

Programme: MPPP

Inflammatory Bowel Disease (IBD) Pathway

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Background

Inflammatory Bowel Disease (IBD) is a group of inflammatory conditions of the colon and small intestine. This pathway sets out a process of best practice to be followed in the treatment of patients suspected of having IBD.

Pathway recommendations



Guidance for Primary Care

Symptoms (Please indicate where absent or present in the referral to secondary care)

- Change in bowel habit towards diarrhoea
- Rectal bleeding or mucus
- Bloody diarrhoea
- Abdominal pain
- Nocturnal defecation
- Weight loss (>5%) of body weight)
- Bowel Urgency
- High Stool Frequency
- Incontinence

Clinical History

- Smoking and alcohol history
- Current weight and last recorded weight
- Relevant family history
- Recent changes in medicine
- Travel history
- Previous abdominal surgery

Physical Examination

- General: Extra-Intestinal Manifestations oral ulcers, skin rash, joint pain, uveitis
- Abdominal: Pain localised versus generalised, scars
- Perineum: Digital Rectal Examination, evidence of fissures, fistula, haemorrhoids

If bowel cancer suspected, refer to local Health Board Urgent Suspicion of Cancer (USOC) guidelines.

NHS Scotland suspected new diagnosis of IBD pathway ______

This pathway is intended to be used for primary and secondary care health care professionals who are concerned that a patient may have a yet undiagnosed inflammatory bowel disease.

This pathway is not suitable for patients where malignancy is suspected or those with fulminant symptoms.

For patients meeting the criteria for urgent suspected cancer, please refer to those pathways.

Symptoms (persisting >3 weeks)

- Diarrhoea, rectal bleeding or mucus
- Bloody diarrhoea
- Abdominal pain, nocturnal defecation
- Bowel urgency, high stool frequency

A patient presenting with isolated

Small Bowel Crohn's may not have a

raised Calprotectin and so patients

with weight loss (5% body weight)

Incontinence

vomiting,

Primary Care

Severe symptoms. Consider:

- Whether hospital admission is required.
- Whether delay for repeat tests is appropriate.
- Contacting IBD service for further advice.

Clinical history and examination

See main document.

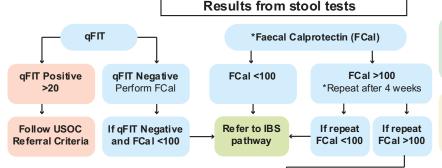
Blood tests Albumin, Liver Function, Full Blood Count, C-Reactive Protein,

Vitamin B12, Ferritin, Folate, TTG ab, Urea and Electrolyte Stool tests

- Quantitative Faecal Immunochemical test (qFIT)
- If qFIT negative and symptoms still ongoing
- Faecal Calprotectin (FCal)
- Faecal culture/infection screen (including Ova Cysts/parasites)
- Stool testing: dependant on lab/health board availability

abdominal pain, diarrhoea.

and at least 1 of the following:



Medicines that may increase FCal NSAID's, PPI's, SSRI (ideally FCal not performed while a patient is taking these treatments).

Red flag / alarm symptoms

Fever, tachycardia,

signs of sepsis.

Refer to inpatient services.

FCal and repeat FCal delivered in either Primary or Secondary Care (Health Board dependant). If Repeat FCal not returned then refer routinely to Gastroenterology for advice.

______ Refer to Gastroenterology "Suspected new IBD" Priority = Urgent i

If repeat FCal >220, or both FCP >200 Consider direct to test

Vetting

If repeat FCal 100-200 Consider review at clinic

Direct to test endoscopy

Colonoscopy/Sigmoidoscopy

Clinic consultation

Suspected ulcerative colitis

Extensive Disease: Commence

oral Mesalazine - treatment dose

Left sided only: Commence

supply, once daily dosing.

once daily dosing.

is found.

Me salazine enemas - 8 week

suppositories 8 week supply,

Rectal: Commence Mesalazine

Consider oral Prednisolone in

addition to Mesalazine where

Consider cortiment where

moderate-severe inflammation

mild-moderate inflammation is

Suspected Crohn's disease

Prescribing advice

community pharmacy prescribing (if available). Prescribe as Health Board or local

Acute severe inflammation admit to hospital

At endoscopy - refer to IBD service and consider immediate treatment

Utilise direct to

formulary dictates.

Small bowel/lleal/right colon

Commence Budesonide Budenafalk/Entocort 9mg once daily for 8 weeks, then 6mg once daily for 2 weeks and 3mg once daily for 2 weeks before stopping.

