Health Maintenance in Inflammatory Bowel Diseases

Three 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. Third, IBD patients are generally younger, and so they consider their GI provider to be their primary care provider. The combination of these three factors warrants special attention on routine health maintenance for patients with IBD by gastrointestinal-focused providers (Mir & Kane, 2018).

Tip #1 – Be familiar with the following immunization guidelines for individuals with IBD (Farraye, Melmed, Lichtenstein & Kane, 2017; Long, Gulati, Wohl, & Herfarth, 2015; Mir & Kane, 2018;):

- 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, and hepatitis B core antibody before initiating antiTNF therapy. If non-immune, consider vaccination series with non-live hepatitis B vaccine, which are 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 up to age 21 for males if they have not previously been vaccinated.
- Immunize against Herpes Zoster (Shingles) with the zoster vaccine recombinant, adjuvanted (Shingrix®) in those 50 years of age and older.
- 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.
  - PPSV23 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.
  - Typically, PCV13 is given first, and then PPSV23 is given 12 months later.
  - In addition, both of these are recommended for all IBD patients that are immunosuppressed (Lopez et al, 2017).
Tip #2 – Ensure all IBD patients undergo annual vaccination against influenza (Farraye, Melmed, Lichtenstein & Kane, 2017)

- Those on immunosuppressive therapies and their household contacts should receive the non-live trivalent inactivated influenza vaccine, not the live inhaled influenza vaccine.
- For more information about flu prevention, signs and symptoms, and caring during a flu, visit: 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 – Be familiar with cancer screening and prevention guidelines (Farraye, Melmed, Lichtenstein & Kane, 2017; Mir & Kane, 2018)

- **Cervical cancer** – Female patients on immunosuppression need annual Pap smears. In addition, Human Papilloma Virus (HPV) vaccination is recommended for females and males 11 or 12 years of age. The vaccine can be administered up to age 26 for females and up to age 21 for males if they have not previously been vaccinated.
- **Skin cancer screening** – Patients on biologics and immunomodulators need annual assessments. Patients with a personal history of skin cancer on immunosuppression need screening every 4-6 months or as indicated by a dermatologist. All IBD patients should be counseled on the liberal use of sunscreen.
- **Colon cancer surveillance** – If disease is present in at least 1/3 of the colon, perform annual or bi-annual surveillance colonoscopies with targeted mucosal sampling; consider chromoendoscopy if available, to assess for dysplasia after 8-10 years or history of dysplasia.

Tip #4 - Provide smoking cessation materials to all IBD patients, especially those with Crohn’s disease (Farraye, Melmed, Lichtenstein & Kane, 2017; Mir & Kane, 2018)

- Materials can be found at: http://www.cdc.gov/tobacco/campaign/tips/quit-smoking/

Tip #5 - Screen all IBD patients at least annually or when depressive or anxiety symptoms appear. (Farraye, Melmed, Lichtenstein & Kane, 2017; Mir & Kane, 2018)

Tip #6 – Be familiar with osteoporosis screening guidelines (Farraye, Melmed, Lichtenstein & Kane, 2017; Mir & Kane, 2018)

- Monitor vitamin D levels and keep above 30.
- 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

Crohn’s & Colitis Foundation Resources:

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 checklist.

[www.crohnscolitisfoundation.org/providerchecklist](http://www.crohnscolitisfoundation.org/providerchecklist)

Other Resources for General Health Maintenance Information

- General Health Maintenance:
- ACIP: [http://www.cdc.gov/vaccines/hcp/acip-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/index.html)

References


Acknowledgement: