

## *Inflammatory Bowel Disease*

This document is provided by Drs. Akbar Waljee, Joshua Max, and John Del Valle to support residents caring for people with inflammatory bowel disease. The goals, competency learning objectives, and reading syllabus supplement the gastroenterology rotation curricula. Use the goals and objectives to drive your personal learning plans, and consider the suggested readings to consolidate your knowledge.

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### *Goals and Educational Purpose*

#### **Introduction**

Inflammatory bowel disease (IBD) is a heterogeneous group of disorders involving chronic inflammation of the gastrointestinal tract. Despite some clinical overlap, IBD is generally classified into ulcerative colitis, a chronic inflammatory disorder of the colon extending in an uninterrupted fashion from the anal verge, and Crohn's disease, a chronic inflammatory condition affecting any part of the gastrointestinal tract in a patchy distribution.

From the internist's standpoint, a general understanding of inflammatory bowel disease is important. For example, while gastrointestinal complaints are common in primary care medicine, and while irritable bowel syndrome affects a large proportion of the population, inflammatory bowel disease is a relatively rare syndrome with important consequences. Thus discerning when a gastrointestinal complaint warrants further evaluation, and which evaluation is warranted, is essential.

The care of patients with inflammatory bowel disease encompasses several areas of medicine outside of gastroenterology, including endocrinology, infectious diseases, rheumatology, dermatology and ophthalmology. Thus appropriate care of patients with IBD is a multidisciplinary endeavor.

In summary, inflammatory bowel disease is an evolving subspecialty. Appropriate care of patients with inflammatory bowel disease requires a comprehensive approach involving internists, surgeons, gastroenterologists and other subspecialists. Novel pharmacologies, such as the biologic agents adalimumab and infliximab, have revolutionized the care of patients with IBD, but their considerable adverse effects necessitate sensible prescribing practices and scrupulous patient follow-up.

Goals:

- Understand the common presenting signs and symptoms of inflammatory bowel disease
- Understand the role of radiographic, endoscopic and laboratory evaluation in the diagnosis and management of IBD
- Differentiate Crohn's disease from ulcerative colitis and understand how the natural history of these disease processes differ
- Recognize the common extraintestinal manifestations of IBD and appreciate the role of a multidisciplinary approach in caring for IBD patients
- Understand basic algorithms in the treatment of patients with IBD and be familiar with the pharmacologic agents commonly prescribed

## **Competency Objectives**

1. Medical knowledge and patient care
  - a. Understand the common presenting signs and symptoms of inflammatory bowel disease
  - b. Discern which common gastrointestinal complaints merit further evaluation
  - c. Understand the role of radiographic, endoscopic and laboratory evaluation in the diagnosis of IBD
  - d. Understand the basic epidemiologic patterns of inflammatory bowel disease
  - e. Understand the natural history of inflammatory bowel disease and how Crohn's disease differs from ulcerative colitis
  - f. Understand the role of various pharmacologic agents used in IBD
  - g. Recognize the role of surgical intervention for both Crohn's disease and ulcerative colitis
  - h. Understand basic inpatient algorithms for management of ulcerative colitis and when surgical consultation is advisable
  - i. Understand the various extraintestinal manifestations of inflammatory bowel disease
2. Practice based learning and improvement
  - a. Recognize deficiencies in our current system for educating and managing patients with IBD
  - b. Identify quality improvement measures for optimizing the care of patients with IBD
3. Systems based practice
  - a. Appreciate the importance of a comprehensive approach involving multiple subspecialists and care teams in the management of patients with IBD
4. Professionalism
  - a. Understand and adapt to the complex psychosocial implications of IBD as a chronic disease
5. Interpersonal and communication skills
  - a. Take an effective history as it pertains to common chief complaints in patients with IBD
  - b. Communicate effectively with patients, family members and other care providers regarding the care of patients with IBD

## **Recommended Reading:**

The clinical guideline documents are posted for your convenience to the [Gastroenterology: IBD Syllabus page](#) on the [High Yield Articles for Internal Medicine Residents](#) website, as part of the main internal medicine residency web-based resources. Others can be found via the Taubman Medical e-Library.

1. ACG Guidelines in the Management of Crohn's Disease
2. ACG Guidelines in the Management of Ulcerative Colitis
3. AGA Guidelines in the Management of Inflammatory Bowel Disease
4. ASGE Guideline: endoscopy in the diagnosis and treatment of inflammatory bowel disease
5. Guidelines for the diagnosis and management of IBD in 2010. *Inflammatory Bowel Disease*
6. The clinical evolution of inflammatory bowel disease, 1960-2010: an eyewitness account by Richard Farmer. *Am J Gastroenterol* 2010;105:1922-1924

## **Further Topic Readings:**

Detailed suggested articles relating to these topics can be found on the [Gastroenterology: IBD Syllabus page](#) on the [High Yield Articles for Internal Medicine Residents](#) website, as part of the main internal medicine residency web-based resources. Suggested articles can be found via the Taubman Medical e-Library.

Use of Imaging in IBD

Use of Endoscopy in IBD  
Disease Activity Measures in IBD  
5-ASA Therapy  
Immunomodulator Therapy  
Biologic Therapy  
Fistula Therapy  
Cyclosporine therapy in Ulcerative Colitis  
Surgery in IBD  
Complications of IBD  
*Clostridium Difficile* and IBD  
Pregnancy and IBD  
Pouchitis