

IBD Treatment Risks and Benefits

Crohn's and Colitis Australia Patient Information Forum
Tuesday 25th September 2018

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Introduction

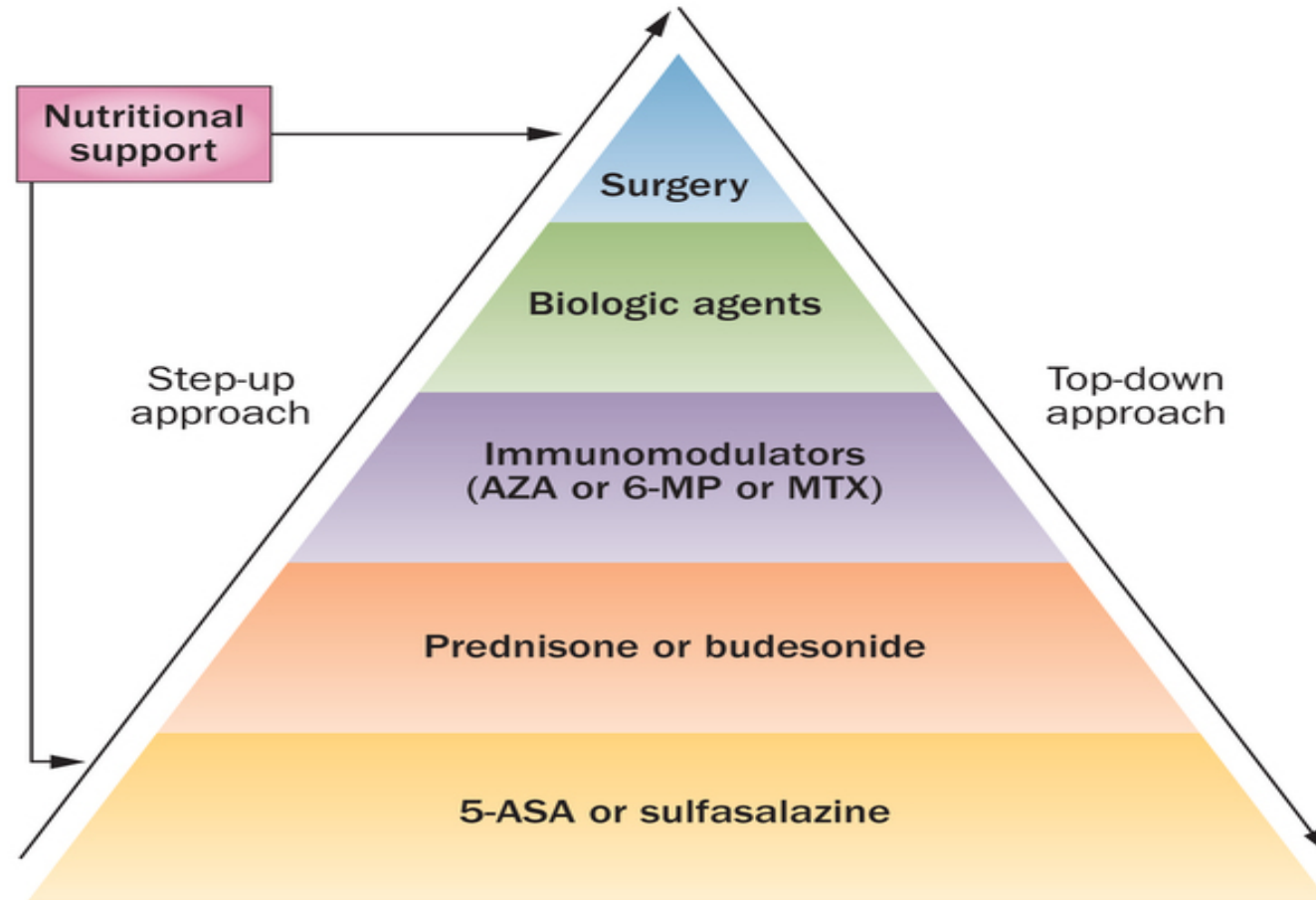
- IBD can lead to significant complications:
 - Hospitalisation
 - Surgery
 - Cancers
 - Chronic symptoms, greatly affecting quality of life
- The good news...
 - Multiple effective drug options available
 - Significant advancements over last 10-15 years
 - Biologic therapy
 - Optimising use of available medication
 - But...potential for drug side effects



