Inflammatory Bowel Disease

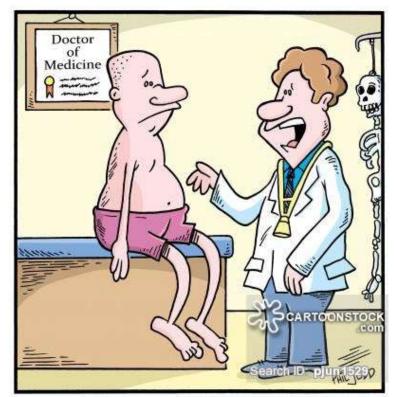
Ian Arnott Consultant Gastroenterologist. Clinical Director UK IBD Audit

Friday 25th November 2016



Objectives

- •Overview of IBD
 - Phenotype
 - •Cause
 - •Epidemiology
- •Treatments
- Novel approaches
 Implications for work and morality

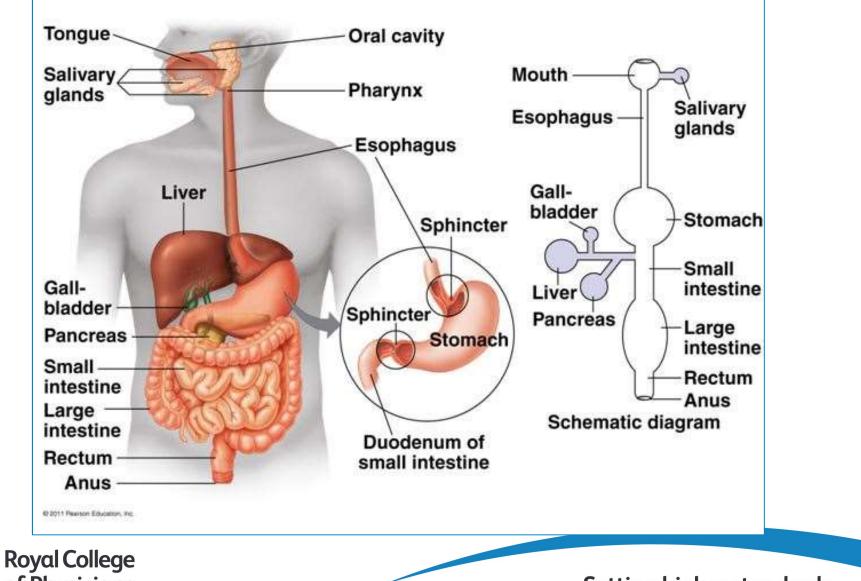


"Do I know much about incontinence? No I was never good at Geography."



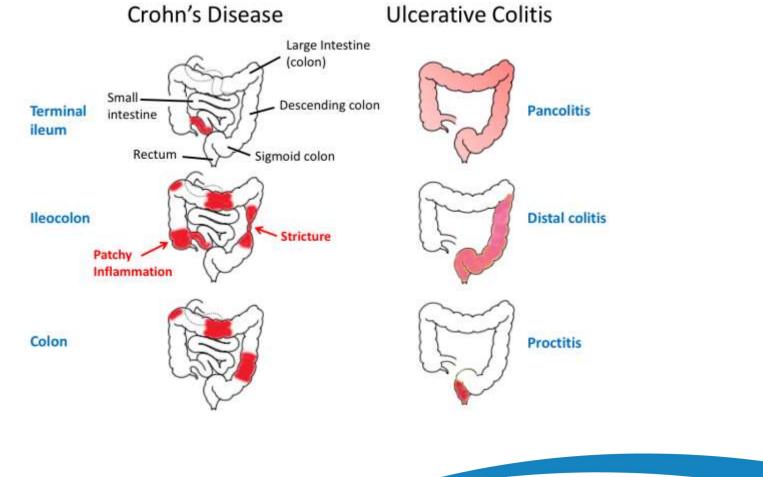


Gastrointestinal Anatomy





Differences between UC and CD





Normal

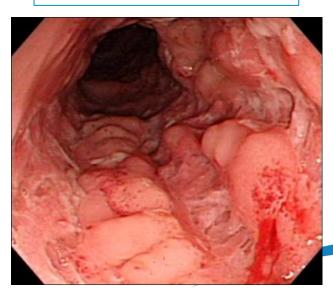






Ulcerative Colitis

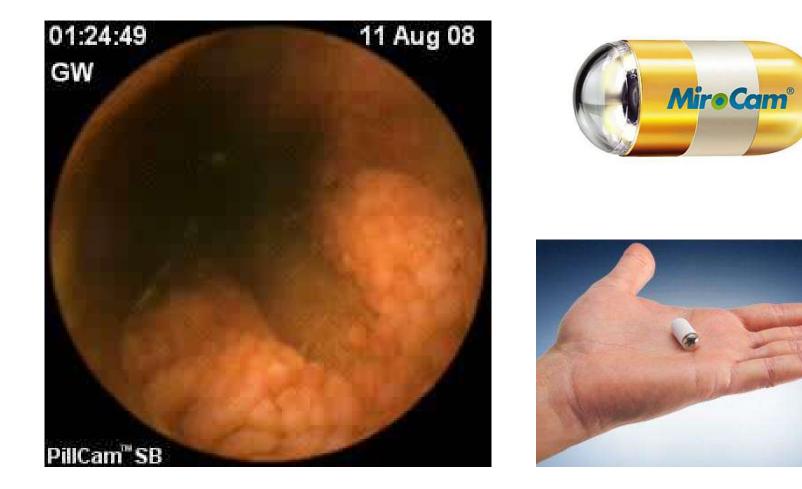
Crohn's Disease







Video Capsule Endoscopy





Ms A.B.

