10 Things to do in Clinic for your IBD Patient

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1. Vaccinate your patient
   - Immunomodulators and biologics put patients at increased risk for infections
     - Several of these are vaccine preventable
   - IBD patients (like other patients on immunosuppressive therapy) are not being vaccinated appropriately
     - Survey of 169 IBD patients (145 on immunosuppression)
       - 28% reported regular flu shots
       - 9% reported receiving pneumovax
     - Study of 2076 IBD patients in Spain
       - 12% of patients vaccinated against hepatitis B

1. Vaccinate your patient

- Survey of 108 gastroenterologists
  - Poor knowledge regarding the appropriate vaccines to recommend
    - 20-30% would erroneously give live vaccine to immunosuppressed patient
    - 25-35% would erroneously hold live vaccine to immunocompetent patient
  - Majority thought PCP was responsible for:
    - Determining which vaccinations to give (65%)
    - Administering the vaccine (83%)
- PCP is hesitant to treat the IBD patient, especially if they are taking immunosuppressive therapy

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2. Vaccinate your patient

- IBD patients can mount a response to the vaccine
  - May be diminished in patients on combination therapy of immunomodulator and anti-TNF agent
- Vaccinate prior to initiation of immunosuppressive agents if possible
- IBD disease activity will not be affected by vaccinations
General Vaccination Considerations in the IBD Patient

**Titers to check at first office visit:**
- MMR – if vaccination history unknown
- Varicella – if vaccination history or history of chicken pox/zoster unknown
- Hepatitis A – except those with evidence of protective titer within 5 years of vaccine administration
- Hepatitis B – except those with evidence of protective titer within 5 years of vaccine administration

**Vaccinations to administer in specific patient groups regardless of immunosuppressive drug use**
- Tdap
- HPV
- Influenza (yearly)
- Pneumococcal – PCV13, PSV 23
- Hepatitis A (if not immune)
- Hepatitis B (if not immune)
- Meningococcal

**Vaccinations to consider if NO plans to start immunosuppressive therapy in 4-12 weeks:**
- MMR (if not immune)
- Varicella (if not immune)
- Zoster (if age 60 or older)


2. Screen for cervical cancer

- Higher prevalence of abnormal pap smears in women with IBD associated with immunomodulator use
- Document an up-to-date pap smear prior to immunosuppressive therapy
  - Rule out active HPV infection
  - Rule out an abnormal cervical cytology
- Vaccinate for HPV
- Women on immunomodulators or smokers should follow ACOG guidelines which include yearly PAP testing with IBD
  - Risk factors: multiple sexual partners, cigarette smoking, OCP use

3. Screen for Skin Cancer

- Non-melanoma skin cancer 65-250 times more frequent in immunosuppressed patient
  - Associated with immunosuppression
- Increased risk of melanoma with anti-TNF therapy
- Educate patient on increased risk and sun protection strategies
- Yearly dermatology evaluation recommended in patients on immunosuppressive agents

References:

4. Screen for colon cancer

- Overall cumulative risk of developing CRC
  - 10 years = 1%
  - 20 years = 3%
  - 20+ years = 7%
- Risk factors for CRC
  - Duration of colitis (colon must be affected)
  - Anatomic extent of disease
  - Primary sclerosing cholangitis
  - Male gender
  - Pseudopolyps
  - Younger age at diagnosis
  - Family history of colorectal cancer
    - Two fold increase
  - Severity of endoscopic and histologic inflammation

References:
4. Screen for Colon Cancer

- Start at 8-10 years after diagnosis (except if PSC)
- Intervals vary
- Biopsy every 10 cm (at least 33)
- Chromoendoscopy is superior to random biopsies
- If high grade dysplasia, proceed to colectomy
- If you remove polypoid lesions completely, follow up closely
- If there are unresectable lesions, proceed to surgery

5. Counsel on smoking cessation

- Increased prevalence of Crohn’s disease in smokers
- Crohn’s disease patients who are smokers
  - More severe ileal disease
  - More frequent flares
  - Increased need for steroids and immunomodulators
  - Higher rates of surgery
- Must discuss smoking cessation with your CD patients
- Smoking cessation
  - Decreased risk of relapse
  - Decreased need for steroids and immunomodulators
- Negative effects of smoking are dose dependent

