

Treatment Specific Recommendations

✓ Tuberculosis Screening

- Screening for tuberculosis is required at baseline before initiating biologic medications and yearly while on treatment.
- PPD - skin test
- Quantiferon TB Gold Assay - blood test
- Chest X-Ray - required at baseline prior to initiating biologic medications

✓ Laboratory Exams

- Blood tests will be routinely monitored

The frequency and type of blood tests may vary depending on the disease as well as medication regimen. Examples:

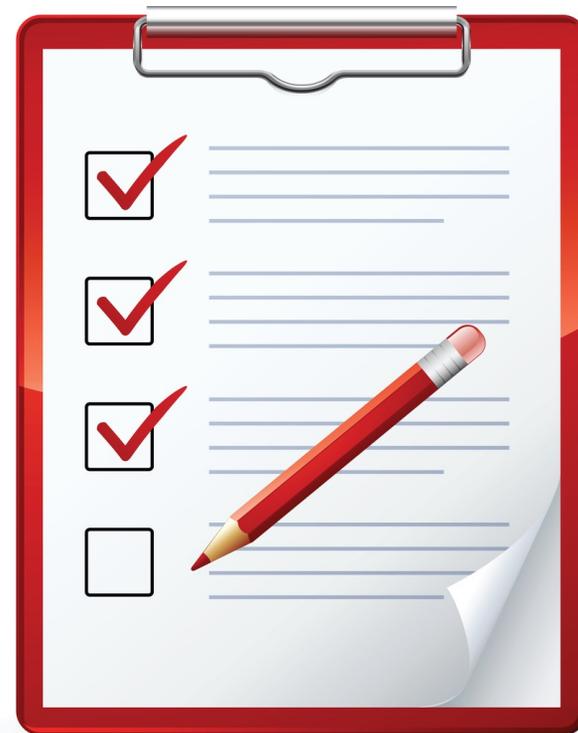
- **5 ASA**
 - Yearly blood test to monitor kidney function
- **Methotrexate**
 - Quarterly blood tests to monitor complete blood count & liver function
- **Thiopurines**
 - Quarterly blood tests to monitor complete blood count & liver function
- **Biologics**
 - Screening for Hepatitis B prior to initiating medication
 - Periodic routine blood work

Smoking Cessation

All patients are advised to quit smoking. This is important for general health but also for the impact it has on inflammatory bowel disease, particularly crohn's disease.

- Research shows that those who smoke are more likely to develop crohn's disease.
- Studies also show smoking can cause more flares and increase the severity of crohn's disease.
- IBD flares are twice as likely in smokers as compared to those who have stopped smoking.
- Smoking decreases the efficacy of medications used to treat IBD.
- Smoking is an additional risk factor for osteoporosis. IBD patients are already at risk for decreased bone density.

Inflammatory Bowel Disease Health Maintenance



Learn More About Inflammatory Bowel Disease

Connecticut GI
www.ConnecticutGI.org



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Dear Patient,

This brochure is meant to provide an understanding of the health care needs for those with inflammatory bowel disease (a term encompassing both crohn's disease and ulcerative colitis).

Patients with inflammatory bowel disease (IBD) are at increased risk for developing adverse events from either the disease itself or from medications that treat the disease. Suggestions for preventative care are discussed in the following pages. Some recommendations are applicable to all IBD patients, while other testing may be treatment dependent. Together with your primary care physician, our goal is to ensure you are current on all aspects of your health.

Sincerely,

Your CTGI Team

Glossary Of Medications

The following medications are referenced throughout this brochure:

5-Aminosalicylic Acid (5-ASA)

Apriso, Asacol, Lialda, Delzicol, Pentasa

Anti-tumor necrosis factor (Anti-TNF)

Remicade, Humira, Cimzia, Simponi

Biologics

Anti-TNF Agents, Entyvio, Stelara

Thiopurines

6-Mercaptopurine (6-MP), Azathioprine

Immunomodulators

Thiopurines, Methotrexate

Corticosteroids

Prednisone

Vaccinations

- Patients with IBD generally follow the same vaccination schedule as the general population.
- The concern is that some medications that treat crohn's & colitis suppress the immune system, increasing the risk for infection.
- It is best to immunize against vaccine preventable illness early in the diagnosis of IBD before initiating immune suppressing medications (>20mg prednisone per day, immunomodulators, and biologics).

All IBD patients can receive non-live or "killed" vaccines regardless of treatment regimen.

Killed vaccines include:

- ✓ Hepatitis A
- ✓ Hepatitis B
- ✓ Human Papilloma Virus (HPV)
- ✓ Injectable Influenza
 - ▶ Injectable form is non-live. Nasal spray version is live and should be avoided.
- ✓ Td/Tdap
- ✓ Pneumococcal
- ✓ Meningococcal

Live vaccines may be **contraindicated** while taking medications affecting the immune system.

Live vaccines include:

- ✓ Varicella
- ✓ Zoster
- ✓ Measles/Mumps/Rubella (MMR)
- ✓ Intranasal influenza (FluMist)
- ✓ Yellow fever (applies to travelers abroad)

Cancer Prevention

✓ Surveillance Colonoscopy

- IBD patients are at slightly increased risk for colon cancer as opposed to the general population.
- Screening colonoscopies often begin 8 years after diagnosis for those with ulcerative colitis or with crohn's disease involving 1/3 or more of the colon. Surveillance continues every 1-2 years thereafter, or per physician discretion.

✓ Dermatology Exam

- Immunomodulators may increase the risk for certain types of skin cancer.
- Yearly skin exam with a dermatologist is recommended while on immunomodulators.

✓ Gynecologic Exam

- Yearly pap smears to screen for cervical cancer are advised for all female patients on immunomodulators and anti-tnf agents.

Bone Health

IBD is a risk factor for osteoporosis as is advancing age and use of corticosteroids.

The following tests are useful in monitoring bone health:

✓ Bone Density Scan

- Screening in post menopausal females.
- Screening at any age if corticosteroid use greater than three months.

✓ Vitamin D

- Periodic blood test.
- Low Vitamin D affects calcium absorption and can increase risk for osteoporosis.
- Those with small bowel disease are at further risk for Vitamin D deficiency.