crohn's colitis

Name of Clinical Care Pathway

Therapy decision tree—Ulcerative colitis

Objective

Provide direction regarding choice of therapy for patients with ulcerative colitis

Patient Population

Adult patients (≥18 years) with a known diagnosis of ulcerative colitis

Dr. Frank Hoentjen MD, PhD (University of Alberta)
Dr. Sharyle Fowler MD, FRCPC (University of Saskatchewan)

PACE Inflammatory Bowel Disease Clinical Care Pathways

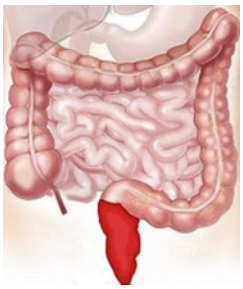
Highlight Box

New therapies are constantly being developed and should be considered.

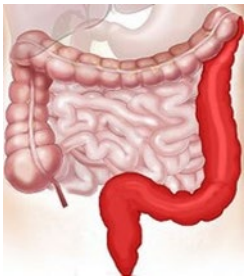
Introduction

Ulcerative colitis (UC) is a chronic inflammatory condition of the large intestine limited to the mucosal layer of the colon extending proximally from the rectum, to varying extent. UC is diagnosed based on a combination of clinical presentation, endoscopic findings, and histological features indicating chronic inflammation. It is important to define the extent and severity of inflammation to guide the selection of appropriate treatment and predict prognosis.

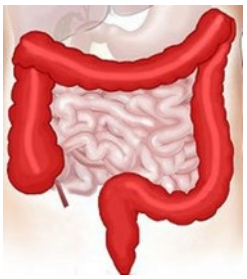
Montreal classification of ulcerative colitis based on disease extent is classified as follows:



Ulcerative proctitis



Left-sided colitis



Extensive colitis/Pancolitis

crohn's colitis

Partial Mayo Scoring System for Ulcerative Colitis disease activity

Parameter	Clinical evaluation (single choice	Score
Stools frequency (per day)	Normal number of stools	0
	1-2 more than normal	1
	3-4 more than normal	2
	≥5 more than normal	3
Rectal bleeding (indicate the most severe bleeding of the day)	No blood seen	0
	Streaks of blood with stool less than half the time	1
	Obvious blood with stool most of the time	2
	Blood alone passed	3
Physician's global assessment	Normal	0
	Mild	1
	Moderate	2
	Severe disease	3

