IBD Treatment Risks and Benefits

Crohn’s and Colitis Australia Patient Information Forum
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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

- 5-ASA or sulfasalazine
- Prednisone or budesonide
- Immunomodulators (AZA or 6-MP or MTX)
- Biologic agents
- Surgery
- Nutritional support

- Step-up approach
- Top-down approach
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

- Nutritional support
- Step-up approach
- Top-down approach

- Surgery
- Biologic agents
- Immunomodulators (AZA or 6-MP or MTX)
- Prednisone or budesonide
- 5-ASA or sulfasalazine
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

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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

- 5-ASA or sulfasalazine
- Prednisone or budesonide
- Immunomodulators (AZA or 6-MP or MTX)
- Biologic agents
- Surgery
- Nutritional support

Methods:
- Step-up approach
- Top-down approach
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 (~1in 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