31 year old female

Bloody diarrhoea BO every 30-60 min

FHx - None

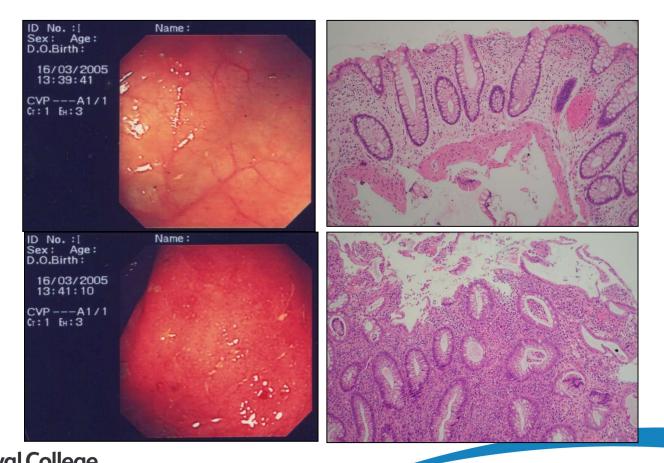
SHx: - Social worker; trained nurse - Non-smoker

Stool cultures -ve



Flexible Sigmoidoscopy

Inflammation limited to distal 10cm





Royal College of Physicians Ulcerative colitis diagnosed Setting higher standards

Regional Ileitis*

A Pathologic and Clinical Entity

BURRILL B. CROHN, M.D., LEON GINZBURG, M.D. AND GORDON D. OPPENHEIMER, M.D.

From the Mount Sinai Hospital

New York

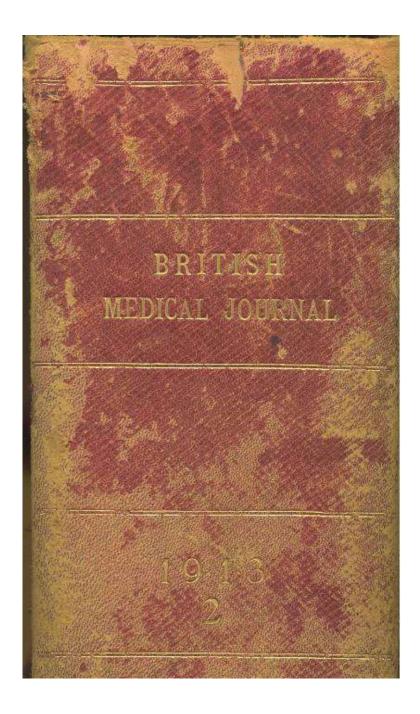
* Reprinted from J. A. M. A., 99: 1323-1328, 1932, with permission of the publisher. One figure has been omitted. This classic paper gives the first clear and comprehensive description of an entity, regional ileitis, which the authors segregated from the heterogeneous group of "benign granulomas" of the intestine. A. B. G.

NOVEMBER, 1952

583







Chronic Interstitial Enteritis

By T. K. DALZIEL, M.B., C.M., F.R.F.P.S.G. SURGEON, WESTERN INFIRMARY, GLASGOW British Medical Journal 1913;2:1068-1070

I have pleasure in drawing your attention to this condition, which, I think, has not yet been fully described.

Twelve years ago I saw a professional colleague, suffering from obstruction of the bowels of a fortnight's duration, previous to which he had had for several weeks numerous attacks of colic, slight attacks of diarrhoea with no tenderness over the abdomen, and very slight rise in temperature, with no appreciable alteration in the pulse-rate. When seen by me the abdomen was not distended nor were the muscles rigid, but to the hand gave a sense of putty-like resistance. As vomiting was persistent, I concluded that there might be an obstruction high up, and so opened the abdomen, to find the whole of the intestines, large and small alike, contracted, rigidly







"MORBID APPEARANCES IN THE INTESTINES OF MISS BANKES"

Wilkes S. Medical Times and Gazette. 1859;2:264-265





The Father of Ulcerative colitis?

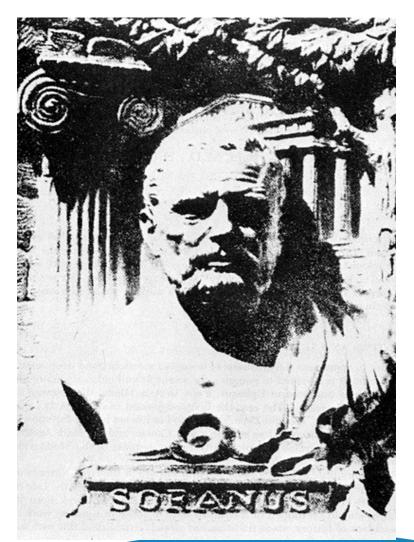
First reliable description

– AD 150

Greek Physician

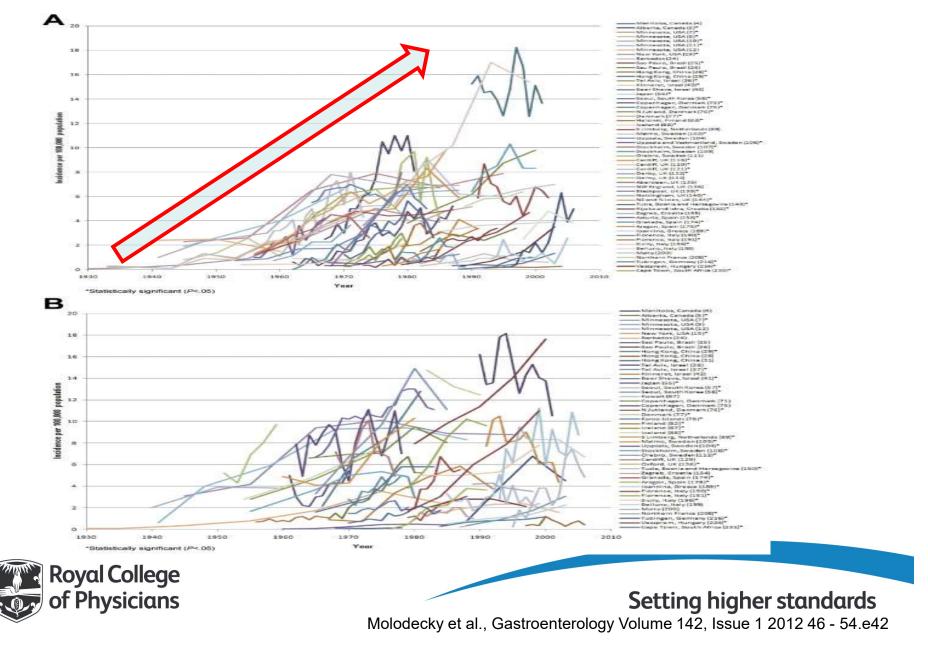
- Doctors only for slaves and foreigners
- Father of O&G and also did some paediatrics

