

INFLAMMATORY BOWEL DISEASE (IBD)



NZNO College of Stomal Therapy Nursing Conference 2018
Set Your Sails
October 18 - 19, 2018
Rydges, 59 Federal Street, Auckland

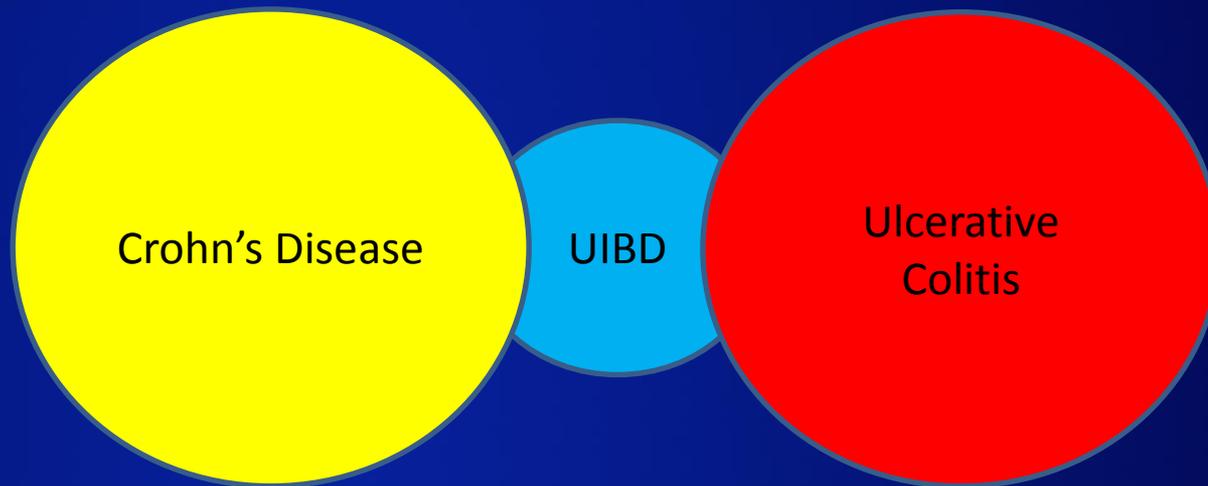
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Overview

- What is IBD?
- Prevalence & Incidence
- UC vs CD
- Extraintestinal Manifestations
- Management of IBD
- Role of IBD Nurse

What is IBD?

Inflammatory Bowel Disease



IBD is not IBS

Clinical features

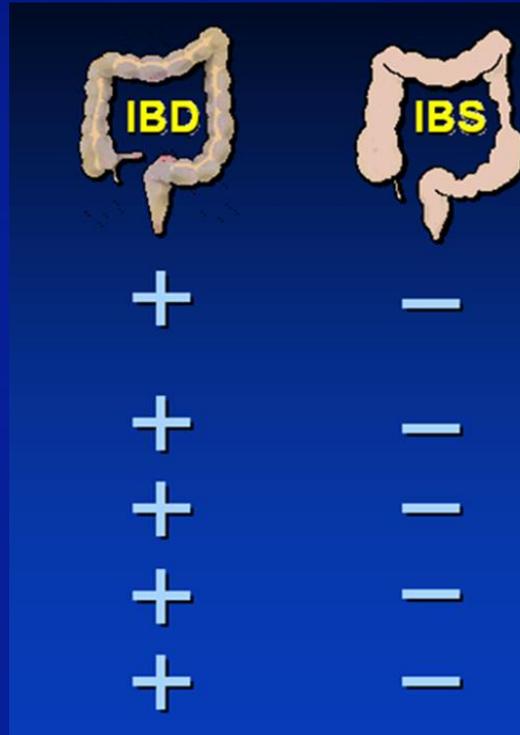
Anemia, ↑platelets,
↑sed. rate, ↓albumin