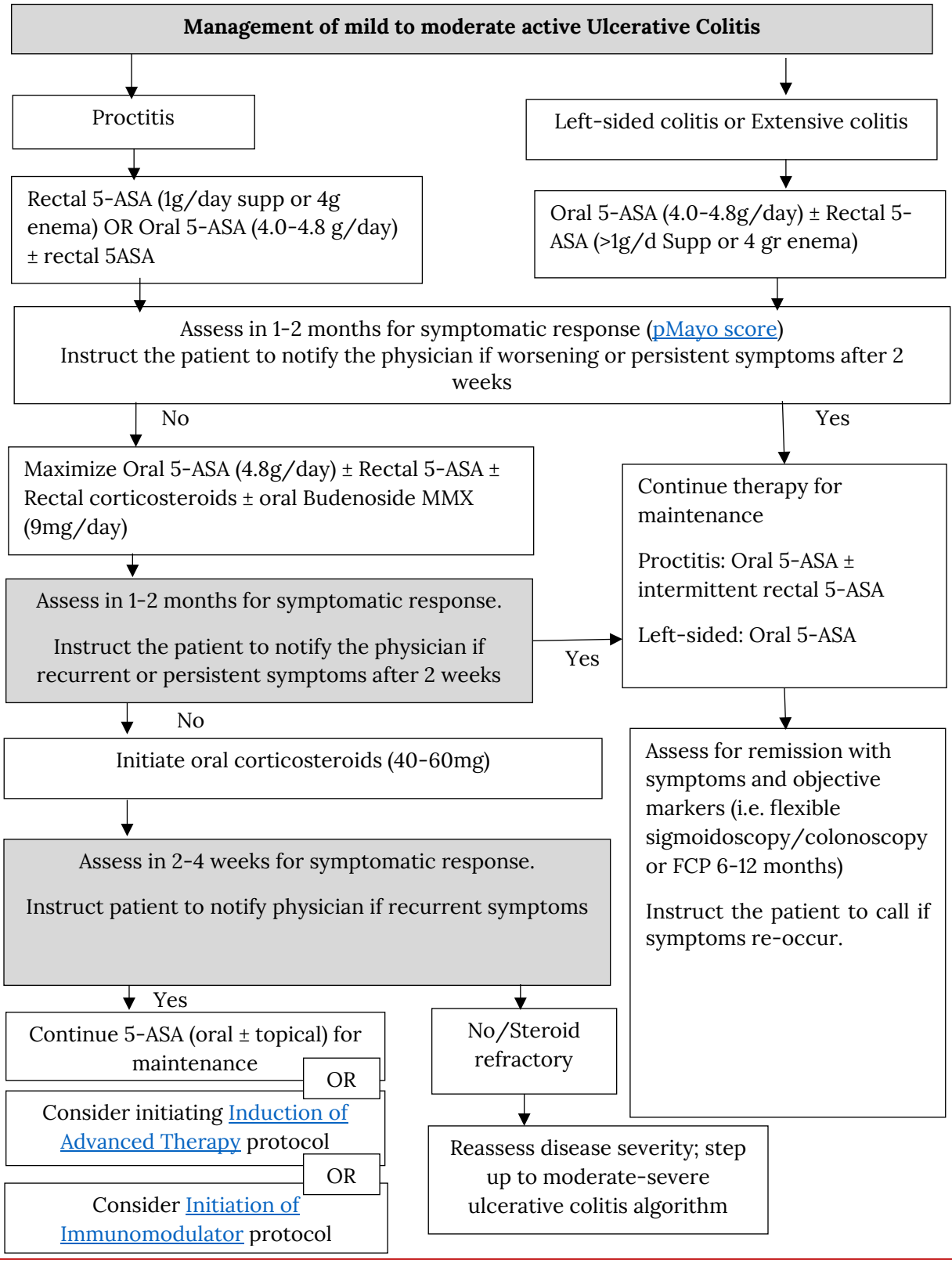
Score	Interpretation
0-1	remission
2-4	Mild activity
5-6	Moderate activity
≥7	Severe activity

Definitions, suggested diagnostic work-up and goal of therapy:

- Corticosteroid refractory UC: If there is no clinical response to oral prednisone (40 to 60 mg or equivalent) within 30 days
- Corticosteroid dependent UC: If corticosteroids cannot be tapered within three months of starting without disease recurrence or if relapse occurs within three months of stopping corticosteroids.
- Laboratory investigation include: CBC, liver biochemical tests, albumin, iron studies, ferritin and CRP
- Stool studies include: *Clostridium difficile*, routine stool cultures, and fecal calprotectin
- If the patient recently travelled to a parasitic infection endemic region, consider ova and parasites.
- Endoscopy (flexible sigmoidoscopy or colonoscopy) if needed for change in therapy.
- Goal of therapy: To achieve clinical and endoscopic remission.

crohn's colitis

The following algorithms are best practice clinical pathways for therapy decisions for patients with Ulcerative Colitis:



