

Appendix 1: Medical treatment of ulcerative colitis

To induce remission in ulcerative colitis^{1,4}

Step 1

In left-sided or extensive ulcerative colitis:

- oral mesalazine (4.8g/day)
- can add a topical aminosalicylate or oral beclometasone dipropionate

In active proctitis or proctosigmoiditis:

- topical mesalazine 1.2g daily (suppository or enema depending on extent of disease)
- combination with oral mesalazine 2.4g daily- oral treatment alone is less effective than when combined with topical aminosalicylate
- topical corticosteroids - reserve as second-line therapy for those unresponsive to topical mesalazine as less effective

If these were ineffective the next steps initiated in secondary care would be high dose steroids, azathioprine, tacrolimus or biologic therapy.

Remissions can be maintained by using topical or oral aminosalicylates, azathioprine or mercaptopurine⁴.

Appendix 2: Medical treatment of Crohn's disease

To induce remission of Crohn's disease^{1,6}

For ileal, ileocolonic, or colonic Crohn's disease:

Step 1

Oral steroids.

- a starting dose of 40mg prednisolone per day, reducing by 5mg/day at weekly intervals
- 20mg/day for 4 weeks then reduced by 5mg/day at weekly intervals may be used in moderate disease
- more rapid reduction is associated with early relapse

Step 2

Budesonide

- 9 mg daily can be used in isolated moderate ileo-caecal disease; although marginally less effective than prednisolone, its side-effect profile is substantially better.

If these are ineffective, 5-aminosalicylate, azathioprine, methotrexate or mercaptopurine may be used.

To maintain remission of Crohn's disease

Patients should have the option of no maintenance treatment. Plans for follow-up and symptoms which should prompt review (unintended weight loss, abdominal pain, diarrhoea, general ill-health) should be discussed.

Do not offer steroids or budesonide to maintain remission. First line treatment would be azathioprine or mercaptopurine, with methotrexate as second line therapy.

Appendix 3: Severity indices for ulcerative colitis and Crohn's disease

Truelove and Witts' severity index – used to assess severity of ulcerative colitis

Symptom	Severity		
	Mild	Moderate	Severe
Bowel movements (no. per day)	Fewer than 4	4–6	6 or more plus at least one of the features of systemic upset (marked with * below)
Blood in stools	No more than small amounts of blood	Between mild and severe	Visible blood
Pyrexia (temperature greater than 37.8°C) *	No	No	Yes
Pulse rate greater than 90 bpm *	No	No	Yes
Anaemia *	No	No	Yes
Erythrocyte sedimentation rate (mm/hour) *	30 or below	30 or below	Above 30

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Appendix 4: Information on support groups and initiatives for people with IBD

There are 4 main support organisations for people with IBD:

- Crohn's and colitis UK www.crohnsandcolitis.org.uk
- Crohn's in childhood research association (CIRCA) www.circa.org
- The ileostomy and internal pouch support group www.iasupport.org
- European federation of Crohn's and ulcerative colitis associations (EFCCA) www.efcca.org.

Crohn's and colitis UK has numerous publications and information sheets on drug treatments, benefits, advice for parents and schools, travel and fatigue.

Crohn's and Colitis support run a phone-line manned by volunteers: 08451303344.

www.ibdpassport.com supplies practical information for those with IBD who are travelling abroad.

Fatigue in IBD is currently (2015) being looked at; there is an online fatigue survey for those with IBD www.fatigueinibd.co.uk

The IBD registry is compiling a local register of IBD patients and will create a clinical audit of biologic treatments. www.ibdregistry.org.uk

IBD standards is an organisation that has suggested standards to be adopted throughout the UK regarding treatment and management of IBD. www.ibdstandards.org.uk