Healthcare maintenance in the patient with Inflammatory Bowel Disease.
OUNCE OF PREVENTION WORTH A POUND OF CURE
Your gastroenterologist is **NOT**
your primary care physician
Your gastroenterologist is **NOT**

your gynecologist
Your gastroenterologist is **NOT** your pediatrician
Healthcare Maintenance Checklist for Patients with IBD

- Vaccine Preventable Illness
- Cancer Prevention
- Bone Health
- Therapy Related Testing
- Smoking cessation for Crohn’s Disease
Vaccine Preventable Illness

- The best time to administer is at diagnosis as once on treatment with steroids, immunomodulators or anti-TNF medications the vaccine may be less or not effective and caution or contraindications may exist.
Risk of Infection in IBD

- Infections are the most common significant adverse event among immunosuppressed patients with IBD.
- Risk of serious infection increases with the number of immunosuppressive therapies.
- Many infections are preventable with routine preventive immunizations.


A Minority of ‘At Risk’ Patients are Immunized

Over 80% had PCP visit Within Previous 12 months

Melmed et al. Am J Gastro 2006
Courtesy of Gil Melmed, MD
Drug classifications

- **Steroids** - Prednisone and hydrocortisone
- **Immunomodulators** - Methotrexate, 6mp, azathioprine
- **Anti-TNF-**
  - Remicade, Humira, Cimzea, Simphoni
Vaccine Preventable Illness

- Varicella (chicken pox)
- Check Varicella Zoster Virus IgG
- If negative give vaccine UNLESS
- 1. On prednisone > 20 mg/day or on immunosuppressives (currently or recently discontinued within 3 months)
Vaccine Preventable Illness

- **Zoster** (shingles)
- Live virus vaccine
- It is ok on patients with mtx and azathioprine
- Caution for patients on anti-TNF
- Do not administer if on prednisone > 20 mg/day
Vaccine Preventable Illness

- **MMR**
- Contraindicated in immunocompromised patients or those who will be starting in next 3 months
Vaccine Preventable Illness

- **Diptheria and Pertussis**
- Vaccinate with Tdap if not given within last 10 years or if TD > 2 years
Vaccine Preventable Illness

- **Influenza**: 1 dose annually - **NOT** intranasal live vaccine
Vaccine Preventable Illness

- **Hepatitis B**
- Check status if not already vaccinated.
- If non immune then vaccinate
- If infected need to treat prior to starting anti-TNF medications
Human Papilloma Virus (HPV)

HPV linked with cervical and anal cancers
Women with IBD have an increased risk for abnormal Pap smear
- Increased risk with >6m IM use
- Higher risk for HPV serotypes 16, 18
HPV vaccine available and safe in IS
3 doses in females ages 9-26
IBD patients- consider in older HPV negative pts; consider in young males given risk of anal cancer in perianal CD

Kane et al. Am J Gastro April 2008
Bhatia et al. World J Gastro 2006
Van Assen et al. Ann Rheum Dis 2011
www.cdc.gov
Vaccine Preventable Illness

- Meningococcal Meningitis
- Vaccinate at risk patients-(college students) if not previously vaccinated
Vaccine Preventable Illness

- Pneumococcal Pneumonia
- Vaccinate if not previously vaccinated
- If immunocompromised perform one-time revaccination after 5 years
The Upshot – Vaccines and IBD

- Influenza and Pneumovax® for all
  - HBV, HPV, shingles/varicella, Td,aP PRN
- Try to vaccinate when disease is quiescent
- Vaccines may not work well if immunosuppressed, so consider early in disease course
- Avoid live vaccines if immunosuppressed

Van Assen et al. Ann Rheum Dis 2011
Cancer Prevention

- Colonoscopy for all ulcerative colitis or Crohn’s patients with at least 1/3 of the colon involved annually or bi-annual with targeted mucosal sampling after 8-10 years of disease to assess for dysplasia.
Cancer Prevention

- Cervical Cancer
- Annual PAP smears if immunocompromised
Cancer Prevention

- Skin Cancer
- Annual visual examination by dermatologist if immunocompromised
Thiopurines increase risk of non-melanoma skin cancer

- Conclusions:
  - Current and past exposure to thiopurines increases risk of NMSC
  - Risk is present before the age of 50
  - Sun protection
  - Dermatology screening

Peyrin-Biroulet et al. *Gastroenterology* June 2011
# Bone Health

### Risk Factors in general:
- Previous history of osteoporotic related fractures
- Advanced age
- Family history of osteoporosis
- Lack of exercise
- Smoking
- Hypogonadal state

### Risk factors specific to IBD patients:
- Chronic inflammatory activity
- Chronic or recurrent corticosteroid use
- Malnutrition
- Low body weight
- Low intake or absorption of Ca & vit D
- Hypoestrogenemia

Bernstein CD et al. Clinical Gastro and Hep 2006
Bone Health

- Vit D 25-OH once in all patients
- Bone density Assessment for
  - 1. Steroid use > 3 months
  - 2. Past Steroid use of at least one year
  - 3. History of maternal osteoporosis
  - 4. Malnourished or very thin
  - 5. Post menopausal women
Bone Health

- Prescription of Calcium and Vitamin D
- Give with each expected prolonged treatment with corticosteroids
Therapy Related Testing

- **Meslamines** - Periodic kidney function monitoring with blood and urine tests
- **Corticosteroids** - Bone Health issues
- **Thiopurines** - TPMT, CBC and Liver tests prior to initiating therapy and then routine CBC, liver and renal function monitoring during therapy
Therapy Related Testing

- Methotrexate
- CBC liver and kidney function prior to initiating therapy
- Routine monitoring CBC, liver and renal functioning
- Avoidance of alcohol
- Pregnancy prevention for woman on this drug
Therapy Related Testing

- Anti-TNF
- Tb and hepatitis B testing prior to initiating therapy
- Tb with skin test or QuantiFeron-T Gold assay
- High risk- chest xray
- Consider annual Tb skin test annually
Therapy Related Testing

- Anti-TNF-
- Coccidiomyocosis and Histoplasmosis testing for patients living or having lived in high prevalence regions
Tobacco Cessation in Crohn’s Disease

- Smokers with Crohn’s disease do worse than non-smokers
  - More likely to develop strictures and fistula
  - Greater need for steroids and immunosuppressants
  - Greater need for surgery
  - Risk the same for “light smokers” vs. regular smokers
  - Second-hand smoke is also a risk factor

- Effects of quitting
  - 65% lower risk of flare up vs continuing; also lower needs for steroids and medications
Opthalmology Screening

- Annual screening recommended
- Patients on steroids have increased risk of developing glaucoma and early cataracts
- If you have eye pain or vision changes you should seek urgent evaluation since some complications may lead to permanent vision loss
- One study showed that 43% of IBD patients may have eye manifestations of their IBD such as episcleritis, retinal vasculitis, conjunctivitis, optic neuritis

Summary

- Vaccination issues
  - Influenza and Pneumovax for all
  - Avoid live virus vaccines if immunosuppressed

- Bone health
  - DEXA if older, glucocorticoids, smoker, prolonged inflammation

- Ophthalmology screening
  - Annually

- Cancer screening
  - Follow guidelines for general population unless hi risk
  - Think about skin cancers
Thank you !