Treatment Goals in IBD

- Induce Remission
 - Get you well, control symptoms
- Maintain Remission
 - Keep you well
- Prevent disease-related complications
- Prevent treatment-related complications
- ie **maximise quality of life**

IBD Treatment: Drugs



Corticosteroids (prednisolone)

- Treatment for moderate to severe flare of UC, Crohn's disease
 - Very effective, short term
- Adverse effects common (50%)
- Early AEs:
 - Cosmetic: acne, 'moon face', weight gain, ankle swelling, bruising
 - Sleep and mood disturbance
 - Dyspepsia
 - High blood sugars

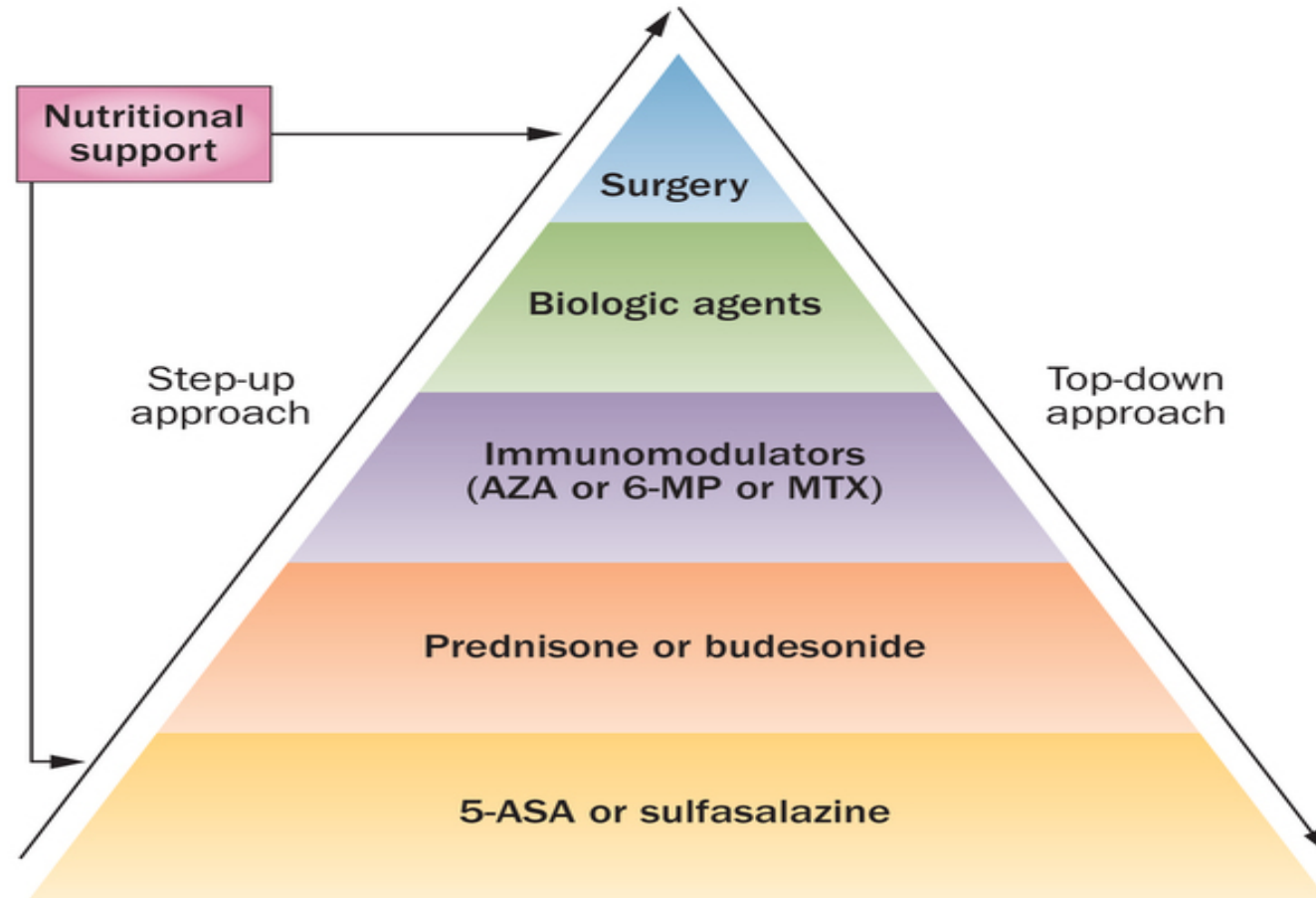
Corticosteroids (prednisolone)