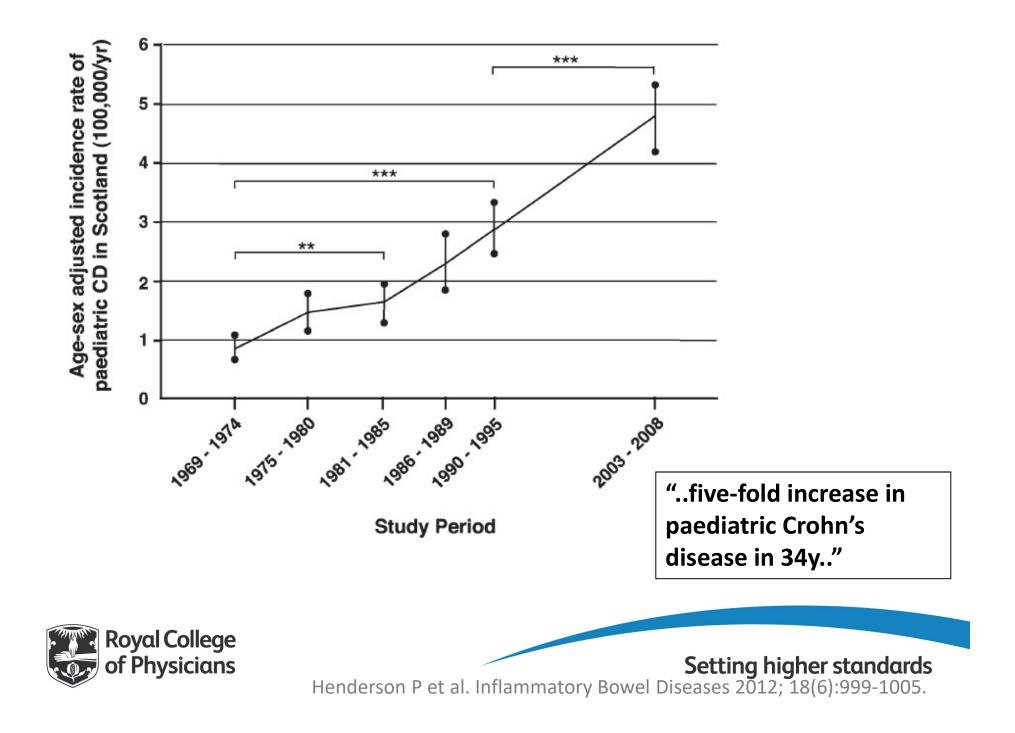
Textbook lasted 1500 years
 Named *SORANUS*



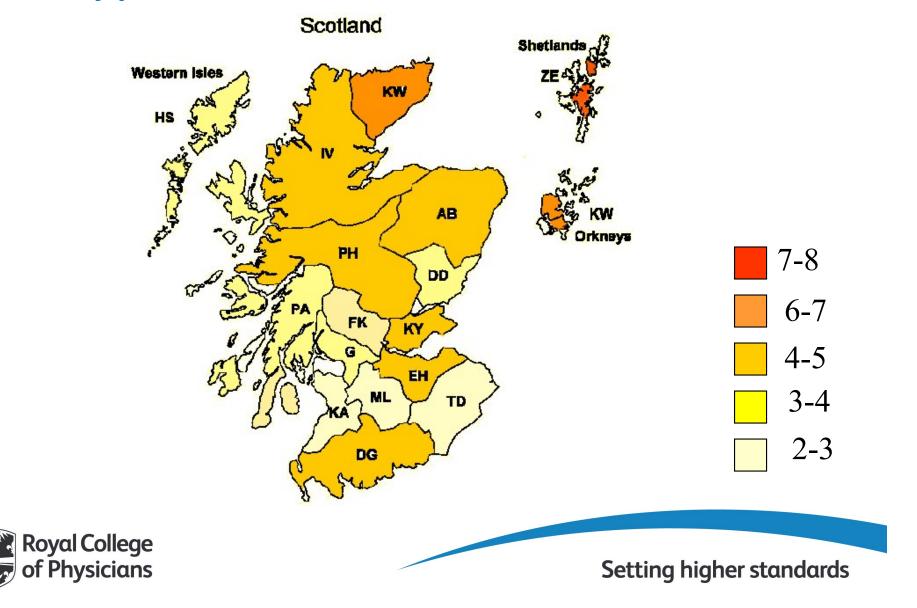


Rising incidence rates: CD and UC

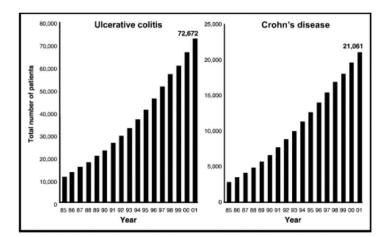




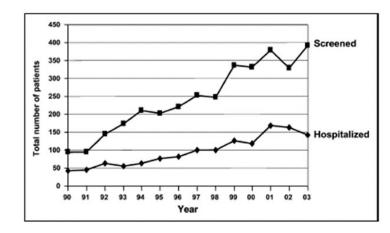
Incidence (per 100,000 per year) of Juvenile onset IBD by postcode area

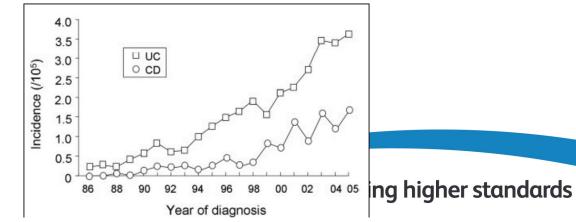














Developed world:

• Massive $\uparrow \uparrow$ in IBD in last century

Developing world:

