October – Health Maintenance in IBD

Two factors contribute to the need for gastrointestinal care providers to heighten their attention to general health maintenance for their patients with IBD. First, patients with IBD often see their GI-focused providers more regularly than their general health care providers. Second, general practitioners are not always well-acquainted with the ways in which IBD pathology and its treatments affect general health maintenance recommendations. The combination of these two factors warrants special attention on routine health maintenance for patients with IBD by gastrointestinal-focused providers.

The Crohn’s & Colitis Foundation’s Professional Education Committee has developed the Crohn’s & Colitis Foundation’s Health Maintenance Checklist for IBD Patients. This is a comprehensive checklist that includes recommendations for vaccines, cancer prevention and other screenings. Please click on the link below to access the check list.


Tip #1 - Immunizations for individuals with IBD

- Patients treated with systemic immunosuppressive therapy (steroids, thiopurines, anti-TNFs, anti-IL 12/23) should not receive live vaccines
- The best time to vaccinate is when patients are newly diagnosed with IBD and are not on any form of immunosuppression. Vaccination histories should be checked and updated, particularly prior to starting any immunosuppressants.
- Patients who may require live virus vaccines due to travel or work environments should be warned prior to starting anti-TNF therapy to update their vaccinations
- Patients at risk should receive live vaccines 1 month before starting immunosuppressive therapy
- Check hepatitis B surface antigen, hepatitis B surface antibody, hepatitis B core antibody before initiating antiTNF therapy. If non-immune, consider vaccination series with non-live hepatitis B vaccine, 3 doses. If active viral infection or core Ab positive, check PCR and withhold anti-TNF therapy until active infection is excluded or treated appropriately.
- The CDC adult immunization schedule now advises routine Human Papilloma Virus (HPV) vaccination for females and males 11 or 12 years of age. The vaccine can be administered up to age 26 for females and age 21 for males if they have not previously been vaccinated.
- Immunize against Herpes Zoster (Shingles) prior to starting biologics and immunomodulators at age 60.
- There are currently 2 types of pneumococcal vaccines: pneumococcal conjugate vaccine (PCV13 or Prevnar 13®) and pneumococcal polysaccharide vaccine (PPSV23 or Pneumovax®).
  - PCV13 is recommended for all children younger than 5 years old, all adults 65 years or older, and people 6 years or older with certain risk factors.
PPSV is recommended for all adults who are 65 years or older and for people 2 through 64 years old who are at high risk for pneumococcal disease.

Tip #2 - Talk with your patients with IBD about the risk of flu and simple steps to help minimize the risk of contracting flu

- For information about the increased risk of flu for individuals with IBD and the special considerations regarding flu immunization, see: [http://www.ccfa.org/news/flu-cases-on-the-rise-in-the.html](http://www.ccfa.org/news/flu-cases-on-the-rise-in-the.html). Flu shots only are to be given when immunocompromised, not nasal spray.
- For more information about flu prevention, signs and symptoms, and caring for flu see: [www.flu.gov](http://www.flu.gov).
- Encourage all IBD patients to remember the following flu recommendations:
  1. Wash your hands often with soap and water.
  2. Avoid touching your eyes, nose, and mouth.
  3. Avoid close contact with sick people.
  4. Practice good health habits (get adequate sleep, exercise, eat healthy, and drink plenty of fluids).
  5. Cover your nose and mouth with a tissue when you cough or sneeze.
  6. If you have the flu, stay at home for at least 24 hours after your fever has returned to normal without the use of fever-reducing medications.

Tip #3 – Cancer Prevention

- **Cervical Pap Smear** – Female patients on immunosuppression need annual Pap smears.
- **Skin Assessment** – Patients on immunosuppression need annual assessments. Patients with personal history of skin cancer on immunosuppression need screening every 4-6 months or as indicated by dermatologist.
- **Colonoscopy** – If disease is present in at least 1/3 of the colon, perform annual or biannual surveillance colonoscopies with targeted mucosal sampling; consider chromoendoscopy if available, to assess for dysplasia after 8-10 years or history of dysplasia.

