2021 Fourth Annual National Conference
September 9-11, 2021
Red Rock Hotel – Las Vegas, NV
Staying Healthy in Inflammatory Bowel Disease (IBD)

Sharon Dudley-Brown, PhD, FNP-BC, FAAN, FAANP
Associate Professor
University of Delaware
sdudley@udel.edu
School of Medicine
Johns Hopkins University
sdudley2@jhmi.edu
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Sharon Dudley-Brown, PhD, FNP-BC, FAAN, FAANP
Consultant: AbbVie, Clinical Area – IBD
Advisory Board: Pfizer, Clinical Area – IBD
Health Maintenance Considerations in IBD: Staying Healthy in IBD

- Therapy monitoring
- Vaccinations
- Cancer screening
- Bone health
- Depression
- Smoking cessation

Health Maintenance in the Patient With IBD

- Younger IBD patients frequently don’t have a PCP
  - Patients with IBD often only see their GI MD, NP or PA and will identify these providers as their primary care provider
- PCPs rely on the specialist w/ complicated patients
- IBD patients receive fewer screening & preventive health services compared w/ non-IBD patients same age

Vaccinations: Why?

- Immunomodulators and biologics used to treat IBD puts patients at increased risk for infections, many are vaccine preventable
  - Pneumonia
  - Herpes Zoster
- Risk of infection increases with the number of immunosuppressive therapies
- IBD patients, like other patients on immunosuppressive therapy, are not being vaccinated appropriately, though we are doing better

Vaccinations

• For most IBD patients, recommendations for immunization don’t deviate from the general population
  – Influenza & pneumococcal pneumonia are the most common vaccine preventable illnesses in adults

• Exceptions
  – Early dosing
    • Pneumococcal
    • Zoster
  – Live virus vaccines

Vaccinations to Consider (Adults)

- Tdap/Td: every 10 years
- HPV: all females age 9-26
- Influenza (attenuated): annually
- Pneumococcal: for all immunosuppressed; PCV-13 & PPSV23
- Meningococcal: only for asplenia, first year college students, military, travelers
- Hep A: 2 doses or check titer and boost if –
- Hep B (Heplisav-B): 2 doses, check HBsAb, and boost if –
- Zoster (Shingrix): 2 doses in age 50 and over
- COVID-19 vaccine

Live Vaccines*

- Bacille-Calmette-Guerin
- Influenza inhaled (LAIV) (parenteral attenuated)
- Measles, Mumps, rubella
- Typhoid (oral) (parenteral attenuated)
- Polio (oral) (parenteral attenuated)
- Vaccinia (smallpox)
- Varicella (Zostivax – no longer available)
- Yellow fever

*Contraindicated for patients on biologics, steroids, Thiopurines, MTX.
Best Practices in Vaccinations

• The ideal time to obtain a vaccination history is during the initial office visit
• Patients should be vaccinated prior to starting immunosuppressive therapy
• If vaccinations are not offered in your office, write a prescription for your patient to take to their local pharmacy
• Necessary IBD therapy should never be delayed in order to administer vaccines
• IBD patients can mount a response to vaccines, although immunogenicity is diminished in patients on combination therapy of immunomodulator and anti-TNF agents

Barriers to Vaccinations

- General apathy amongst both patients and physicians
- Fears and concerns about the side effects of vaccination
- Costs associated with storage and administration of vaccines
- Other logistical barriers:
  - Time constraints of an office visit
  - Location of offices
  - Wait times to see a provider
Therapy Monitoring: Medication Dependent

- 5-ASA: annual creatinine
- Steroids: Vit D 25-OH, glucose, BMP, ophthalmology
- AZA/6MP: TPMT prior, CBC, LFTs weekly x 4, monthly x 3, then q 3 months
- MTX: CBC, LFTs q 2 weeks x 2, then monthly x 3, then q 3 months
- Biologics: Tb testing, Hep A, B, C, CBC, liver enzymes periodically (q 3-6 months)
- Small molecules: Tb testing, CBC, liver, fasting lipids 4-8 weeks after initiation of therapy

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- Biologics: Tb testing, Hep A, B, C, CBC, liver enzymes periodically (q 3-6 months)
- Small molecules: JAK- Tb testing, CBC, liver, fasting lipids 4-8 weeks after initiation of therapy; S1P1- CBC, LFTs, EKG, eye exam

Cancer Screening

• Colon\textsuperscript{1}
  – Surveillance for CRC begins 8-10 years after diagnosis for colonic disease
  – Those w/ PSC: immediate and annual surveillance
  – Interval may be shorter than 1-2 years w/ family history, PSC or history of dysplasia