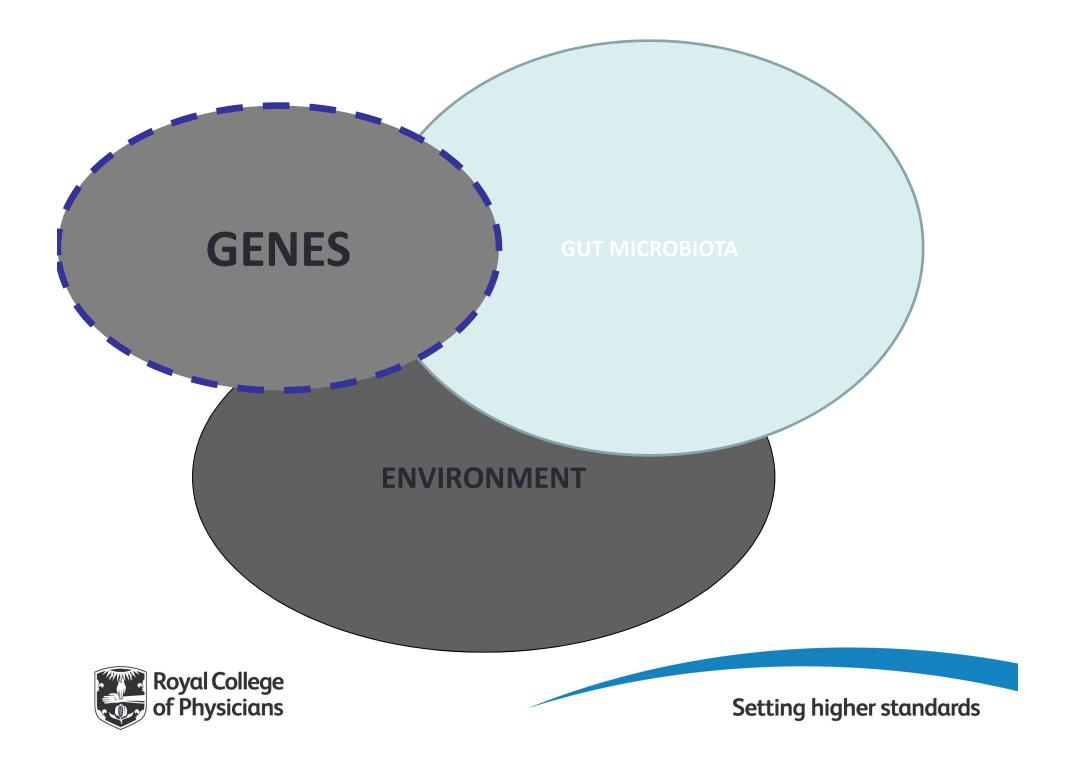
 ↑↑ in recent years as countries adopt Western lifestyle

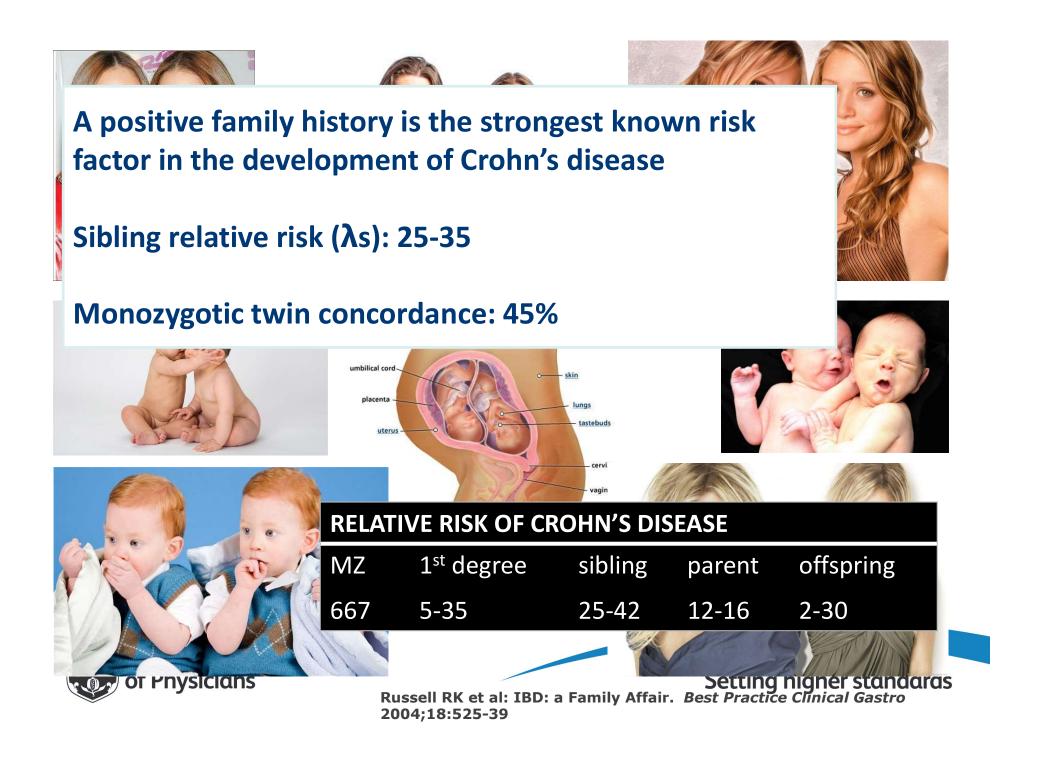
Cannot be explained by genetics ...