Weight loss, fever

Perianal disease

Bloody stools, tenesmus

Fecal WBC, occult blood



IBS IRRITABLE BOWEL SYNDROME
THE SYMPTOMS, THE QUESTIONS, THE FOODS

SYMPTOMS

- ABDOMINAL PAIN**
This includes aches and cramps ranging from mild to intense pain.¹³
- BLOATING & GAS**
If you're bloated, your abdomen may feel full & tight, and your stomach can be swollen, hard, & painful.¹⁴
- CONSTIPATION**
Straining & cramping can occur when trying to have a bowel movement but cannot eliminate any stool.¹⁴
- DIARRHEA**
Frequent, loose, watery stools where you may find yourself feeling an urgent and uncontrollable need to have a bowel movement.¹⁴
- UNUSUAL STOOL**
If texture and color of your stool is not consistent and changes frequently, this could be a sign of IBS.¹⁴
- NAUSEA**
With IBS, nausea is often related to other common symptoms like fullness, abdominal pain, & bloating after eating.¹⁴
- STRESS**
Anxiety and digestive IBS symptoms reinforce one another in a vicious cycle.¹⁵

CAUSES

IBS doesn't have a specific cause. However, physiological studies have shown those with IBS tend to have guts that are more sensitive and reactive (ritable).¹⁶

Even though there is an uncertainty of what causes IBS, a few triggers have been identified:¹⁷

- ▲ STRESS
- ▲ ABNORMAL LEVELS OF SEROTONIN IN THE DIGESTIVE SYSTEM
- ▲ A BACTERIAL OR VIRAL INFECTION IN THE DIGESTIVE SYSTEM
- ▲ MILD CELIAC DISEASE
- ▲ STRONG RESPONSE TO CERTAIN FOODS
- ▲ INEFFECTIVE COLON MUSCLES

DIAGNOSIS

There is no test to diagnose IBS. Many doctors refer to a list of specific symptoms that must be present to make a diagnosis of IBS. These symptoms include:¹⁸

- ▲ Abdominal pain or discomfort for at least 12 weeks out of the previous 12 months. Does not have to be consecutive.
- ▲ Abdominal pain or discomfort has 2 out of 3 of the following features:
 - ▲ Relief by having a bowel movement.
 - ▲ When it starts, there is a change in how often you have a bowel movement.
 - ▲ When it starts, there is a change in the form of the stool or the way it looks.



Prevalence & Incidence

Prevalence?



Country	Rate as % of population	Proportion of people affected	Source
Canada	0.65%	1 in 154	CCF Canada
USA	0.50%	1 in 201	CCF of America 'The Facts about IBD'
New Zealand	0.44%	1 in 227	This Report
Australia	0.33%	1 in 303	PWC Report 2013
Europe	0.30%	1 in 333	Burden of IBD Europe

Prevalence & Incidence in New Zealand: *“The burden of disease”.*

- 20,792 New Zealanders living with IBD (31 December 2016)
- Approximately 1 in 227 people
- Over 12 years from 2004-2016 estimated number of people with IBD (prevalence) increased by around 68%, or 5.6% per year.
- Incidence rose from 25.2 per 100,000 in 2004 to 39.5 per 100,000 in 2014.

Causes of IBD

- No one knows for certain
- Combination of genetic, environmental and immunological factors.
- Exposure to environmental triggers
 - possibly viruses, bacteria and/or proteins prompts the immune system to switch on its normal defence mechanism (inflammation) against a foreign substance.
- Immune response gradually winds down once the foreign substance is destroyed in most people. In some (possibly those with a genetic susceptibility to IBD), the immune system fails to react to the usual 'switch off' signals so the inflammation continues unchecked.
- Prolonged inflammation eventually damages the walls of the gastrointestinal tract and causes the symptoms of IBD.

Differences between CD vs UC

Crohn's Disease vs Ulcerative Colitis

Crohn's Disease:

Mouth – anus

Patchy

inflammation
(skip lesions)