6. Monitor their Bone Health

- IBD patients have increased risk of osteoporosis and osteopenia
  - Risk factors: ethnicity, family history, lifestyle and dietary habits, body habitus, OB history, severity of intestinal inflammation, steroids
- Increased risk of fracture in individuals with low BMD
- DEXA scan - gold standard
  - Osteopenia T score of -1 to -2.5
  - Osteoporosis T score <2.5
- Measure 25 OH Vitamin D levels and get a bone density scan (DEXA) to assess bone health
- Minimize steroid use if possible, relying instead on steroid-sparing agents where appropriate
- Supplementation with calcium, vitamin D in all patients on steroids and bisphosphonates in appropriate high risk individuals

7. Screen for depression

- May affect as many as 25-35% of individuals with IBD
- Predisposing factors: the chronic relapsing nature of the disease and some of the medications used as treatment
- Appropriate medical treatments are well tolerated
- Ask these two questions:
  - Over the past month, have you felt down, depressed, or hopeless?
  - Over the past month, have you felt little interest or pleasure in doing things?

8. Review the risks of radiation

**Estimated Number of CT Scans Performed Annually in the United States**

![Graph showing the increase in annual CT scans from 1980 to 2005.](image)

**Table 1: Typical Organ Radiation Doses from Various Radiologic Studies.**

<table>
<thead>
<tr>
<th>Study Type</th>
<th>Relevant Organ</th>
<th>Relevant Organ Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental radiography</td>
<td>Brain</td>
<td>0.006</td>
</tr>
<tr>
<td>Posterior-anterior chest radiography</td>
<td>Lung</td>
<td>0.01</td>
</tr>
<tr>
<td>Lateral chest radiography</td>
<td>Lung</td>
<td>0.15</td>
</tr>
<tr>
<td>Screening mammography</td>
<td>Breast</td>
<td>3</td>
</tr>
<tr>
<td>Adult abdominal CT</td>
<td>Stomach</td>
<td>10</td>
</tr>
<tr>
<td>Neonatal abdominal CT</td>
<td>Stomach</td>
<td>20</td>
</tr>
</tbody>
</table>

*B The radiation dose, a measure of ionizing energy absorbed per unit of mass, is expressed in gray (Gy) or milligray (mGy). 1 Gy = 1 J/kg or 1 mGy = 1 mJ/kg.

**References:**


8. **Review the risks of radiation**

- Decrease number of CT scans when possible
- Use MRI imaging instead of CT scans when possible
9. Screen for ophthalmologic health

- 10% of IBD patients develop ocular problems
- Several are associated with significant morbidity
  - Uveitis, scleritis, episcleritis, corneal disease, keratoconjunctivitis sicca
- Patients on chronic steroids should be screened for glaucoma and cataracts

10. Review medication adherence

- 43 - 60% adults with IBD are nonadherent to their prescribed oral medication regimen
- Nonadherent adults are 5.5 times more likely to experience a disease flare
- Many barriers to medication adherence
  - Cost
  - Missed appointments
  - Dissatisfaction with patient doctor relationship
  - Depression
  - Anxiety
  - Negative views regarding medication efficacy
  - Regular use of complementary medicine
  - Safety concerns
  - Inadequate follow up or discharge planning
  - Treatment of asymptomatic disease

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Kane S, Shaya F. Medication non-adherence is associated with increased medical healthcare costs. Dig Dis Sci. 2006;51:1020-1024.
10. Review medication adherence

- Educational interventions to enhance patient knowledge of IBD
- Recommend to patients to belong to a society
- Behavioral interventions
  - Provide incentive for medication taking
  - Simplify regimen
  - Use of visual or auditory reminder systems
- Involve RN, pharmD for check ins
- Specific provider behaviors that may enhance adherence
  - Collaborative style of interaction
  - Open discussion of the patient’s level of knowledge of medication
  - Discussion about the patient’s beliefs about the acceptability and necessity of the medication, concerns related to taking medication, and perceived impact of IBD on their functioning


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