Commence Prednisolone 40mg once daily (reducing by 5mg per week) + bone protection. Oral steroids only appropriate in moderate to severe colonic disease

Colonic disease

Consider referral to dietetics.

Considerations

- Alternative Diagnosis
- Suitability/Modality of testing
- Appropriate MRI/CT Studies
- Performance status
- Frailty, age, mental health
- Co Morbidities
- Requirement of arranged admission
- Consider if the patient has mobility and will tolerate bowel preparation (renal impairment)
- Previous negative investigation
- Sexual Health Screen
- Other complexity

Provide patient information Copy of:

- colonoscopy report
- IBD helpline/email
- charity website details.

New diagnosis - IBD clinic

Endoscopy Scoring (IBD Severity) Notes for Endoscopists

Please see below two scoring methods to help determine severity of disease and inform decisions around treatment choice.

Ulcerative Colitis

Mayo Sub Score - The Mayo Endoscopic Subscore (a component of the Mayo Clinic Score), is a four-point scoring system in which patients with normal or inactive, mild, moderate or severe disease are given scores of 0, 1, 2 or 3, respectively

Score	Disease activity	Endoscopic features
0	Normal or inactive	None
1	Mild	Erythema, decreased vascular pattern, mild friability
2	Moderate	Marker erythema, absent vascular pattern, friability, erosions
3	Severe	Spontaneous bleeding, ulceration

Crohns Disease

The Simple Endoscopic Score for Crohn Disease (SES-CD) assesses the size of mucosal ulcers, the ulcerated surface, the endoscopic extension, and the presence of stenosis.

	SES-CD Score Key					
	0	1	2	3		
Size of Ulcers	None	Aphthous Ulcers 0-5mm	Large Ulcers 5-20mm	Very Large Ulcers>20mm		
Ulcerated Surface	None	<10%	10-30%	>30%		
Affected Surface	Unaffected Segment	<50%	50-75%	>75%		
Narrowing	None	Single Stricture, can be passed	Multiple Strictures, can be passed	Stricture(s) cannot be passed		

	SES-CD Segmental Score									
	Rectum	Sigmoid & Left Colon	Transverse Colon	Right Colon	Terminal Ileum	Total				
Size of Ulcers							Total 1			
Ulcerated Surface							Total 2			
Affected Surface							Total 3			
Narrowing							Total 4			
	1	ı	1	1	1		SES-CD Score			

References and further resources



Patient Resources

Inflammatory bowel disease (IBD) | NHS inform

<u>Understanding Crohn's Disease, Ulcerative Colitis and Microscopic Colitis</u> (<u>crohnsandcolitis.org.uk</u>)

What is IBD? | Crohn's & Colitis Foundation (crohnscolitisfoundation.org)

References

Royal College of General Practitioners IBD toolkit <u>Course: Inflammatory Bowel Disease Toolkit</u> (rcgp.org.uk)

British Society of Gastroenterology IBD Consensus Guidelines <u>British Society of Gastroenterology</u> consensus guidelines on the management of inflammatory bowel disease in adults | <u>Gut</u> (bmj.com)

European Chron's and Colitis Organisation IBD Guidelines: <u>European Crohn's and Colitis</u> <u>Organisation - ECCO - Published ECCO Guidelines (ecco-ibd.eu)</u>

Royal College of General Practitioners Diagnosing IBD.pdf (rcgp.org.uk)

<u>Direct to Test Colonoscopy for IBD</u> Walker, G.J., Lin, S., Chanchlani, N., Thomas, A., Hendy, P., Heerasing, N., Moore, L., Green, H.D., Chee, D., Bewshea, C. and Mays, J., 2020. Quality improvement project identifies factors associated with delay in IBD diagnosis. Alimentary Pharmacology & Therapeutics, 52(3), pp.471-480.

<u>IBD Standards</u> Kapasi, R., Glatter, J., Lamb, C.A., Acheson, A.G., Andrews, C., Arnott, I.D., Barrett, K.J., Bell, G., Bhatnagar, G., Bloom, S. and Brookes, M.J., 2020. Consensus standards of healthcare for adults and children with inflammatory bowel disease in the UK. *Frontline Gastroenterology*, *11*(3), pp.178-187.

<u>Truelove & Witts Criteria</u> Travis, S.P., Farrant, J.M., Ricketts, C., Nolan, D.J., Mortensen, N.M., Kettlewell, M.G. and Jewell, D.P., 1996. Predicting outcome in severe ulcerative colitis. *Gut*, *38*(6), pp.905-910.

York FCP Testing

Lower GI Primary Care Diagnostic Pathway (Adults) (crohnsandcolitis.org.uk)



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