Transmural
thickness

Perianal disease



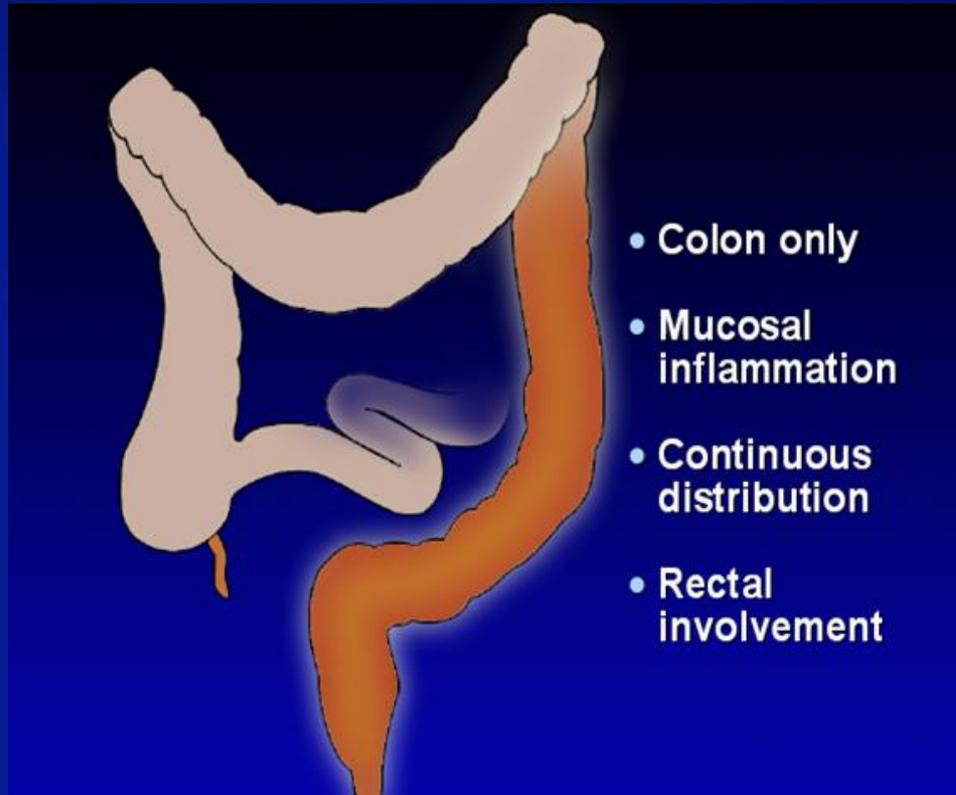
Ulcerative Colitis:

Colon only

Continuous
inflammation
- rectum then proximally

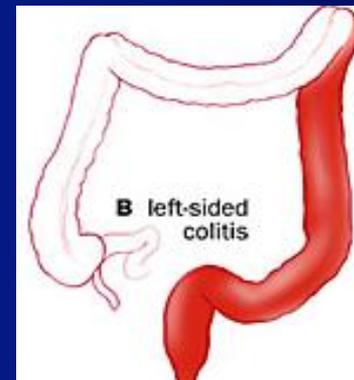
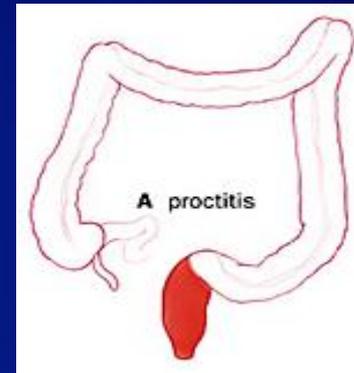
Mucosal inflammation
only

Ulcerative Colitis



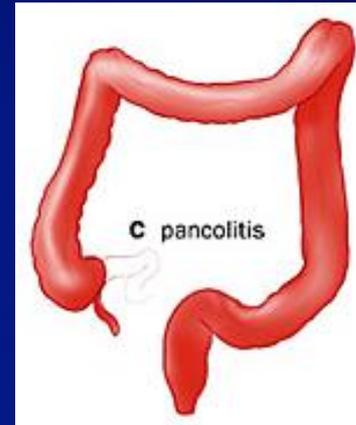
Ulcerative Colitis

- Proctitis
 - Urgency
 - Rectal Bleeding
- L) sided colitis
 - Proctitis symptoms +
 - Diarrhoea
 - Blood/mucus
 - Abdominal Cramping

