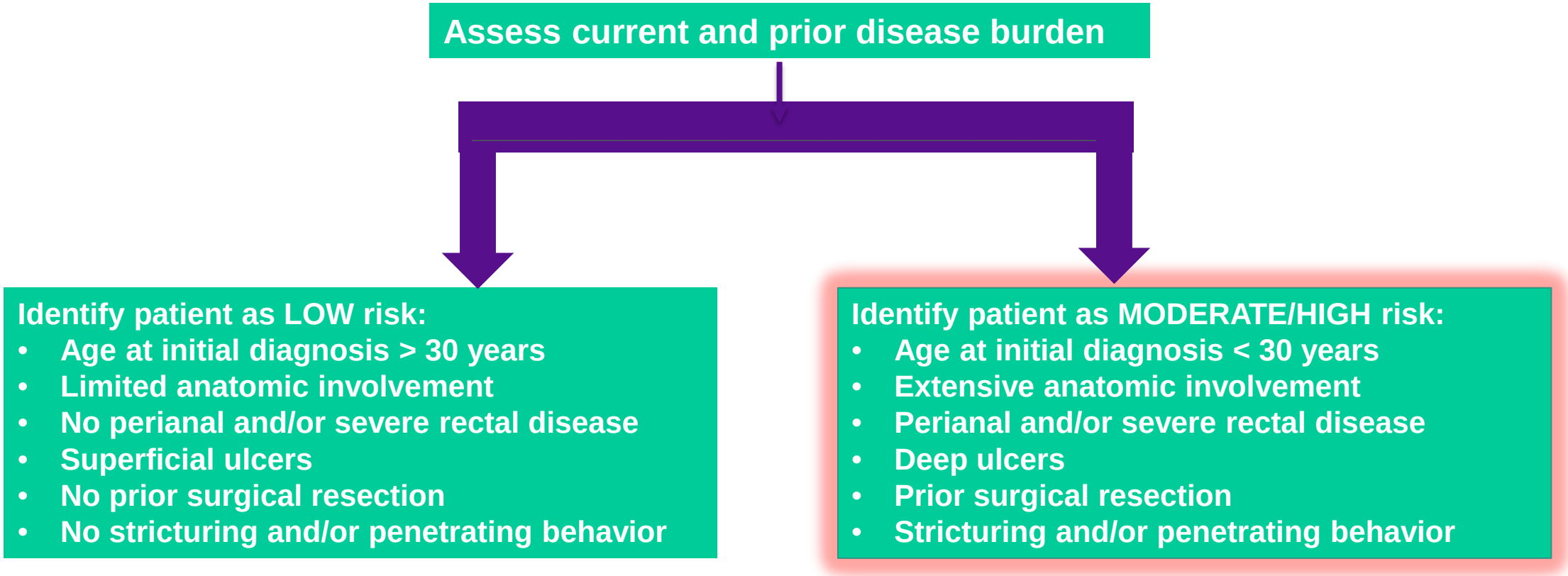
Lichtenstein GR et al. *Am J Gastroenterol* 2018;113(4):481-517.

Crohn's Disease Burden: Low Risk



Sandborn WJ. *Gastroenterology* 2014;147(3):702-705.

Crohn's Disease Burden: Moderate to High Risk



Sandborn WJ. *Gastroenterology* 2014;147(3):702-705.