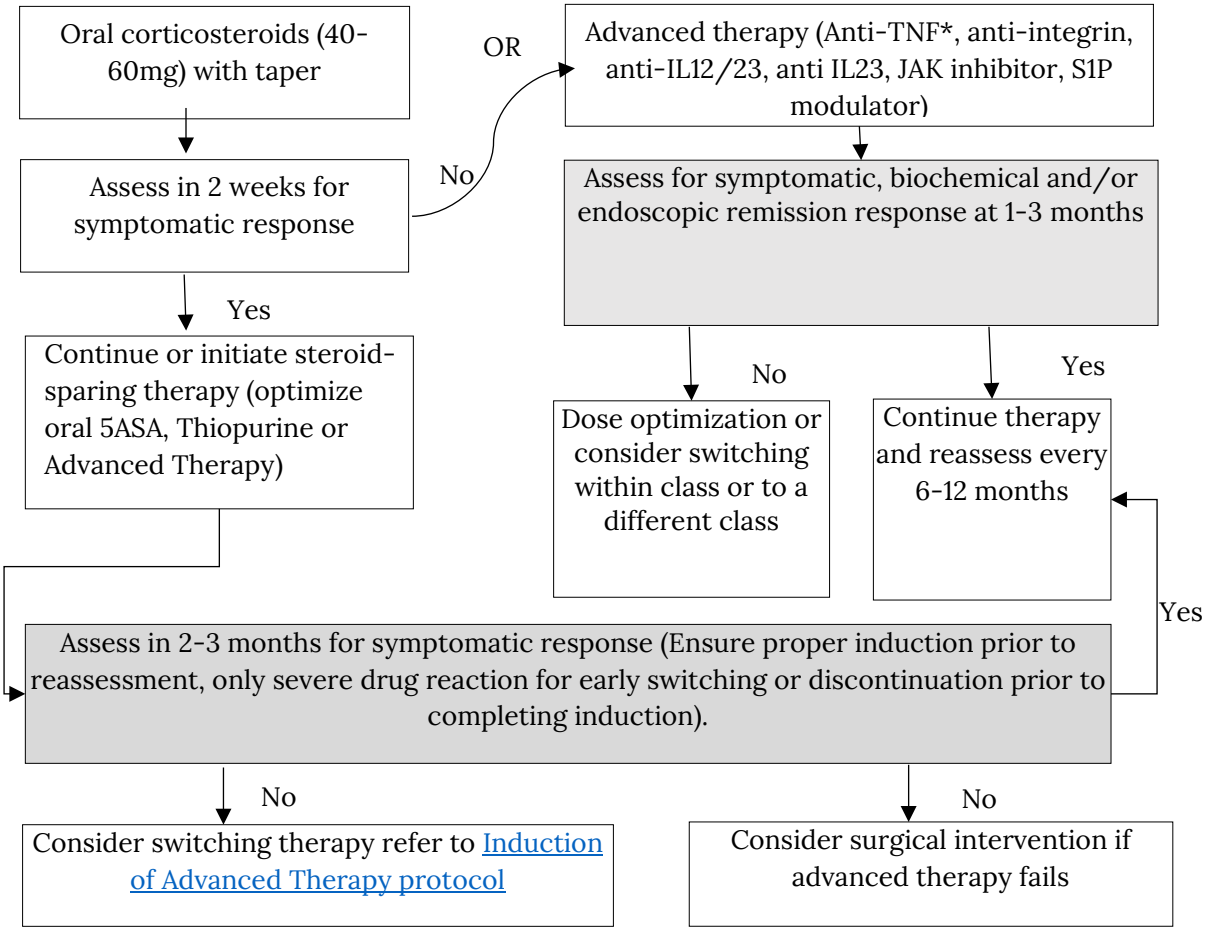
Version: April 1, 2024

crohn's colitis

Management of non-hospitalized moderate to severe active ulcerative colitis

Consider the following when choosing an Advanced Therapy (shared decision-making):

- Patient preference and characteristics (e.g., age, comorbidities, potential pregnancy)
- Risk of adverse events (e.g., infection, malignancy)
- Other medications being used, prior therapy for UC
- Accessibility to an infusion center
- Patient adherence
- Pre-biologic workup