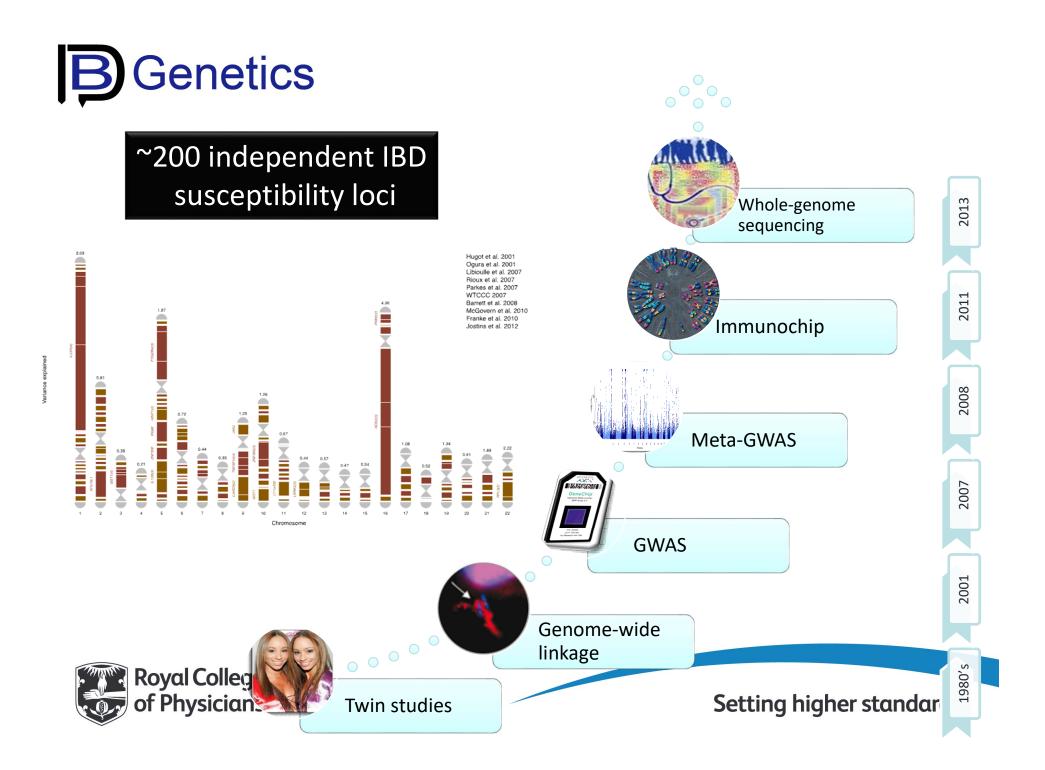
... rather, must be related to drastic environmental changes of last century and the not yet adapted (predisposing) genetic background of a sub-fraction of population

