University of Michigan Health System

IBD Patient News

Fall 2014 U-M Division of Gastroenterology

IBD News You Can Use:

Why Do Patients With IBD Experience Joint Pain?

Individuals with IBD are more likely to experience aching or pain in their joints, referred to as arthritis. As many as 25% of individuals with IBD will experience arthritis at some point in their life. Arthritis tends to coincide with IBD disease activity, with an increase of joint pain during flares and relief during periods of remission of IBD symptoms. IBD related arthritis may affect one or more joints and can move from joint to joint, and tends not to involve both sides of the body equally. Large joints such as the hips, knees, and ankles are most likely to be affected and may become hot to the touch and painful. Typically, this does not result in permanent damage. Arthritis associated with IBD may also affect the lower part of the spine, called ankylosing spondylosis, which involves inflammation of the sacroiliac joints (the joint in the pelvis between the sacrum and ileum). Often times this pain is mild, worse in the morning, and improves with exercise.

While what causes inflammation in IBD is not fully understood, researchers believe that the inflammation in the bowel can wreak havoc in other parts of the body, with the most common problem being the inflammation of joints. While there is no way to prevent arthritis associated with IBD, there are many different types of treatment out there to help provide relief. Mild joint pain may be relieved by non-steroidal anti-inflammatory drugs (NSAIDs), though this treatment may cause or increased bleeding in the intestinal tract. For more severe joint pain, a course of corticosteroids or other medications prescribe to treat IBD such as sulfasalazine (Azulfidine), azathioprine (Azasan, Imuran), methotrexate, adalimumab (Humira), certolizumab pegol (Cimzia), etanercept (Enbrel) and infliximab (Remicade) may help. If experiencing joint pain, talk with your gastroenterologist to help decide the best course of treatment.

Get Involved in IBD Research!

WHAT IS THE ROLE OF GENETICS IN DEVELOPING IBD?...

...CAN TREATMENT BE TAILORED SPECIFICALLY TO MY DISEASE?

These and many other questions are being asked by IBD researchers today. The University of Michigan IBD Databank is a registry study that collects samples and data to help researchers learn more about IBD. We are seeking volunteers 18 years of age and older ***with IBD and those without it (healthy controls)*** to participate. Participants can choose to consent to a single visit in which they fill out questionnaires and give a blood sample, or give consent for a longer period of time to help us learn about the disease course over time. Study visits can be coordinated with scheduled clinic appointments. Please contact Anna at: aromans@med.umich.edu or 734-615-7977 to learn more about the study!

Ongoing IBD Clinical Studies

University of Michigan Health System

VISIT OUR WEBSITE:

U-M Inflammatory Bowel Disease Program

www.med.umich.edu/IBD

Title: OCTAVE for UC **Drug: Tofacitinib (CP-690,550) – oral medication**

This is a Phase 3 study for subjects with moderately to severely active Ulcerative Colitis. This medication is a JAK inhibitor which reduces many cytokines, rather than blocking one cytokine at a time, as is the case of anti-TNF drugs.

Titile: HICKORY for UC **Drug: Etrolizumab, injection under the skin**

This is a phase 3 study for patients with moderate to severe active ulcerative colitis. This medication is an anti-integrin β7 therapy that regulates white blood cell trafficking in the lining of the intestines. .

Title: JnJ JAK for UC **Drug: JNJ-54781532, oral medication**

This is a phase 2b study for subjects with moderately to severely active ulcerative colitis. This medicine is also a JAK inhibitor, but has a slightly different mechanism of action than the medicine being studied in the OCTAVE study.

Title: Abbvie M-14 for Crohn's and UC **Drug: Humira (adalimumab), injection under the skin**

Crohn's: A phase 3 study for subjects with moderately to severely active Crohn's disease to evaluate the efficacy and safety of two Humira induction regimens followed by standard maintenance therapy with Humira.

UC: A phase 3 study for subjects with moderately to severely active ulcerative colitis to evaluate a high dose humira induction regimen versus a standard dose induction regimen, followed by high dose versus standard dose maintenance therapy.

Title: Tofa for Crohn's **Drug: Tofacitinib (CP-690,550) – oral medication**

This is a phase 2b study of subjects with moderately to severely active Crohn's disease. The medicine is the same JAK inhibitor from the OCTAVE trial for UC.

Title: CADHUM for Crohn's **Drug: Humira (adalimumab), injection under the skiin**

In this study, we are testing whether patients who are in **remission** on Humira can stop their medication and only be re-dosed if their inflammatory markers begin to increase. This requires following participants very closely, with fecal calprotectin/CRP testing every 3 months. If there is a rise in the inflammatory markers, we will treat these patients with loading doses of Humira before symptoms occur to see if we can prevent flares.

Title: GEM Project **(observational study)**

Our goal for this study is to follow healthy brothers, sisters and children of patients with Crohn's Disease to try and identify the different factors that may lead to the development of this disease.

WHO CAN PARTICIPATE? You can participate in this study if you are generally healthy, between the ages of 6 and 35, and have a sibling or parent that has been diagnosed with Crohn's Disease.

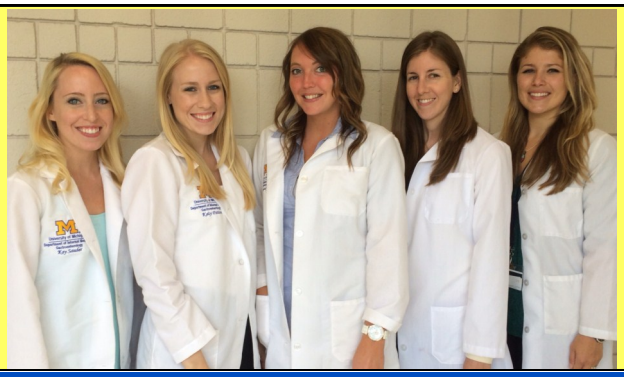
WHAT IS INVOLVED: Your participation would involve two visits where we would ask you to complete 3 questionnaires and give us a blood, urine, and stool sample. You would then be contacted by telephone every 6 months for up to 6 years to ask if there are any changes to your health. You will be reimbursed $20 after the two visits are completed to thank you for your participation.

Contact the UM IBD Clinical Trial Team!

higginsSCteam@umich.edu

734-615-4843

734-647-2564



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