• Skin: Melanoma and NMSC\textsuperscript{2}
  – Melanoma screening for all patients, independent of use of biologic therapy
  – NMSC screening for patients on immunomodulators while using these agents, particularly those > 50 years of age

• Cervical\textsuperscript{3}
  – Increased risk in patients with IBD who are on immunosuppressants
  – Annual pap smears

Tobacco Cessation

- Negative effect on Crohn’s disease and its treatment
  - Reduce response to medication, increase risk of post-op recurrence, shorten duration of remission, worsening of disease progression
- Smoking cessation is PRIMARY therapy for Crohn’s disease
- Consider bupropion – has anti-TNF properties

Bone Health

• Serial monitoring of Vit D 25-OH
• Bone density
  – DEXA is gold standard
    • Osteoporosis if T score < -2.5
  – Screening: Any steroid use > 3 months; post menopausal/ > age 50; personal history of low trauma fracture; amenorrhea; sig weight loss
• Lifestyle modifications
  – Smoking cessation, wt bearing exercise, adequate calcium & vit D
• Bisphosphonates & other meds
  – Refer to endocrinologist specializing in osteoporosis

Behavioral Health

• Screen for & address anxiety & depression
• Depression affects 21-40% of IBD patients (vs 13% of general population)
• Anxiety affects 19% (vs 9.6% in general population)

SCREENING QUESTIONS

1. Over the past month, have you felt down, depressed, or hopeless?
2. Over the past month, have you felt little interest or pleasure in doing things?

Women’s Health

- Puberty & Menarche
- Normal menses – ask at each visit
  - Predictor of severity of IBD
- Sexual health
- Fertility & contraception – address early!
- Family planning & conception
  - Remember – preconception counseling & education
- Issues around pregnancy & breast feeding
- Menopause
## IBD Checklist for Monitoring & Prevention

### Therapy Relapse Testing

<table>
<thead>
<tr>
<th>Therapy</th>
<th>Relapse Testing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biologics</td>
<td>3-month infusions followed by monthly infusions</td>
</tr>
<tr>
<td>Infliximab</td>
<td>51-week infusions followed by 26-week infusions</td>
</tr>
<tr>
<td>Adalimumab</td>
<td>51-week infusions followed by 20-week infusions</td>
</tr>
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<td>Certolizumab</td>
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</tr>
</tbody>
</table>

### Signs & Symptoms

- Fever
- Fatigue
- Diarrhea
- Blood in stool
- Unexplained weight loss

### Therapy Intake Monitoring

- Biologics
- Infliximab
- Adalimumab
- Certolizumab
- Vedolizumab

### Follow-up

- Monthly visits for management of IBD
- 3-month infusions followed by monthly infusions
- 51-week infusions followed by 26-week infusions

### Monitoring & Prevention

- Regular blood tests
- Colonoscopy
- Ultrasound
- CT scans
- MRI

### Treatment

- Medical therapy
- Surgery
- Biologics
- Infliximab
- Adalimumab
- Certolizumab
- Vedolizumab

### IBD Checklist for Monitoring & Prevention

<table>
<thead>
<tr>
<th>Date</th>
<th>Checklist Item</th>
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<tbody>
<tr>
<td>01/01/2023</td>
<td>Continuing education for healthcare professionals</td>
</tr>
<tr>
<td>02/01/2023</td>
<td>Developing new strategies for managing IBD</td>
</tr>
<tr>
<td>03/01/2023</td>
<td>Enhancing patient support services</td>
</tr>
</tbody>
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### Website

[Cornerstones Health](https://www.cornerstoneshealth.org/ibd-checklists)
Crohn’s & Colitis Foundation

Health Maintenance Checklist

Screening
- Skin Cancer
- Colorectal Cancer
- Cervical Cancer
- Osteoporosis
- Anxiety/Depression
- Latent TB

Vaccines
- Influenza
- Pneumococcus
- Zoster
- Varicella immunity
- MMR immunity

Please see the full checklist for specific recommendations.
www.crohnscolitisfoundation.org/science-and-professionals/education-resources/health-maintenance-checklists
Summary

• Preventive health issues are important in IBD
  – Vaccinations – collect vaccine history at first visit!
  – Therapy dependent testing
  – Cancer screening
  – Tobacco cessation
  – Bone Health
  – Behavioral Health
  – Women’s Health

• Challenges include documentation, timing, EMR use