- Side effects with >12 weeks use
 - Infection
 - Cataracts
 - Osteoporosis (Calcium/vitamin D supplementation recommended)
 - 10x ↑ risk of diabetes
 - Hypertension
 - Muscle weakness
 - Avascular hip necrosis (rare)
- Withdrawal effects (if too sudden):
 - Adrenal gland failure

Corticosteroids (prednisolone)

- Bottom line...
 - Steroids can be great, **short term only**
 - **Longterm steroids are bad...**
 - Many side effects
 - Need to look for other options

IBD Treatment: Immunomodulators



Thiopurines:

Azathioprine (Imuran), 6-Mercaptopurine (Purinethol)

- Treatment of moderate to severe IBD (both UC and CD)
- Side effects quite common: ~15%, often leading to stopping drug
- Nausea, headache, allergic reactions most common; reversible
- **Uncommon, but potentially serious:**
- Bone marrow toxicity
 - Especially low white cell count -> frequent blood monitoring
- Liver toxicity
 - Monitor with blood tests
- Pancreatitis (<1%)
- Infection
 - ↑risk of serious infection (all, including opportunistic)
 - Vaccinations (flu-vax, pneumovax, varicella/zoster (pre-treatment!))
- Malignancy
 - Lymphoma: 7-9/10000 treated patients over 1 year (~3x↑risk); M>F
 - Skin cancer (scc > bccs) – sun protection, annual skin checks recommended
 - Cervical (1.5x↑risk) – regular PAP smears recommended
 - Urinary tract cancers – 2x↑risk