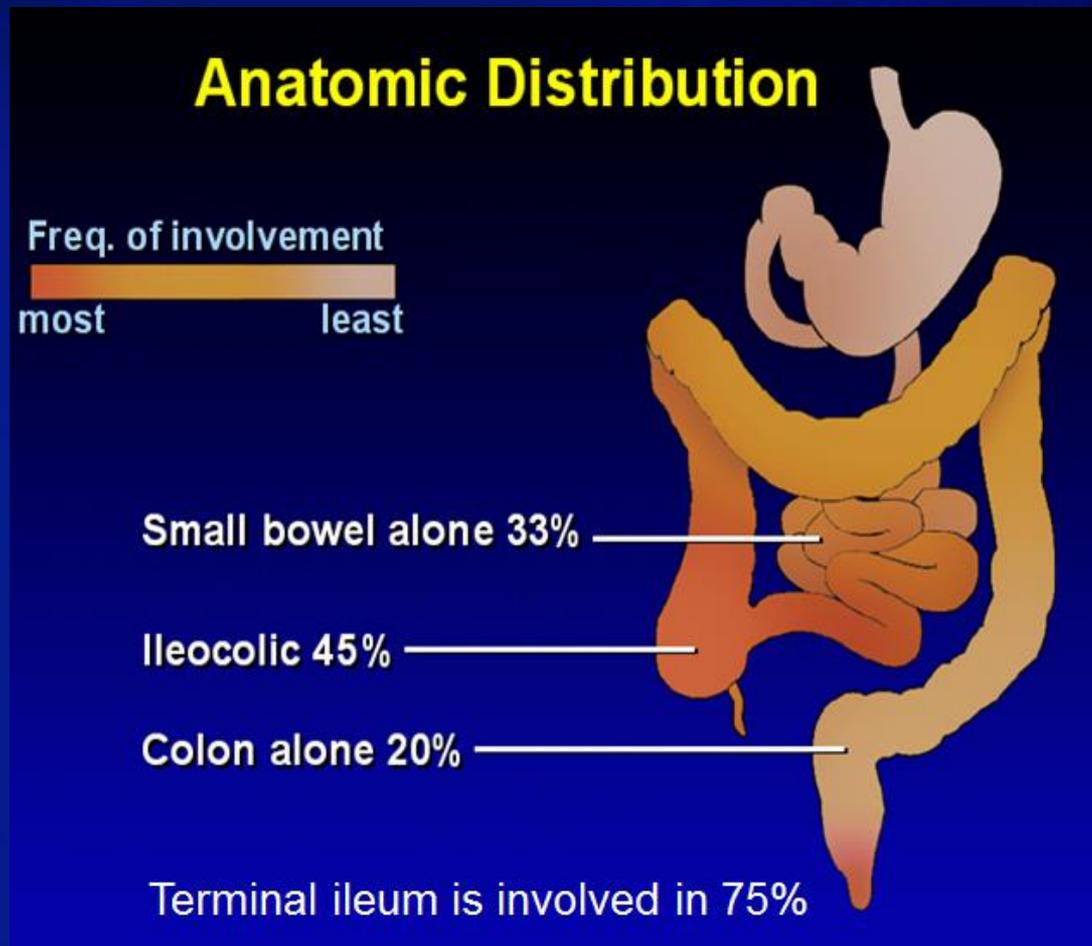


Ulcerative Colitis

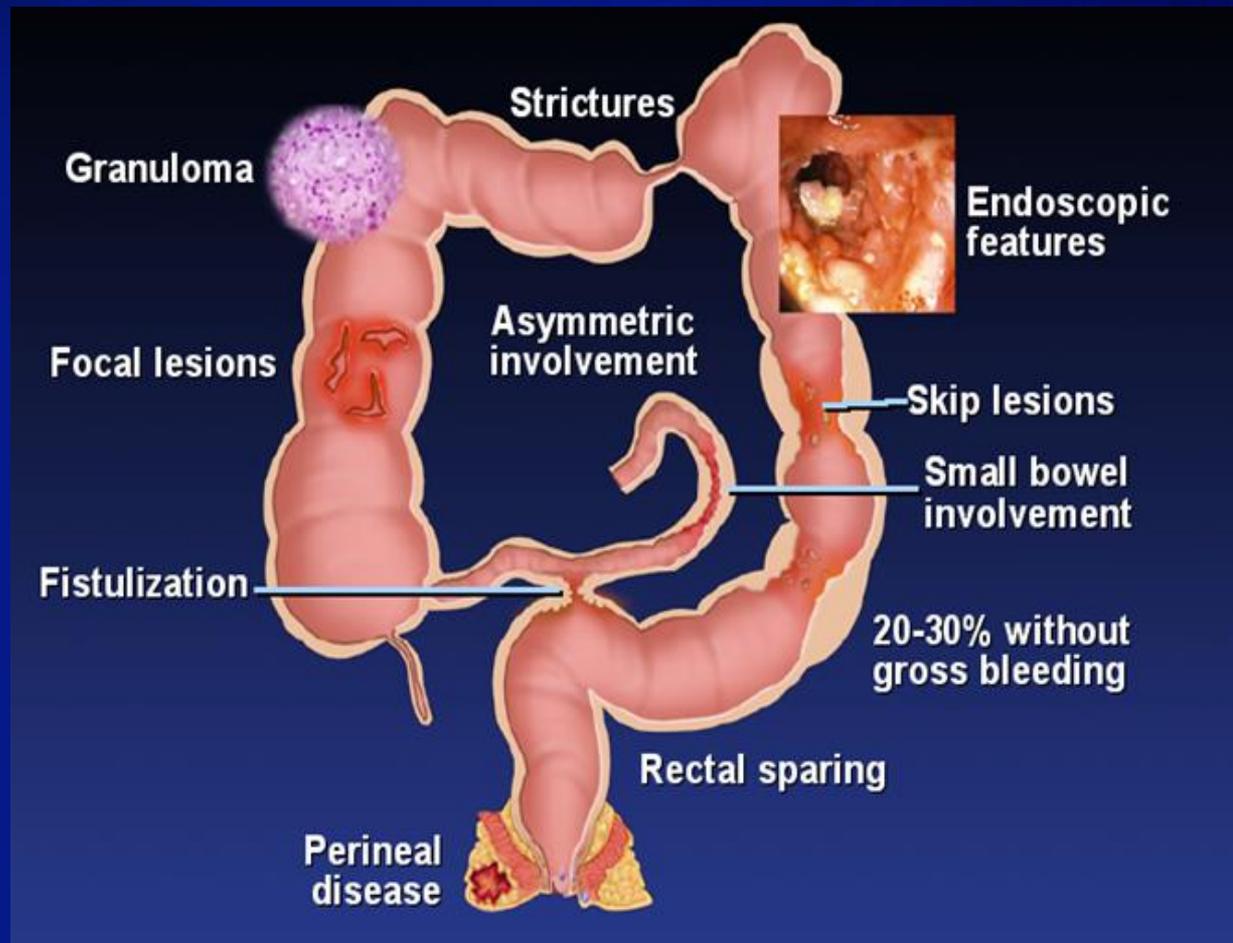
- Pan Colitis
 - Diarrhoea
 - Blood/mucus
 - Abdominal Cramping



Crohn's Disease