Tip #4 - Smoking Cessation

- Provide smoking cessation materials to all IBD patients, especially those with Crohn’s disease; see: [http://www.cdc.gov/tobacco/campaign/tips/quit-smoking/](http://www.cdc.gov/tobacco/campaign/tips/quit-smoking/)

Tip #5 - Depression Screening – Screen all patients at least annually or when depressive symptoms appear.

Tip #6 – Osteoporosis Screening

- Assess bone density if the following conditions are present:
  1. Steroid use >3 months;
  2. Inactive disease but past chronic steroid use of at least 1 year within the past 2 years;
  3. Inactive disease but maternal history of osteoporosis;
  4. Inactive disease but malnourished or very thin;
5. Inactive disease but amenorrhea;
6. Post-menopausal women; regardless of disease status

Tip #7 – Therapy Related Testing

- **Mesalamines** - Annual renal function.
- **Corticosteroids** – DEXA scan. Consider ophthalmology exam.
- **Thiopurines** - TPMT, CBC and liver function prior to initiating therapy. Routine CBC and liver function monitoring while on therapy. Thiopurine metabolites to dose optimize therapy.
- **Methotrexate** - CBC, liver, and renal function prior to initiating therapy. Routine CBC, liver, and renal function monitoring while on therapy.
- **Anti-TNFα** - TB screening prior to initiating therapy with PPD skin testing and/or QuantiFeron-TB Gold assay. Chest X-Ray if high-risk and/or indeterminate PPD or QuantiFeron-TB Gold. Perform annual TB risk assessment and consider re-testing if high risk (including travel to endemic region). Check hepatitis B surface antigen, hepatitis B surface antibody, hepatitis B core antibody before initiating anti-TNF therapy. CBC, liver, and renal function prior to initiating therapy and periodic monitoring while on therapy.
- **Natalizumab** - Enrollment in TOUCH program. Check JCV antibody and treat if negative. Retest JCV antibody q 4-6 months prior to initiating therapy. Routine CBC and liver function monitoring while on therapy.
- **Vedolizumab** - CBC, liver, and renal function prior to initiating therapy and periodic monitoring
- **Ustekinumab** - TB screening prior to initiating therapy with PPD skin testing and/or QuantiFeron-TB Gold assay. Chest X-Ray if high-risk and/or indeterminate PPD or QuantiFeron-TB Gold. Perform annual TB risk assessment and consider re-testing if high risk (including travel to endemic region). CBC, liver, and renal function prior to initiating therapy and periodic monitoring while on therapy.

Crohn’s & Colitis Foundation Resources:

- **Diagnosing and Monitoring IBD Webcast**: This one hour educational webcast led by an IBD expert provides in-depth information on diagnostic tests and monitoring tools to help manage Crohn's disease or ulcerative colitis. [http://www.crohnscolitisfoundation.org/resources/webcasts.html](http://www.crohnscolitisfoundation.org/resources/webcasts.html)


- **IBD Discussion Guide**: This two-page guide can help you and your doctor see how inflammatory bowel disease (IBD) is affecting you, and if you could be doing more to manage your IBD. You can answer questions and bring it with you to your next appointment. [https://www.ibdetermined.org/Common/documents/ibd_doctordiscussionguide.pdf](https://www.ibdetermined.org/Common/documents/ibd_doctordiscussionguide.pdf)
Other Resources for General Health Maintenance Information

- General Health Maintenance:  
  http://www.aafp.org/afp/topicModules/viewTopicModule.htm?topicModuleId=64

- General Clinical Information: www.uptodate.com

- Cornerstones Checklist for IBD Patients at:  

- ACIP: http://www.cdc.gov/vaccines/hcp/acip-recs/index.html

- ACOG: http://www.cdc.gov/vaccines/hcp/acip-recs/index.html


- US Preventive Services:  


References

Crohn’s & Colitis Foundation Health Maintenance Checklist for IBD Patients (2017):  