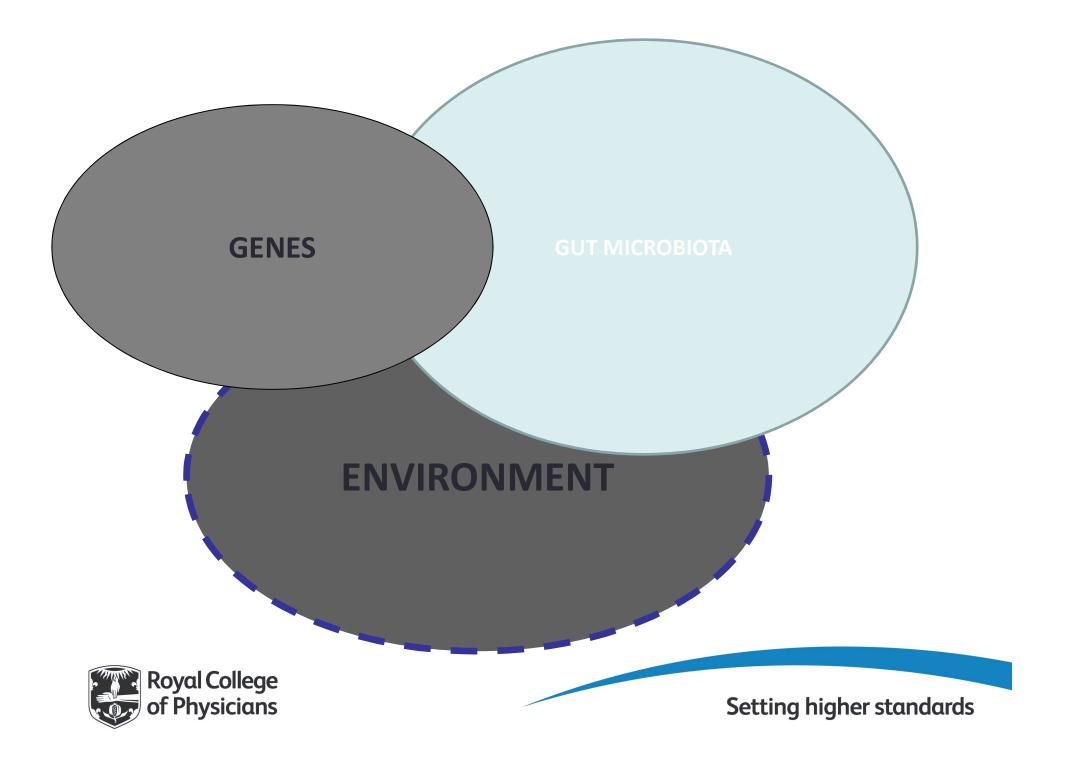




















TOP 10 WORST PROCESSED FOODS



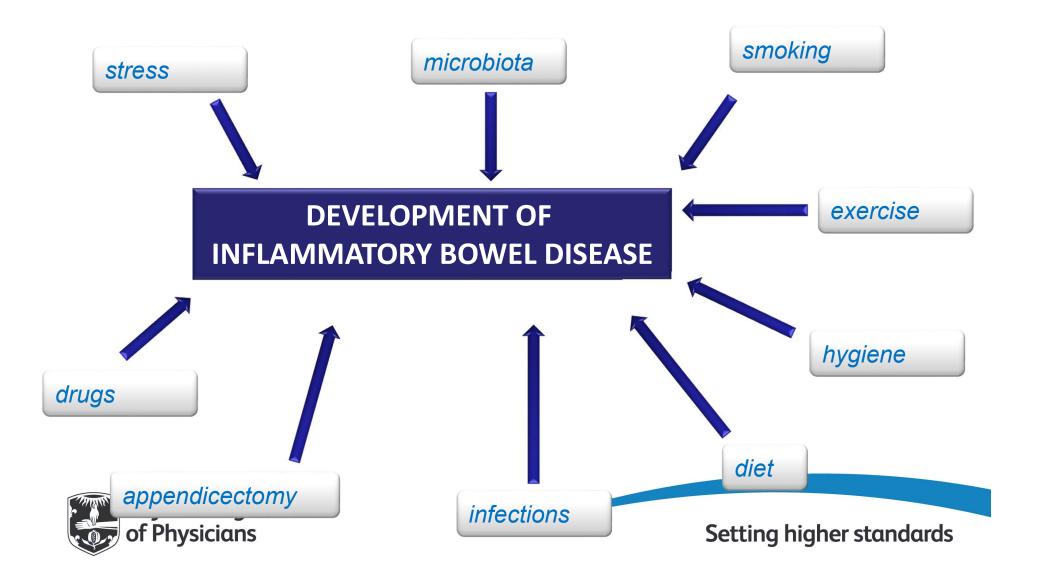
SEED FOODS
1 Chicken nuggets 24%
2 Hot dogs 19%
3 Fake cheese 14%
4 Lunchables 13%
5 Spam 9%
6 Twinkies 5%
7 Soda 5%
8 Artificial sweeteners 4%
9 Diet versions 4%
10 French fries 3%







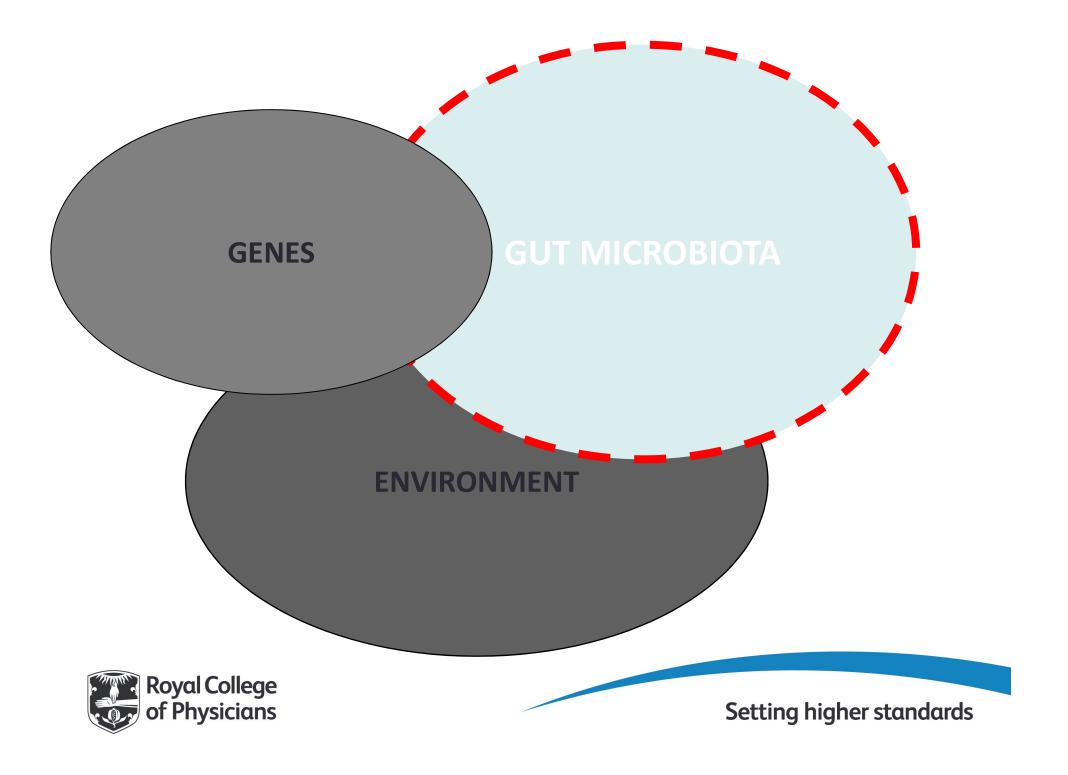
The extended IBD 'exposome'



Smoking

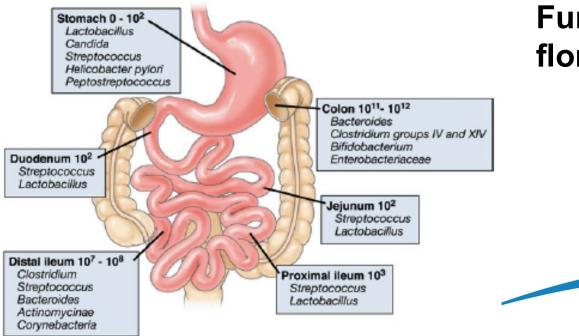
Detrimental in Crohn's Protective in UC

? Mechanisms – probably not related to nicotine



Intestinal homeostasis essential to provide protection against pathogens, *whilst avoiding excess inflammatory response to commensal flora*

GI tract colonised by ~10¹⁴ bacteria during early life



Function of commensal flora

- Nutrient processing
- Absorption
- Development of
- mucosal immune
- system
- Angiogenesis
- •Epithefiai Penewal