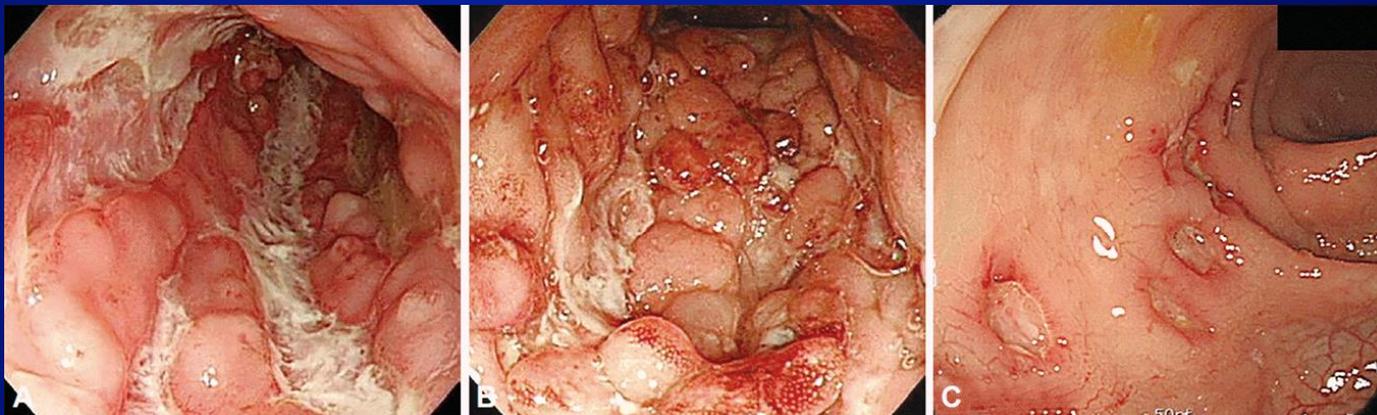


Crohn's Disease



CD – Colonic

- Colon:
 - Bloody diarrhea
 - Mucus
 - Abdominal Cramping
 - less rectal bleeding (**rectal sparing**).