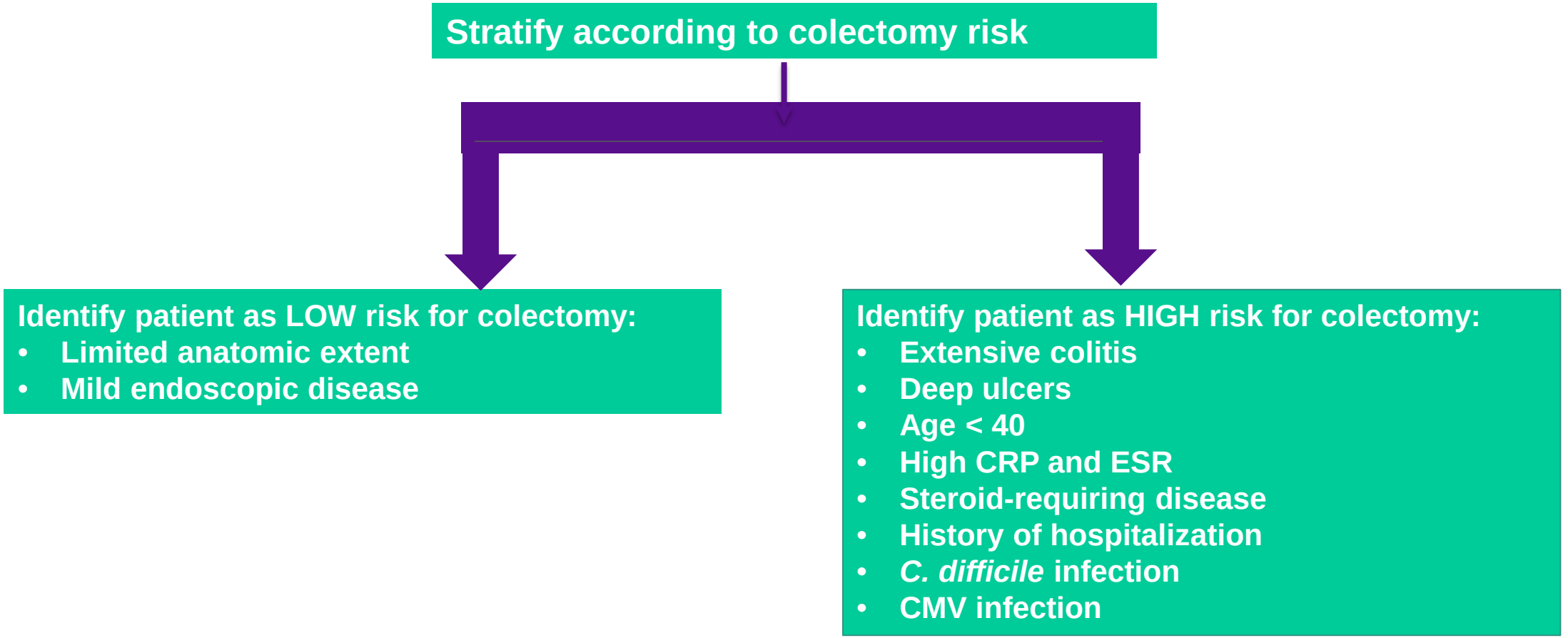
IBD 101

Disease Activity: Crohn's Disease

- Categories include: remission, mild, moderate, and severe
- Based upon subjective measures including symptoms, QOL, and disease complications
- Can use scoring systems like Harvey Bradshaw, Crohn's Disease Activity Index (CDAI) but misleading

Lichtenstein GR et al. *Am J Gastroenterol* 2018;113(4)481-517.

Ulcerative Colitis Burden: Risk for Colectomy



Dassapoulos T. *Gastroenterology* 2015;149(1):238-245.

IBD 101

Disease Activity: Ulcerative Colitis

Table 4. Proposed American College of Gastroenterology Ulcerative Colitis Activity Index[a]

	Remission	Mild	Moderate-severe	Fulminant
Stools (no./d)	Formed stools	<4	>6	>10
Blood in stools	None	Intermittent	Frequent	Continuous
Urgency	None	Mild, occasional	Often	Continuous
Hemoglobin	Normal	Normal	<75% of normal	Transfusion required
ESR	<30	<30	>30	>30
CRP (mg/L)	Normal	Elevated	Elevated	Elevated
FC (μg/g)	<150–200	>150–200	>150–200	>150–200
Endoscopy (Mayo subscore)	0–1	1	2–3	3
UCEIS	0–1	2–4	5–8	7–8

[a]Modified from reference 44.
The above factors are general guides for disease activity. With the exception of remission, a patient does not need to have all the factors to be considered in a specific category.
CRP, C-reactive protein; ESR, erythrocyte sedimentation rate; FC, fecal calprotectin; UCEIS, Ulcerative Colitis Endoscopic Index of Severity.

