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PROSPECTIVE OBSERVATIONAL STUDY ON ANALYZING THE CLINICAL PRESENTATION AND CURRENT THERAPIES IN INFLAMMATORY BOWEL DISEASE

Gastroenterology

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ABSTRACT

Ulcerative Colitis & Crohns Disease are characterized by inflammation of the colon, rectum or any other part of the gastrointestinal tract respectively. The clinical manifestations of IBD are characterized by exacerbations and remissions, and it has a major effect on the patient's quality of life. The success of remission in IBD patients is at best 50%. Therefore, there is a need for more researches to contribute to better understanding of the current prescribing therapy which shows higher and successful remission rates. The goal of our study is to analyze the symptoms and emerging current therapies in the management of IBD. In our study, it was observed that fatigue, abdominal pain and hematochezia are most common symptoms observed in IBD. In our study, it was observed that IBD patients with mild condition were treated the amino salicylates, moderate condition were treated with corticosteroids and immunosuppressants and severe condition with biologics.

KEYWORDS

Ulcerative Colitis, Crohn's Disease, Hematochezia, Biologics

INTRODUCTION

Inflammatory Bowel Disease (IBD) is commonly used to describe two forms of idiopathic diseases of the gastro intestinal tract, namely Ulcerative Colitis (UC) and Crohn's Disease (CD). Ulcerative Colitis is chronic inflammatory condition of gastrointestinal tract mucosa and is primarily found in the rectum and colon. Crohn's Disease is chronic transmural inflammation of gastrointestinal mucosa and can be found throughout the gastrointestinal tract from mouth to anus. Ulcerative Colitis onset is frequently insidious whereas Crohn's Disease onset can be insidious or present as severe and fulminate disease. The etiologies of both conditions are unknown. Although, factors such as diet, smoking, infection, enteric microflora, excessive use of drugs, appendicectomy, stress, genetics , ethnic and familial factors may play a role. [1]

Inflammatory Bowel Disease often presents as an auto immune disease where microflora acts as antigen and activates macrophages and T4 cells which causes release of cytokines and inflammatory mediators which causes inflammation. The aims of treatment are to control acute attacks, promptly and effectively, induce remission, maintain remission and identify patients who will benefit from surgery. The first line treatment for mild to moderate UC or CD consists of corticosteroids and amino salicylates as a main stay of treatment, with immunosuppressants and biologic agents reserved for more severe and refractory cases. Some of the gastrointestinal complications as a result of IBD include rectal fissures, fistulas, perirectal abscess and colon cancer. Possible extraintestinal manifestations include hepatobiliary complications, arthritis, uveitis, skin lesions, aphthous ulceration of the mouth. [2]

RESULTS

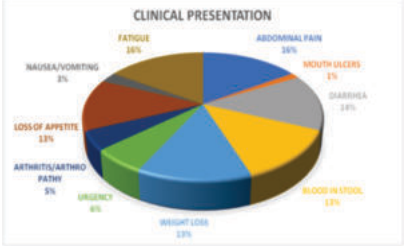

Figure 1: Distribution Based On Clinical Presentations In Ulcerative Colitis.

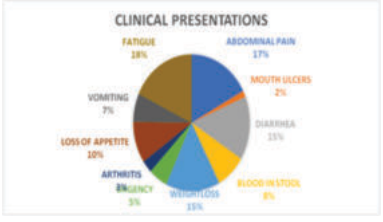

Figure 2: Distribution Based On Clinical Presentations In Crohn's Disease

Table 1. Prescribing Pattern In Ulcerative Colitis

COMBINATION THERAPIES	CLASSES OF DRUGS	% OF PATIENTS
Monotherapy	5 ASA	31%
Dual therapy-	5 ASA + corticosteroids	31%
	5 ASA + biologics	3%
	5 ASA+ immunosuppressants	14%
Triple therapy-	5 ASA + Corticosteroids +immunosuppressants	14%
	5 ASA+ corticosteroids+ biologics	3%
Quadriple therapy-	5 ASA + corticosteroids + immunosuppressants + biologics	3%

Table 2. Prescribing Pattern In Crohn's Disease

COMBINATION THERAPIES	CLASSES OF DRUGS	% OF PATIENTS
Monotherapy	5 ASA	11%
	Corticosteroids	4%
	Immunosuppressants	4%
	Biologics	11%
Dual therapy	5 ASA + Corticosteroids	23%
	5 ASA + Immunosuppressants	4%
	5 ASA + Biologics	4%

Triple therapy	5 ASA + Corticosteroids + Biologics	11%
	5 ASA + Immunosuppressants + Biologics	12%
	5 ASA + Corticosteroids + Immunosuppressants	12%
Quadriple therapy-	5 ASA + Corticosteroids + Immunosuppressants+ Biologics	4%

CONCLUSIONS

Our research found that most common presenting symptoms in Ulcerative Colitis patients were abdominal pain and fatigue(16%) followed by diarrhea (14%) , blood in stools(13%), weight loss(13%), loss of appetite (13%), urgency(6%), arthritis/arthropathy(5%), nausea/ vomiting(3%) and mouth ulcer(1%). The most common symptoms in Chron's Disease patients were fatigue(18%) and abdominal pain(17%) followed by diarrhea (15%) ,weight loss(15%), loss of appetite (10%), blood in stools(8%),nausea/ vomiting(7%), urgency(5%), arthritis/arthropathy(3%) and mouth ulcer(2%).

In Ulcerative Colitis patients, it was observed that most patients were treated with combination therapy as it provided greater remission. 48% of patients were treated with dual therapy and 17% were treated with triple therapy. 31% of patients were treated with monotherapy and 4% were treated with quadriple therapy. In Chron's Disease patients, it was observed that 34 % of patients were treated with triple therapy followed by monotherapy(31%) and dual therapy(31%) followed by quadriple therapy of 4 %.

Our study results have shown that the patients who had presented with mild condition of the disease were mostly treated with amino salicylates. In moderate conditions, patients were treated with corticosteroids and immunosuppressants. Severe condition disease patients were treated with biologics.

REFERENCES

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[2] waugh A, elseiver ie, 2018.