Small bowel CD

- Abdominal pain (mainly RLQ),
 - constant and dull, may be colicky (obstruction)
- Diarrhea
- Vomiting (obstruction)
- Weight loss
- Fatigue/Malaise
- Fever
- Acute presentation may resemble appendicitis

CD – Perianal Disease

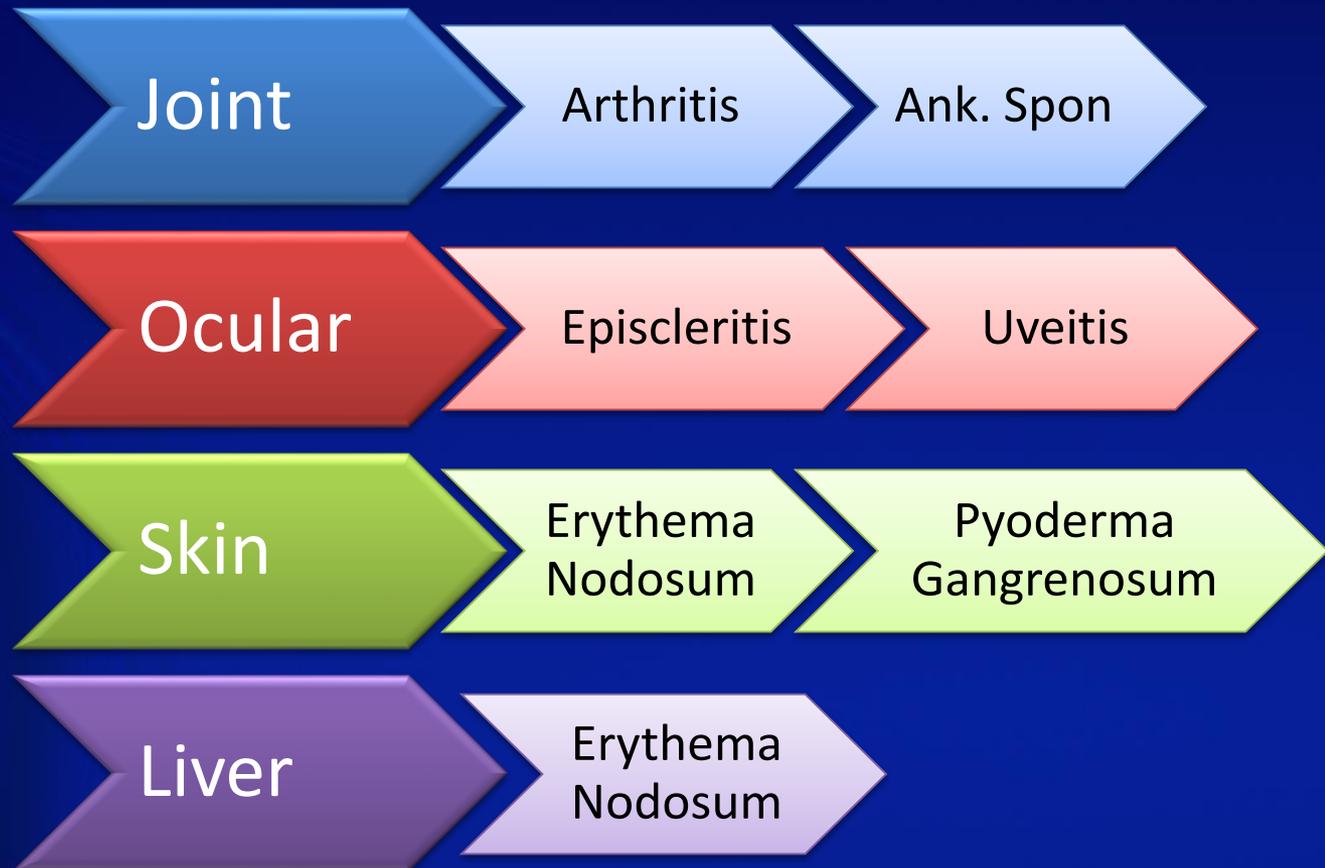
- Fissures
- Fistulas
- Perianal abscess





