Name of Clinical Care Pathway

Health Maintenance

Objective

Prevent the development of other diseases and monitor for adverse effects of therapy

Patient Population

Individuals diagnosed with inflammatory bowel disease

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PACE Inflammatory Bowel Disease Clinical Care Pathways

Highlight Box

IBD patients are at increased risk of infections, metabolic bone disease, certain malignancies, and mental health disorders secondary to their illness while on immunomodulatory therapy. Many of the infections can be prevented if patients are routinely monitored.

These clinical decision support tools were developed by Canadian experts in IBD, based on their interpretation of current evidence and considerations specific to Canadian healthcare. International guidelines from Europe and the United States are available. However, these may reflect regional factors not directly applicable in Canada

Introduction

This CCP aims to guide clinicians attending to the health of IBD patients in supporting and optimizing their health maintenance strategies.

1. Annual routine review by family physician
2. Annual routine review by an IBD specialist if the patient is NOT on any treatment. The frequency of the evaluation will change depending on disease trajectory and medication.
3. Colon cancer/dysplasia screening: Patients with colonic disease for > 8 years should undergo colonoscopy every 1-3 years—see Surveillance protocol Colonic Dysplasia/Cancer Surveillance
4. Provide smoking cessation counselling, especially in patients with Crohn's disease
    a. discuss at every visit
    b. provide the patient with educational materials
    c. refer to *Smoking Action Plan*
5. Diet and Nutritional assessment
    a. Provide with educational materials
    b. If ileal disease or post-surgery, monitor vitamin B12 and iron annually
    c. Assess vitamin D 25-OH level. If deficient or insufficient, *refer to* Vitamin D protocol.
    d. Referral to the IBD dietician
6. Vaccination
    a. Ensure vaccinations are up-to-date. Refer to the Vaccination Guide
    b. Annual inactivated influenza vaccine
7. Annual screening
    a. Skin examination for melanoma
    b. Oral Health
    c. Ophthalmologic examination
    d. PAP smears in immunocompromised women for cervical cancer
    e. Routine breast examinations
8. Behavioral Health
    a. Screen and address mental health co-morbidities
    b. Offer patients with high depression/anxiety scores referral to their primary care physician, psychiatrist, or other mental health professional.

Patients on 5-ASA

- Annual renal function
- Urinalysis

Patients on immunomodulatory therapy

All patients should receive age-appropriate vaccination before initiation of immune suppression therapy. Female patients should have annual cervical screening (PAP smear) and routine breast examination.

- Patients should undergo skin examination for non-melanoma squamous cell cancer (NMSC)
- Attenuated virus vaccines must be avoided. Refer to the vaccination guide

- Thiopurines
  - Patients on thiopurines should have CBC, and liver function tests quarterly
  - Lymphoma awareness—consider signs and symptoms:
  - Painless swelling in the lymph nodes in the neck, under the arm or in the groin
  - Unexplained fevers
  - Night sweats
  - Unexplained weight loss
  - Itchy skin
- Biologics
  - Tuberculosis (TB) test before starting Advanced Therapy. Refer to the Induction of Advanced Therapy protocol
  - TB risk assessment once per year and consider re-testing if:
    - Contact with TB
    - Travel to TB-endemic region (see countries list)
  - Cancer awareness—consider signs and symptoms:
    - Unexplained fevers
    - Night sweats
    - Unexplained weight loss
  - Fasting lipid profile 1-2 months after initiating therapy with JAK Inhibitors. Screen for risks of thrombosis at Caprini Score for Venous Thromboembolism (2005) . Consider alternative therapies if high-risk

Osteoporosis screening

- Monitor vitamin D and calcium levels
- Assess bone density (DEXA scan) if the following conditions are present:
  - Steroid use >3 months
  - Inactive disease but past chronic steroid use of at least 1 year within the past 2 years
  - Inactive disease but maternal history of osteoporosis
  - Inactive disease but malnourished or evidence of sarcopenia
  - Inactive disease but amenorrhea
  - Post-menopausal women; regardless of disease status
  - UC patient with an ileal pouch anal anastomosis

Disclaimer statement: Clinical care pathways never replace clinical judgement. Care outlined in this pathway must be altered if it is not clinically appropriate for the individual patient.

References

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