






Inflammatory Bowel Disease

Inflammatory bowel disease is an umbrella term for a group of diseases characterised by inflammation of the GI tract, most commonly Ulcerative Colitis (UC) and Crohn's disease. More than 80,000 Australians live with IBD, with incidence increasing as diagnoses are more frequently made in younger patients. The relapsing and chronic nature of IBD has major impacts on a person's emotional, physical and social wellbeing. Early diagnosis, managing intercurrent illness and coordination of care are important roles for the GP, and supervisors can help educate their registrars on this serious condition.

<p>TEACHING AND LEARNING AREAS</p> 	<ul style="list-style-type: none"> • Pathophysiology of UC and Crohn's • Key features on history, including extra-intestinal manifestations • Differential diagnoses and discriminating features of each • Appropriate investigations, including faecal calprotectin • Management of IBD in primary care, including monitoring and managing side effects of medications • Approach to IBD in adolescent patients • Referral pathways, including process for urgent referral 				
<p>PRE-SESSION ACTIVITIES</p> 	<ul style="list-style-type: none"> • Read the 2013 AAFP article Ulcerative colitis • Read the 2018 AAFP article Crohn's disease - diagnosis and management 				
<p>TEACHING TIPS AND TRAPS</p> 	<ul style="list-style-type: none"> • UC is limited to the colon, while Crohn's can involve any part of the GI tract from the mouth to the anus • Faecal calprotectin is highly sensitive in discriminating between IBD and IBS (especially useful in low-risk patients with no alarm symptoms) • Goals of treatment of IBD are to induce remission of active disease and prevent relapse – there is currently a strong trend towards earlier use of potent immunomodulatory drugs • Patients with UC have an increased risk of colorectal cancer and need regular surveillance • Screening and vaccination before starting an immunomodulatory drug are required, and ongoing monitoring during therapy is essential • Preventive care is an important aspect of management of IBD (SNAP and vaccinations) 				
<p>RESOURCES</p> 	<table border="1"> <tbody> <tr> <td data-bbox="325 1711 437 1850">Read</td> <td data-bbox="437 1711 1498 1850"> <ul style="list-style-type: none"> • Australian Guidelines for General Practitioners and Physicians - Inflammatory Bowel Disease 4th Edition (updated 2018) - excellent resource • Therapeutic guidelines chapter Immunomodulatory drugs used in IBD </td> </tr> <tr> <td data-bbox="325 1850 437 1917">Listen</td> <td data-bbox="437 1850 1498 1917"> <ul style="list-style-type: none"> • Curbsiders podcast Inflammatory bowel disease </td> </tr> </tbody> </table>	Read	<ul style="list-style-type: none"> • Australian Guidelines for General Practitioners and Physicians - Inflammatory Bowel Disease 4th Edition (updated 2018) - excellent resource • Therapeutic guidelines chapter Immunomodulatory drugs used in IBD 	Listen	<ul style="list-style-type: none"> • Curbsiders podcast Inflammatory bowel disease
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<p>FOLLOW UP & EXTENSION ACTIVITIES</p> 	<ul style="list-style-type: none"> • Registrar to undertake clinical reasoning challenge and discuss with supervisor 				

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Clinical Reasoning Challenge

Sarah Stock, a 23-year-old travel agent, presents to you with a three-week history of abdominal pain and daily diarrhoea, occasionally with blood. She has had occasional fevers and has lost about 4kg in weight. She feels fatigued. She denies any other symptoms and has no past medical history of note. She is a non-smoker and rarely drinks alcohol.

QUESTION 1. What is the differential diagnosis of her symptoms? List as many as appropriate

QUESTION 2. What are the MOST IMPORTANT additional features on history to help diagnose a cause of her symptoms? List up to THREE.

1

2

3

QUESTION 3. Further history is unremarkable, and you are suspicious of a diagnosis of IBD. What is the single MOST IMPORTANT next step in management? List ONE step.

1

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ANSWERS

Sarah Stock, a 23-year-old travel agent, presents to you with a three-week history of abdominal pain and daily diarrhoea, occasionally with blood. She has had occasional fevers and has lost about 4kg in weight. She feels fatigued. She denies any other symptoms and has no past medical history of note. She is a non-smoker and rarely drinks alcohol.

QUESTION 1

What is the differential diagnosis of her symptoms? List as many as appropriate

- IBD – Crohn's/UC
- Infectious cause e.g. salmonellosis
- Microscopic colitis
- Vasculitic cause
- Neoplasm
- Medication e.g. antibiotic-associated

(Other differentials include coeliac disease and IBS, but the presence of bleeding makes them much less likely)

QUESTION 2

What are the MOST IMPORTANT additional features on history to help diagnose a cause of her symptoms? List up to THREE.

- Nocturnal symptoms
- Travel history
- Medication history, especially antibiotics
- Family history

QUESTION 3

Further history is unremarkable, and you are suspicious of a diagnosis of IBD. What is the single MOST IMPORTANT next step in management? List ONE step.

- Urgent referral to a gastroenterologist for ileocolonoscopy