Extraintestinal Manifestations

Extraintestinal Manifestations



Management of IBD

Medical Management

Biological therapies

5-ASA

Medical
Management

Immunosuppressant's

Steroids

Surgical Management

Total colectomy + Ileoanal pouch

Panproctocolectomy

Surgical
Management

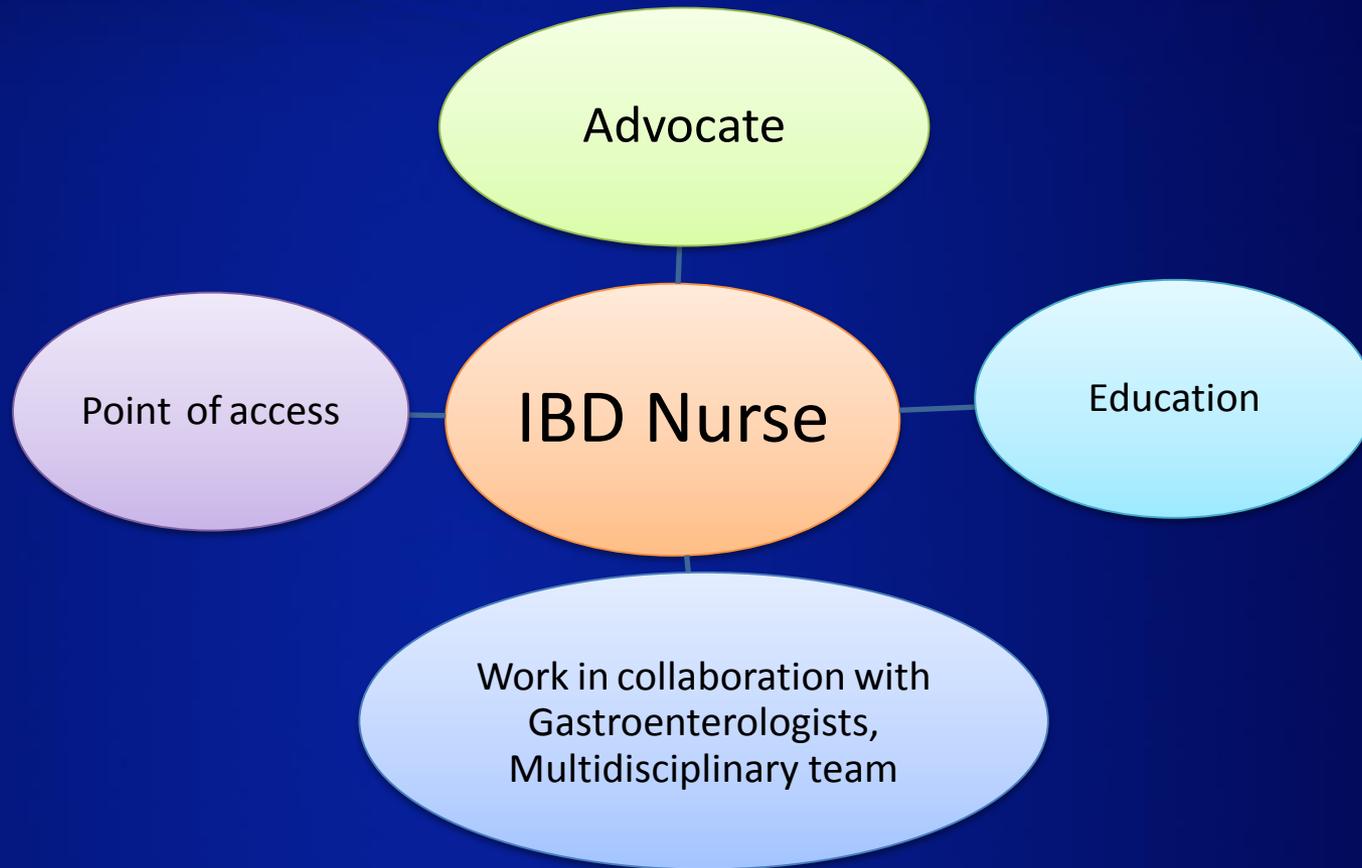
Strictureplasty/resection

Perianal/Seton/defunctioning



IBD Nurse

Role of the IBD Nurse



IBD Nurse - ADHB

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Thank you