Guidelines for IBD Advanced Provider

If you suspect that your patient may have an IBD, it is important to have a standardized approach for taking history and conducting a physical exam.

**Chief Complaint:** Patient’s main reason for visit/symptoms?

**Pertinent IBD History - (HPI):** Some of the important questions to ask are:

IBD diagnosis and date of dx: (UC, CD, Indeterminate or not known, specify location of disease i.e. ileocolitis, proctitis, perianal)

Onset of symptoms (Including duration and change from baseline):
- Ask about pain or discomfort:
  - Location?
  - Describe pain?
  - Precipitating factors?
  - Alleviating factors?
- Fever, chills or night sweats:
  - When occur?
  - How often?
  - Associated with other symptoms? Pain? Change in bowel pattern? Perianal abscess or fistula draining? Joint pains?
  - Alleviates/Precipitates?
- Ask about the patient’s bowel movements:
  - Frequency and consistency? What's normal?
  - Urgency and tenesmus?
  - Nocturnal symptoms?
  - Rectal bleeding?
  - Is there abdominal pain before, during or after?
- Ask about appetite:
  - Anorexia?
  - Sitophobia?
  - Early satiety?
  - Dysphagia/odonophagia?
• Weight loss/gain:
  o How much and in what time period?
  o Intentional/Unintentional?

• Ask about extra-intestinal manifestations:
  o Eyes (Iritis, uveitis)
  o Skin (Pyoderma gangrenosum, Erythema nodosum)
  o Musculoskeletal (Osteoporosis, peripheral arthralgias and arthritis, spondyloarthritis (ankylosing spondylitis, sacroileitis)
  o Hematologic (Anemia, venous thromboembolism, pulmonary embolism)
  o Hepatobiliary (Cholelithiasis, PSC)
  o Renal (Nephrolithiasis)
  o Perianal (abscess, fistula, skin tag)

• Medical history (Include IBD diagnosis, date and location of macroscopic and microscopic disease, cancer or dysplasia)
  o ER visits for IBD
  o Hospitalizations for IBD
  o Iron or blood transfusions
  o Depression
  o Anxiety
  o PSC
  o Blood clotting disorders

• Surgical history (Date/type/complications) *For CD include cm estimate of small bowel resection or remaining SB

• Social history
  o Have you traveled recently?

• Family history of IBD? Specify?

• Lifestyle
  o Do you smoke? Past smoker? When quit? Willing to quit? Enroll in cessation program?
  o Have you experienced food intolerance in the past? Special diet?
  o Quality of life affected?

• Medications (name/form & dose/duration/response/adverse events and tolerance)
  o What medications are you currently taking? (NSAIDs)
  o What about over-the-counter medications?
  o Corticosteroids – dose, length of use, when discontinued
  o Recent exposure to antibiotics
  o Adherence to medication regimens
- Vaccination history if known:
  - Annual flu
  - Pneumovax
  - TB
  - Hep B
  - Meningococcal Meningitis
  - Zoster
  - HPV
- Recent radiologic/procedure studies: date and results (CT, MRI, SBS, Colonoscopy, Flex. Sig.)

Physical Examination:

Remember to check/perform the following:

- Vitals (blood pressure, heart rate, respiratory rate, temperature)
- Body height and weight with BMI (especially in pediatric patients)
- Abdominal examination (e.g., location, distension, tenderness, )
- Digital rectal examination (perianal inspection for abscess, fistula, fissure, skin tag)
- Extra-intestinal manifestations (e.g., eyes, skin, joints)

The work-up for a patient that presents with suspected IBD may include the following:

- Stool cultures for C Difficile, O&P, Bacterial pathogens to rule out infectious colitis
- Stool sample for inflammation: lactoferrin or calprotectin (discriminates between IBS and IBD)
- Laboratory tests
  - Complete blood count
  - C-Reactive Protein (CRP) or Erythrocyte sedimentation rate (ESR) – CRP is preferred
  - C-reactive protein (CRP)
  - Vitamin B12, folate, ferritin, iron, TSH, albumin
- Radiological/GI procedure studies
  - Flex. Sig./Colonoscopy with biopsies
  - Small bowel series
  - Barium enema
  - CT enterography/ Abd./pelvic CT
**Differential diagnosis for IBD to consider:**

As you may have noticed, the common signs and symptoms of IBD can be easily mistaken for other gastrointestinal disorders. Here is a list of some other diseases that should be considered in patients presenting with similar signs and symptoms:

- **Infectious gastroenteritis/colitis**
  - Presentation: varies depending on the pathogen
  - Can be screened for by stool cultures
  - Always order a Clostridium difficile toxin analysis

- **Ischemic colitis**
  - Presentation: acute (abdominal pain, urgency, bright red blood in stool), chronic (transmural scarring, stricturing)
  - Should be considered in patients in a hypercoagulable state or with a severe cardiac/peripheral vascular disorder

- **Irritable Bowel Syndrome**
  - Presentation: change in bowel habits (diarrhea/constipation/alternating bowel patterns)
  - Abdominal pain relieved with bowel movement
  - Increased visceral sensitivity to intestinal motility
  - No tissue abnormality, inflammation on endoscopic evaluation

- **Diverticulitis**
  - Presentation: fever, abdominal pain/tenderness, leukocytosis, partial obstruction and fistulas (similar to severe CD)

- **Radiation**
  - Presentation: Bloody diarrhea, tenesmus, malabsorption, weight loss, obstruction, fistulas, Pain
  - Patients will present with gastrointestinal symptoms within 1-2 weeks of starting radiation therapy

- **Colorectal Cancer**
  - Presentation: Ill-defined abdominal pain, weight loss and occult bleeding if right colon. Altered bowel habits, decreased stool caliber and hematochezia if left colon
  - Risk is higher in older patients (>50 years), those with family history of colon cancer, family or personal history of polyps, certain genetic syndromes.

- **Microscopic colitis**
  - Presentation: moderate to severe watery diarrhea ± abdominal cramping and no bleeding
  - Rarely leads to surgery
  - Most cases respond readily to anti-diarrheals (Imodium, Lomotil, pepto Bismol) or budesonide
References:
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