Bacteria: the clinical evidence

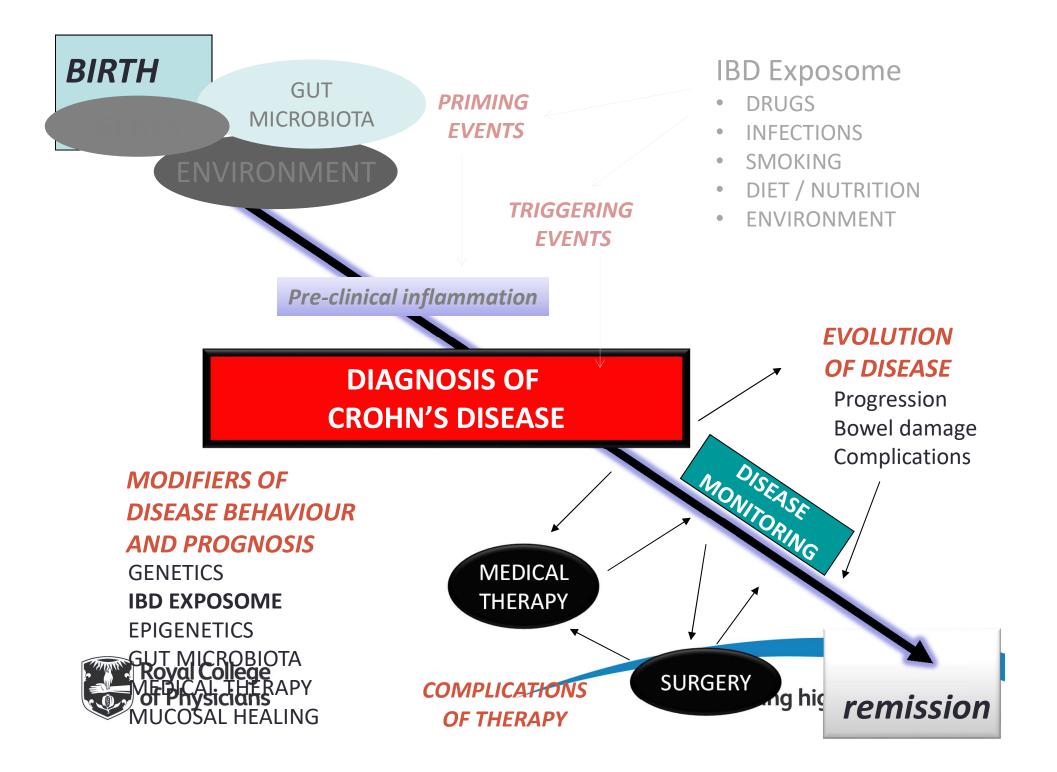
CD, UC and pouchitis:

- localised to intestinal segments with $\uparrow\uparrow$ bacterial loads
- abnormal microbial composition
- serologic & T-cell responses to enteric microbial antigens
- ↑ Mucosal-associated bacteria & ↑ mucosal invasion and translocation in IBD

Faecal stream diversion:

prevents and treats CD & pouchitis

- inflammation recurs on restoration of faecal flow Antibiotics treat pouchitis \pm CD colitis Probiotics prevent relapse of pouchitis & UC

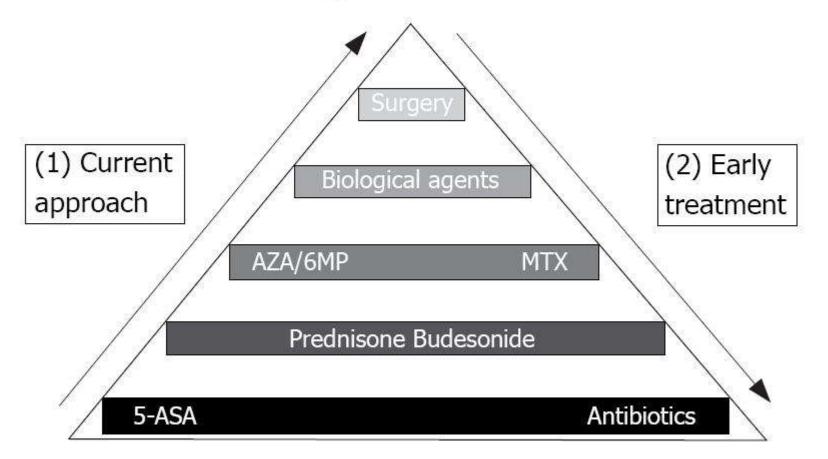


TREATMENT OF IBD





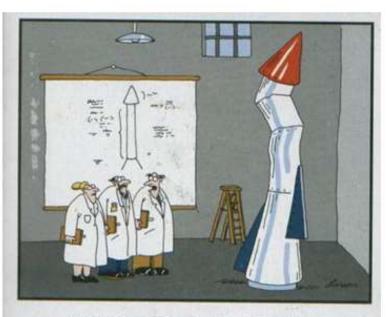
Inverted pyramid in IBD treatment





Ulcerative Colitis

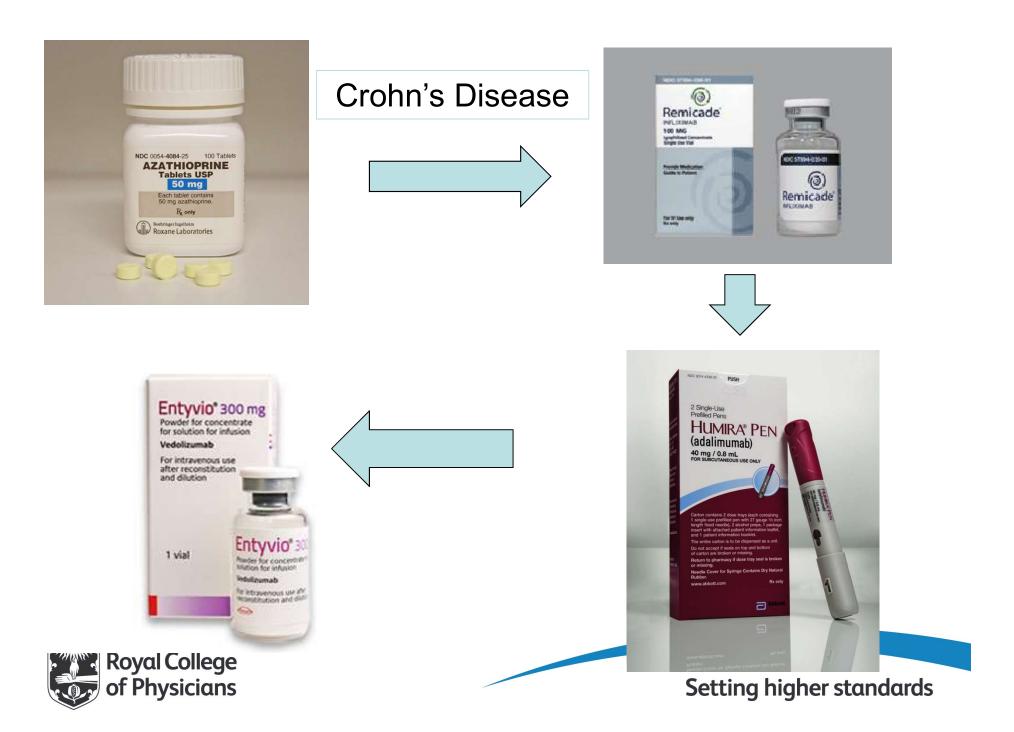




"It's time we face reality, my friends. ... We're not exactly rocket scientists."





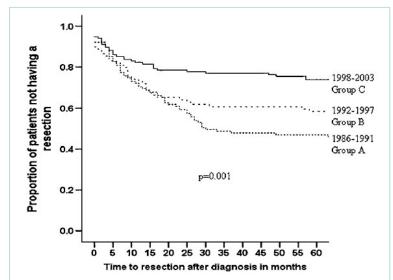


Outcomes

Surgery

Surgery in Crohn's disease not curative

Surgery in UC is curative

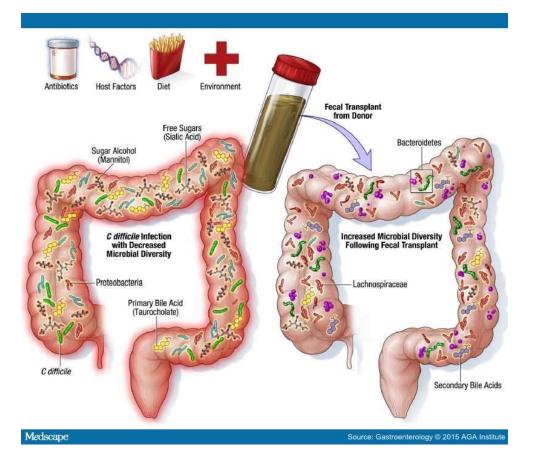


Acute severe Ulcerative colitis is a medical emergency but mortality has improved from 25% to less than 1% Added psychological morbidity worsens

outcomes



Novel Treatments



Faecal microbial transplants and vinegar

Not yet for IBD!





ORIGINAL ARTICLE

Low Risk of Unemployment, Sick Leave, and Work Disability Among Patients with Inflammatory Bowel Disease: A 7-year Follow-up Study of a Danish Inception Cohort

Marianne K. Vester-Andersen, MD, PhD,* Michelle V. Prosberg, MD,* Ida Vind, MD, PhD,* Mikael Andersson, MS,[†] Tine Jess, MD, DMSci,^{†,‡} and Flemming Bendtsen, MD, DMSci*

Sick leave and work disability increased BUT – Only 5.8% in patients with CD Especially males over 55 years





Patients With Ulcerative Colitis Miss More Days of Work Than the General Population, Even Following Colectomy

MARTIN NEOVIUS, ELIZABETH V. ARKEMA, PAUL BLOMQVIST, ANDERS EKBOM, and KARIN E. SMEDBY Clinical Epidemiology Unit, Department of Medicine, Solna, Karolinska Institutet, Stockholm, Sweden

19714 patients
15% of UC had disability pension v 11%
Median annual days lost = 0
Colectomy did not return days lost to baseline







A mean 3 month cost for care for

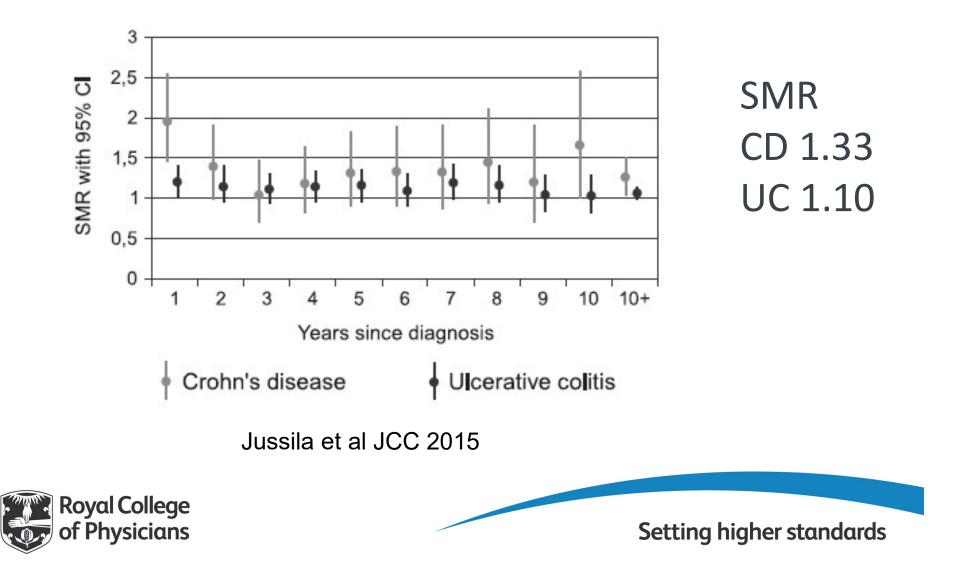
CD – €1625 UC – €595

Shifted away from surgery and inpatient costs towards drug therapy





Mortality



Conculsions

Inflammatory bowel disease is a common important long term condition

- Incidence and prevalence are rising
- Treatments are increasingly effective
- Remains considerable morbidity
- **Excess mortality**
- High quality effective multidisciplinary care is effective





Acknowledgements

CEEu		CCUK	
– Aime	ee Protheroe	-	David Barker
– Susa	n Murray	_	Elaine Steven
– Kajal	Mortier	BSG	
– Kevir	n Stewart	_	Ian Forgacs
– Rhor	na Buckingham	_	Jon Rhodes
HQIP			John Williams
– Jane	Ingram	NHSE	
		_	Mike Glynn

Contact: lbd.audit@rcplondon.ac.uk

020 3075 1566/1565

www.rcplondon.ac.uk



"CHANGE WILL NOT COME IF WE WAIT FOR some other person or some other time. WE ARE THE ONES WE'VE BEEN WAITING FOR. WE ARE THE CHANGE THAT WE SEEK." BARACK OBAMA

110