



Management of Patients with Inflammatory Bowel Disease (IBD)

Clinicians caring for patients with IBD are uncertain if persons with active IBD or persons with IBD on immunomodulatory medications are at any greater risk of either acquiring the infection or of having a more complicated course of the infection. There has been some consensus reached among a group of international IBD experts under the auspices of the International Organization for the Study of IBD (IOIBD) (<https://www.ioibd.org/>). There has also been a position statement published by the American Gastroenterological Association on approaches to patients with IBD ([https://www.gastrojournal.org/article/S0016-5085\(20\)30482-0/fulltext](https://www.gastrojournal.org/article/S0016-5085(20)30482-0/fulltext))

As patients with IBD often undergo endoscopy and this may pose a risk for SARS-CoV-2 infection to the patient and COVID-19 disease (by simply being in contact with a facility or health care providers who may be shedding the virus) or to health care providers (who are in close contact with patients who may be shedding the virus if they are infected with SARS-CoV-2 but are asymptomatic and hence are not aware of their infection status) the vast majority of endoscopies for patients with IBD have been postponed until the pandemic has passed. However, there may be instances where it is important to undertake an endoscopy in an IBD patient despite the ongoing pandemic. Approaches to endoscopy during the COVID-19 pandemic have been covered by reports from joint gastrointestinal professional societies (<https://www.worldgastroenterology.org/about-wgo/covid-19/key-covid-19-resources#Endoscopy>)

There are few key questions regarding patients with IBD and risk for COVID-19 that are recurrently being asked by patients and health care providers. These include:

Who is at greatest risk for getting a COVID-19 infection?

The risk categories in short are as follows:

1. High Risk: Over the age of 65 years OR under 65 years AND either moderate or severely flaring, using high doses of prednisone, or moderate to severe malnutrition
2. Medium Risk: Under the age of 65 years and immunocompromised with an immunosuppressive or biologic
3. Low Risk (i.e. same as the general population): Under the age of 65, IBD is in remission, and not immunocompromised

To learn more, click here (<https://crohnsandcolitis.ca/covid19>).

Are my IBD medications safe to take during a COVID-19 pandemic? Should a patient continue taking his/her IBD medications?

Even though it is considered medium risk to be on immunomodulating medications like immunosuppressives (i.e. azathioprine, 6-mercaptopurine or methotrexate) or a biologic drug, the consensus is that patients with IBD should not stop their drugs because of concerns that a flare of

IBD will pose a greater risk. Further, the early data accrual (constantly updated through the SECURE website can be accessed at <https://covidibd.org/map/>) does not suggest that persons using these drugs are actually at increased risk.

Hence, our recommendations are for IBD patients to continue to take their IBD medications. *Patients should not discontinue their IBD medications.* The best way for IBD patients to reduce their risk of COVID-19 is to have their IBD treated and to stay away from health care facilities.

When patients with IBD ask if they should avoid work, what should I tell them? If a healthcare worker has IBD and is taking an immunosuppressant, should that person continue working?

It depends on the patient's risk (and exposure at work). If a patient is over age 65 or on immunomodulating drugs then it may be prudent for them to avoid the workplace; as the safest place will be in self isolation at home. If the patients are health care workers or providing essential services and they feel well, it is likely safe for them to work however; we would recommend that they avoid very high-risk situations (i.e. hospital work in an Emergency Department or ICU or on a ward with COVID-19 patients). It is possible that persons who want to continue to work may be able to switch roles at their workplace with less exposure. Each case is unique and requires discussion with between the healthcare provider and the patient and potentially with the employer.

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