

World Gastroenterology Organisation Global Guidelines

# Inflammatory bowel disease: a global perspective

June 2009



## Sample Cascade

## Cascades in IBD management

### *Cascade —Ulcerative Colitis management\**

#### *Level 1—limited resources:*

1. In endemic areas and when there is limited access to diagnosis, give a course of anti-ameba therapy.
2. In endemic areas for TB, consider a trial of anti-TB therapy for 1 month to determine the response.
3. Sulfasalazine (least expensive) for all mild to moderate colitis and for maintenance of remission. Different mesalazine preparations are available, including Asacol 800 mg, Lialda (U.S.) or Mezavant (Europe) 1200 mg pills, and Pentasa 2 g sachets. These larger doses can facilitate better adherence, with no sulfa side effects.
4. Steroid enemas for distal colon disease.\*
5. Oral prednisone for moderate to severe disease (acute severe disease requires intravenous steroids).
6. If acute severe colitis is unresponsive to intravenous steroids or the patient has chronic steroid-resistant or steroid-dependent colitis, consider colectomy. This decision needs to be made in a timely fashion in acute severe ulcerative colitis. Consider either the Oxford or Sweden predictors of outcome on day 3 of intravenous steroids.
7. CMV should be actively sought in refractory disease.
8. 5-ASA when remission is not maintained. Azathioprine for steroid dependence. Methotrexate can be considered if azathioprine is not available or if there is intolerance.

\* Steroid enemas can sometimes be made with locally available resources, sometimes at lower cost.

#### *Level 2—if resources are available, then:*

1. Treat TB and parasites when diagnosed first.
2. Sulfasalazine can be used for mild to moderate colitis.
3. Asacol 800 mg, Lialda/Mezavant 1200 mg pills, and Pentasa 2 g sachets are now available and can facilitate better adherence, with no sulfa side effects.
4. 5-ASA enemas or suppositories for distal disease. These can be used for remission maintenance in distal disease in lieu of oral 5-ASA. Steroid enemas are also an option, but typically not for maintenance.
5. Combination therapy with oral and rectal 5-ASA may be more effective in active distal disease or even active pancolitis.
6. If patients fail to maintain remission with 5-ASA, then consider azathioprine or 6-MP/AZA; in case of azathioprine failure, consider methotrexate.

#### *Level 3—if more extensive resources are available:*

1. Cyclosporine can be considered in acute severe colitis.

2. Infliximab can be considered for acute severe colitis or moderately severe steroid-dependent or steroid-resistant colitis.

3. Azathioprine or 6-MP.

\* Some traditional Chinese medicines are deemed to be useful as alternative medicines for anemia in China. These are not typically used in the West. Some Chinese agents suggested include powder of natural indigo, powder for treating throat disease (*xilei* powder), Yunnan white drug, or oral prescriptions such as *Pulsatilla* decoctions; and some single components in Chinese medicine, such as *Pulsatilla* root, *Coptis* root, Amur corktree bark, Baikal skullcap root, and curcumin.

### *Cascade —Crohn's Disease management\**

#### *Level 1—limited resources:*

1. In endemic areas and when there is limited access to diagnosis, give a course of anti-ameba therapy.
2. In endemic areas for TB, consider a trial of anti-TB therapy for 1 month to determine the response.
3. Sulfasalazine (least expensive) for all mild to moderate colitis and for maintenance of remission.
4. Steroid enemas\* for distal colon disease.
5. Trial of metronidazole for ileocolonic or colonic disease.
6. Oral prednisone for moderate to severe disease.
7. If there is a short segment of small-bowel disease, consider surgery.
8. Azathioprine or methotrexate.
9. Metronidazole for postoperative maintenance.

\* Steroid enemas can sometimes be made with locally available resources, sometimes at lower cost.

#### *Level 2—if resources are available, then:*

1. Treat TB and parasites when diagnosed first.
2. Sulfasalazine for mild to moderate active colonic CD.
3. Budesonide can be used for mild ileal or ileocolonic disease (right colon).
4. If patients fail to maintain remission after a course of steroids, then consider azathioprine (or 6-MP/AZA); in case of azathioprine failure, consider methotrexate.

#### *Level 3—if more extensive resources are available:*

1. Infliximab or adalimumab or certolizumab can be considered for moderate to severe steroid-dependent or steroid-resistant disease.
2. Immunosuppressive drugs, such as 6-MP and AZA, can also be very helpful in the treatment of fistulas in CD.
3. Tacrolimus can be considered when anti-TNF fails.

\* Some traditional Chinese medicines are deemed to be useful as alternative medicines for anemia in China. These are not typically used in the West. Some Chinese agents suggested include powder of natural indigo,

powder for treating throat disease (*xilei* powder), Yunnan white drug, or oral prescriptions such as *Pulsatilla* decoctions; and some single components in Chinese medicine, such as *Pulsatilla* root, *Coptis* root, Amur corktree bark, Baikal skullcap root, and curcumin.