Inflammatory Bowel Disease

Summary of the Talk by Professor Tony Catto-Smith (Gastroenterologist @ Royal Children's Hospital) At the Young Ostomates United Information Day 20th October 2012

It is important to remember that IBD is Treatable but not Curable. IBD encompasses both Ulcerative Colitis & Crohn's Disease, in the past these 2 diseases were treated very separately but as time goes by it is clear that they may be related more closely than we previously thought.

The incidence of Inflammatory Bowel Disease (IBD) in children has exploded worldwide in the last 20 years. Two published studies in Victorian children ranging over a 60 year study have shown a 15-20 fold increase in children, predominantly since the late 1980's. Similar increases have also been noted overseas and even in countries like China, Thailand & India.

Possible Causes

Environmental: everyone has bugs in their gut. The majority of these are in the large bowel. It is believed that something to do with the bacteria in the bowel is responsible for IBD. One suggestion is that we have a new bacteria has arisen whilst others believe that the cleanliness of our environment has prevented us "learning" how to deal with the normal gut bacteria, resulting in uncontrolled inflammation.

Genetics: every person has a different immune make up. A number of genetic mutations have been identified in patients with IBD – virtually all of these are to do with how the body defends itself against bacteria.

The Goal of Treatment: is to induce & maintain remission as there is no medical or surgical cure for IBD. We need to weigh up the risks and benefits of therapies, consider quality of life, heal fistula & aim for normal growth & development.

Treatment: is intended to either induce a remission (get you better), or to maintain a remission (keep you better). Most treatments work by calming down the immune system.

Surgery/Medication

1. "A.S.A." Drugs: Sulfasalazine/Mesalamine – controlled release

2. Steroids: very effective drugs for inducing a remission but have significant side-effects if continued overly long. Doses are usually tapered over 6 - 12 weeks. After 7 weeks, most patients (92%) feel much improved (clinical remission), but only 29% have achieved mucosal (lining of the bowel) remission. Treatment with these medications needs to consider side effects & the potential for infection.

3. Immunosuppressants: Methotrexate/Thiopurines – these result in fistula healing in about 55% of occasions but also produce mucosal healing. Side effects occur in about 10% of patients.

4. Infliximab (IFX): New treatment drugs - wonderful results achieved very rapidly however very expensive e.g. approx. $3,000.00 for 2 months treatment. In 2004 IFX was made available @ the RCH by the Victorian Government New Technology Scheme; in 2007 IFX was made available on the PBS for adults & children down to the age of 6yrs with Crohn's disease. The biggest problem faced by patients is the possibility that it stops working, most likely due to antibodies produced by the patient against the medication. Sometimes it may be appropriate to stop the IFX. This might be because of an infection, infusion reactions, loss of response & uncertain risks re fertility & pregnancy.

5. Enteral Nutrition: This is used especially in Crohn's Disease. As effective as steroids but much better at achieving mucosal healing (10 week trial of enteral nutrition versus prednisolone showed Clinical remission – EN 79%, Steroids 67% but mucosal healing – EN 74%, Steroids 33%). Complete rest of the gut & NO fibre can reduce the symptoms.

Research in IBD

IBD Research Group at Royal Children's Hospital & the Murdoch Centre

for Research Institute:

Microbiological causes of inflammatory bowel disease

Gutsy Group: A Barwon Study showing a high incidence of IBD

Prevention of postoperative recurrence in CD

Trial of causes using animals @ St Vincent's Hospital

New immunosuppressants (thioguanine).

This is a short summary of the talk by our esteemed keynote speaker, Professor Tony Catto-Smith, Chief of the Gastroenterology Department at the Royal Children's Hospital. The above was presented as part of Y.O.U. Inc's "Let YOU Be Heard" Day (October 2012). A donation to The Gutsy Group was sent on his behalf.
Thank you. Lilian Leonard.