Rubin DT et al. *Am J Gastroenterol* 2019;114(3):384-413.
Modified from: Truelove SC, Witts LJ. Br Med J 1955;2:1041-1048.
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Goal #2

Goal #2: Disease Management Strategy

- Upon diagnosis, must provide patients with education regarding chronicity and need for ongoing therapy
- Aim to induce remission
- Avoidance of long-term exposure to steroid-based treatment regimens
- Aim to maintain remission

Lichtenstein GR et al. *Am J Gastroenterol* 2018;113(4):481-517.
Rubin DT et al. *Am J Gastroenterol* 2019;114:384-413.

Goal #4

Goal #4: Monitoring

- Historically, we assessed based on symptoms only; objective evaluation is a relatively recent paradigm shift
- Objective evaluation includes:
  - Non-invasive markers of inflammation: C-reactive protein (CRP) and fecal calprotectin)
  - Enterography
  - Colonoscopy
- Use of ***treat-to-target*** approach to optimize treatment strategy and achieve remission
- Mucosal healing is a goal of therapy
- Long-term observational studies in Crohn's disease and ulcerative colitis are still needed to assess the utility of the treat to target strategy

Goal #5

Goal #5: Taking Care of the Whole Patient

- Comprehensive care in IBD to address all aspects of disease and health needs
- Disease features warrant expertise beyond the gastroenterologist in order to provide complete care
  - Chronic, lifelong illness
  - Medical and surgical needs
  - Numerous extra-intestinal aspects of disease

Lee CK et al. *Am J Gastroenterol* 2017;112(6):825-827.
Calvet X et al. *J Crohns Colitis* 2014;8(3):240-251.
Louis E et al. *J Crohns Colitis* 2015;9(8):685-691.

Needs of an Average IBD Patient

- 1^0 Care → Health Maintenance
- Pediatricians → Transition of Care
- Gastroenterology → Coordination of Care
  - Dietician/Nutrition → Assessment/Management
  - Advanced Practitioners → F/U, Crisis Management
  - Nursing → Communications/Support
  - MAs/Liaisons → Scheduling/Authorizations
  - Pharmacy → Prescriptions/Infusions
  - Social Work → Resource utilization
  - Behavioral Therapy → Self Efficacy
  - Clinical Research → Clinical Trials

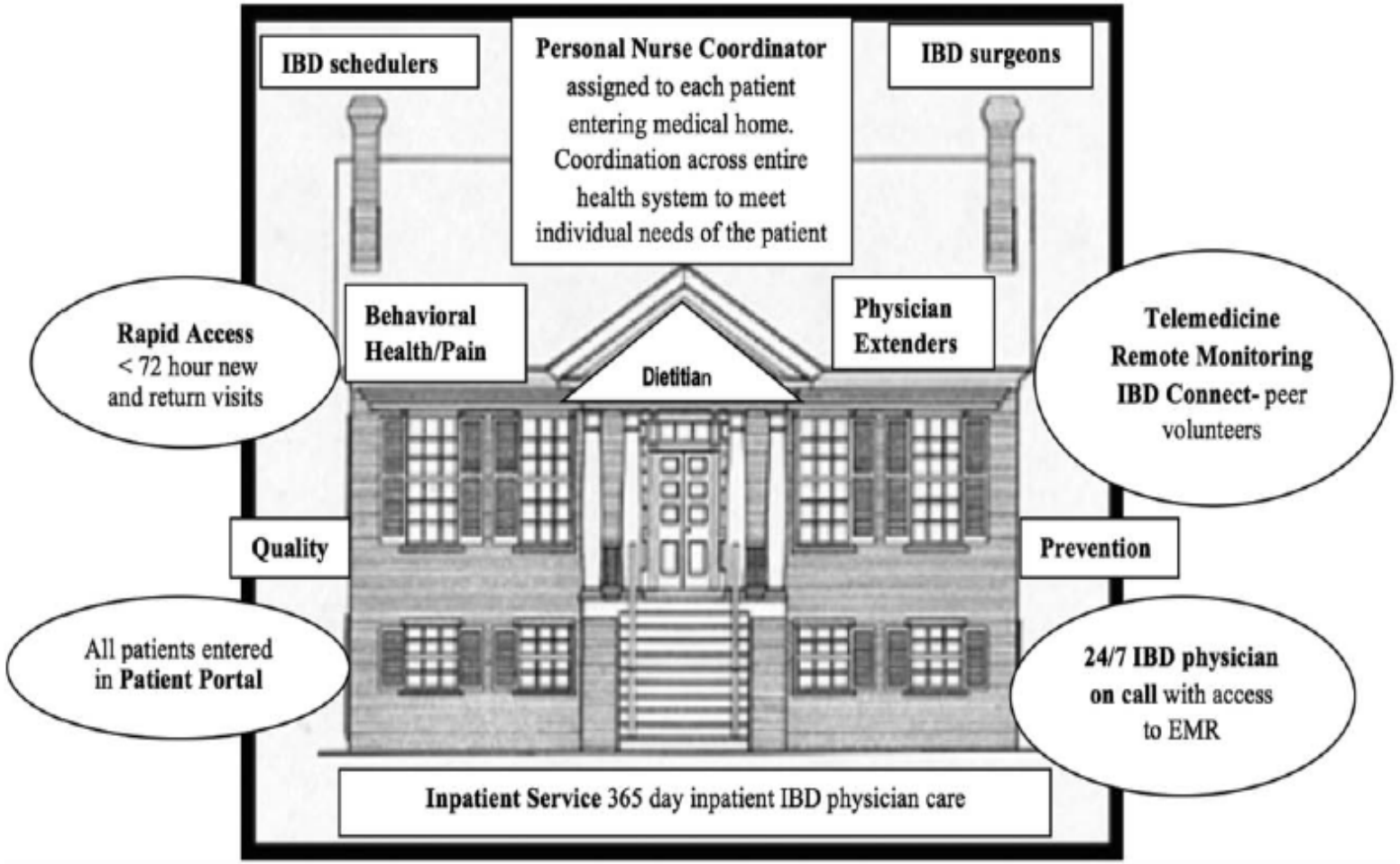
Slide courtesy of Stephen B. Hanauer, MD