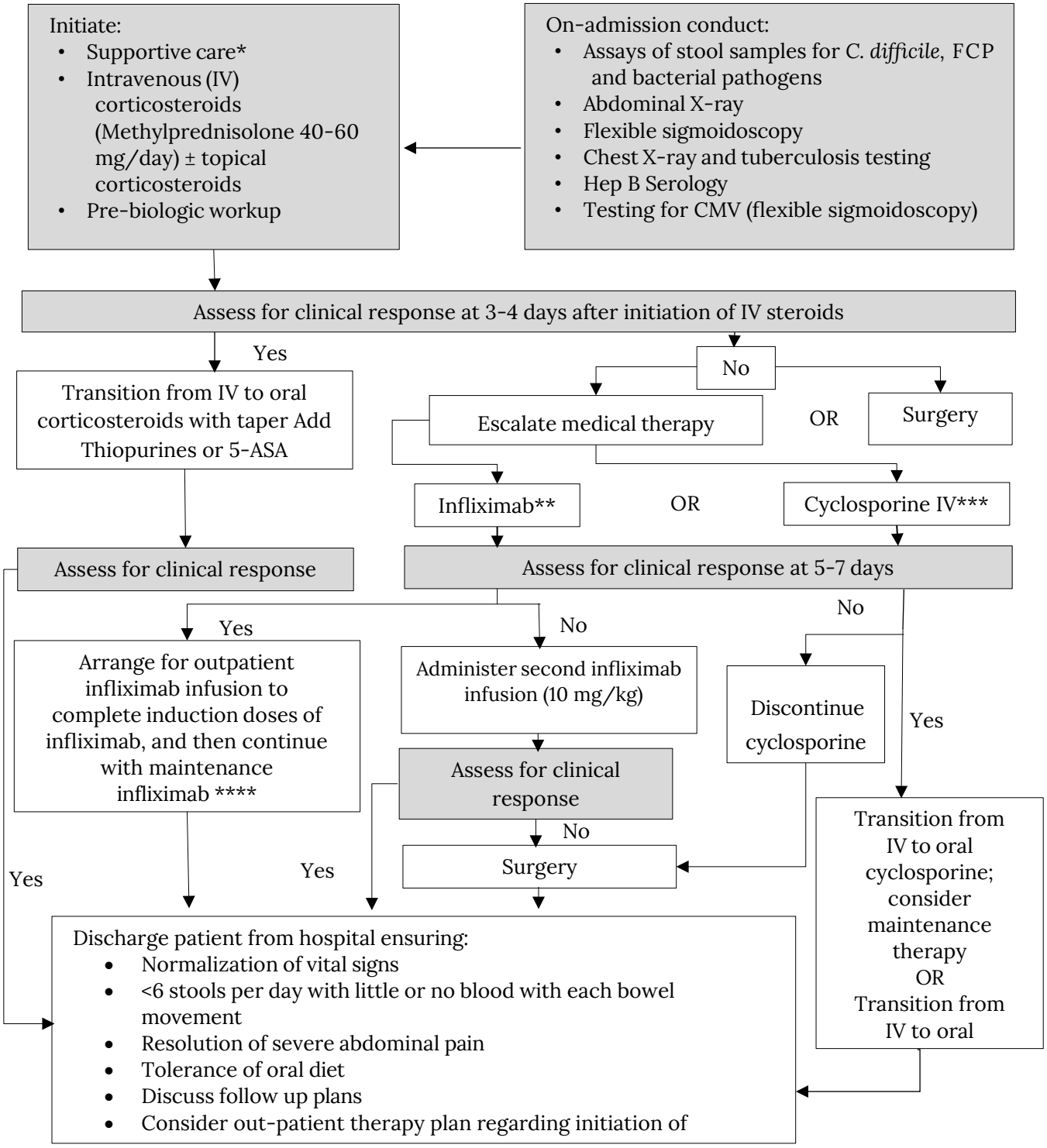


* Anti-TNF +/- thiopurine is recommended to reduce antibody formation

Version: April 1, 2024

crohn's colitis

Management of hospitalized acute severe ulcerative colitis



Alberta Health Services

IBD CLINIC

Inflammatory Bowel Disease Group University of Calgary

Version: April 1, 2024

* Monitoring vital signs, stool output, intravenous fluid, electrolyte replacement, venous thromboembolism prophylaxis and nutritional support
** The threshold for escalating therapy in time and/or dose should be low, especially in sick patients with low albumin.
*** Not commonly used in Canada
**** IFX should be administered as combination therapy for at least 6 months on discharge

Other Resources

Inflammatory Bowel Disease: Drug Comparison chart

UpToDate® — Patient education: Ulcerative colitis (Beyond the Basics) (freely accessible) https://www.uptodate.com/contents/ulcerative-colitis-beyond-the-basics?topicRef=2004&source=see_link

References

Danese S. et al. Positioning Therapies in Ulcerative Colitis. Clin Gastroenterol and Hepatol 2020; In press 10.1016/j.cgh.2020.01.017

Rubin DT et al. ACG Clinical Guideline: Ulcerative Colitis in Adults. Am J Gastroenterology 2019; 114:384 10.14309/ajg.0000000000000152

Bressler and Marshall et al. Clinical Practice Guidelines for the Medical Management of Nonhospitalized Ulcerative Colitis: The Toronto Consensus. Gastroenterology 2015; 148:1035-1058 10.1053/j.gastro.2015.03.001

Bitton A. et al. Treatment of Hospitalized Adult Patients with Severe Ulcerative Colitis: Toronto Consensus Statements. Am J Gastroenterology 2011; 179-194 10.1038/ajg.2011.386

Turner D, Ricciuto A, Lewis A, et al. STRIDE-II: An Update on the Selecting Therapeutic Targets in Inflammatory Bowel Disease (STRIDE) Initiative of the International Organization for the Study of IBD (IOIBD): Determining Therapeutic Goals for Treat-to-Target strategies in IBD. Gastroenterology. 2021;160(5):1570-1583. 10.1053/j.gastro.2020.12.031