Methotrexate

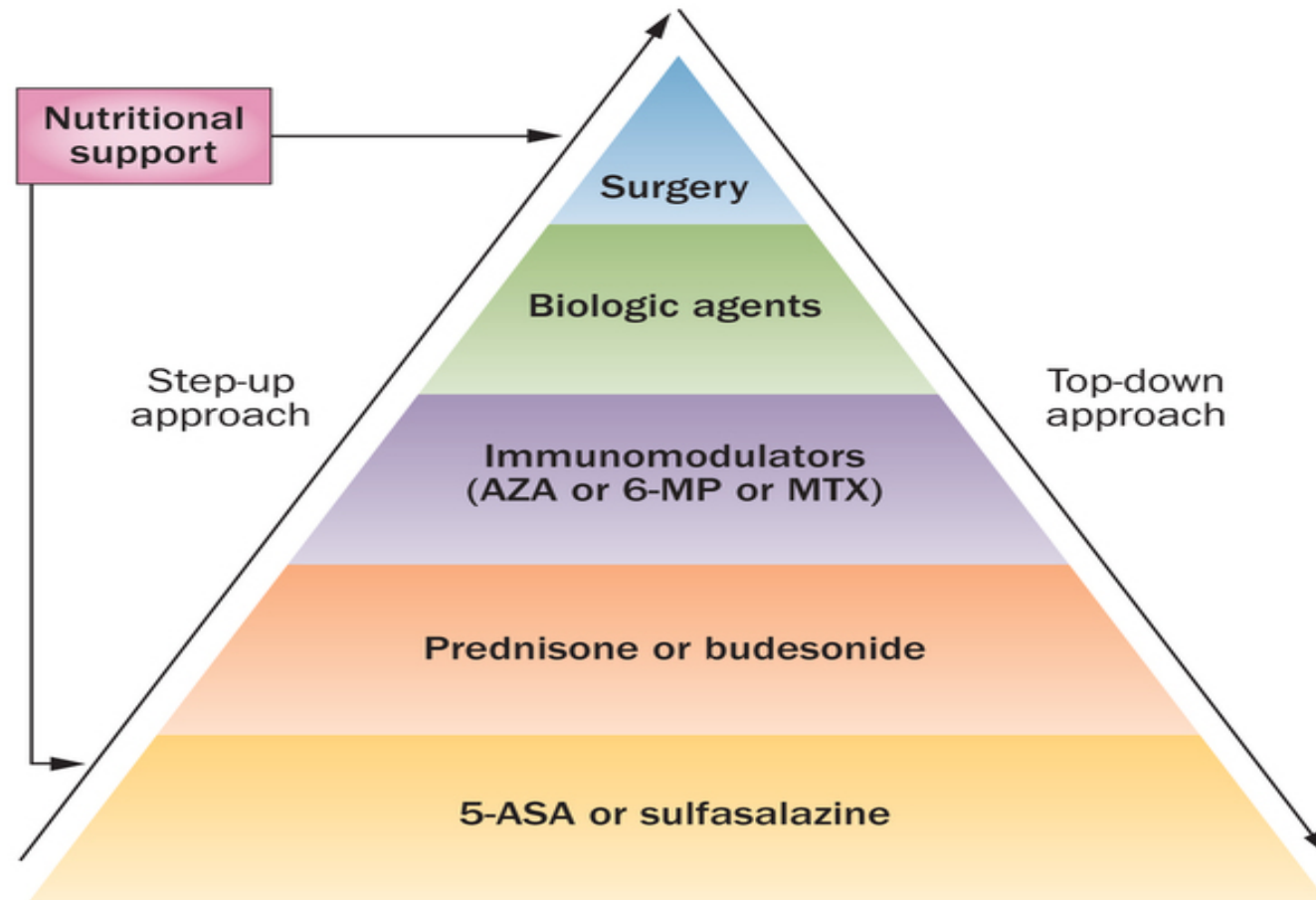
- Used for treatment of moderate- severe Crohn's disease (not UC)
- Adverse effects relatively common:
 - Nausea, headache, lethargy
- Uncommon:
 - Bone marrow suppression
 - Liver toxicity
 - Alcohol needs to be minimised
 - Pneumonitis rare, <1 in 100
- **TERATOGENIC: unable to use in pregnancy (stop at least 3mo b4)**

Immunomodulators

- If work/tolerated -> great
- If not, qualify for biologics within 3mo



IBD Treatment: Biologics



Anti-TNFs

Infliximab (Remicade), Adalimumab (Humira), Golimumab (Simponi)

- Most effective treatment for IBD
- Adverse effects:
 - Infusion reaction (~10%)
 - Acute or delayed
 - Injection site reaction
 - Infection
 - Malignancy
 - Lymphoma 6-8 in 10000/yr (3 x higher than gen pop)
 - Similar to thiopurine risk, and combination of 2
 - Hepatosplenic T-cell lymphoma
 - Young males on combination treatment highest risk, 1 in 3500
 - <40 cases, none in Australia
 - Melanoma, close to 2x↑risk
 - Drug-induced lupus (~1 in 100)

Vedolizumab (Entyvio)

- Gut selective drug, preventing white cells migrating to gut
- Therefore less adverse effects
- Slower onset of action cf other biologics

- AEs:
 - Headache, URTIs, nausea, arthralgias
 - 3% infusion reaction

- No ↑ risk of serious infections (possibly ↑ gut infections)
- No ↑ risk of cancers

Infection risk with Immunosuppression

- Difficult to provide accurate risk numbers
- One serious infection may occur in 15 or 20 years of treatment
 - Slightly higher risk with AntiTNF Vs IM
 - Slightly higher again with combination of 2
 - **Highest risk with combination of anti-TNF with steroids and opioids**
 - Higher risk in older patients, >50yo

Conclusion

- IBD can be associated with serious complications
 - major impact on quality of life
- Number of very effective drug treatment options available
 - Some have (scary) potential for side effects
- Drug treatment needs to be individualised
 - Joint decision
- Need to be realistic about severity of condition
 - Prognostic factors available
- For moderately severe IBD, the benefits do outweigh the risks
- Monitoring for drug side effects very important
 - Regular clinic visits
 - Blood testing
 - Skin checks, vaccinations, PAP smears etc