Doctors Involved in the Care of IBD Patients

- Hospitalist → Inpatient coordination
- Surgeon → Complications
- Pathology → Diagnostics
- Radiology → Diagnostics/Intervention
- Specialists
  - Hepatology → Hepatitis's
  - Ob/Gyne → Contraception/Conception
  - Rheumatology → Joints
  - Endocrine → Bones
  - Ophthalmology → Ocular
  - Nephrology → Stones/Nephropathies
  - Neurology → Peripheral/Central nerves

Slide courtesy of Stephen B. Hanauer, MD

Total Care - IBD



Regueiro MD et al. *Inflamm Bowel Dis* 2016;22(8):1971-1980.

Under One Roof…

Proposed collaborative care environments:

- **Med/surg**
  - Includes radiologist
  - Pouch clinics
- **Pregnancy/preconception**
  - Includes MFM specialist
  - Addresses fertility, pre-conception, therapy, delivery
- **Transition of care**
  - Includes adult/child-centered care providers and support services
- **Psychosocial care**
- **Nutrition**
- **Multidisciplinary conferences**

Lee CK et al. *Am J Gastroenterol* 2017;112(6):825-827.

What can you do back home?

Preventive Care in IBD

- For many patients, the gastroenterologist is the only provider
- Data suggest IBD patients do not receive preventive services at the same rate as general medicine patients
- Debate as to who “owns”- healthcare maintenance in IBD patient

Melmed GY. *Inflamm Bowel Dis* 2012;18(1):41-42.
Reich JS et al. *Dig Dis Sci* 2016;61(8):2205-2216.
Selby L et al. *Dig Dis Sci* 2011;56(3):819-824.

Preventive Care in IBD

- Health maintenance is aimed at prevention and health promotion
- Areas of the focus are highlighted in 2017 ACG preventive care in IBD guideline:
  - Vaccinations
  - Skin cancer screening
  - Cervical cancer screening
  - Osteoporosis screening
  - Smoking cessation
  - Assessment for depression and anxiety

Farraye FA et al. *Am J Gastroenterol* 2017;112(2):241-258.

Remember…

- Appreciate that “it takes a village” to effectively care for IBD
- Be aware of preventive healthcare needs
- Utilize IBD centers for patients with complex IBD
- Consider available resources/team members to aid in managing patients with IBD