gutflix
GI learning, personalised

Summary

Why are you using conventional therapies, doc? A case-based perspective and state-of-the-art overview

Brecht Hens

Postgraduate Teaching Programme Barcelona 2026 | Presentation

October 17, 2026

This presentation reviews when conventional therapy (five ASA, corticosteroids, thiopurines) retains a role in ulcerative colitis management and when escalation to advanced therapy is indicated.

KEY POINTS

- The speaker stated that five ASA remains effective when dosed appropriately: at least 2 grams daily orally, with combination oral and rectal therapy showing a trend toward better outcomes in left-sided disease, and escalation warranted if no response within 2 to 4 weeks.
- A Belgian trial reported that among patients in clinical remission on five ASA monotherapy for at least six months, 70% achieved endoscopic healing and 64% combined endoscopic remission, though about half still experienced urgency.
- Corticosteroids should be tapered within eight weeks and are induction agents only; the speaker emphasized that steroid excess or dependency (inability to wean within three months, relapse within three months, or more than one course per year) is an indication to advance therapy.
- The speaker noted that glucocorticoid-induced adrenal insufficiency occurred in almost one in four patients on second-generation corticosteroids and can mimic an ulcerative colitis flare.
- Thiopurines are maintenance drugs (not for induction); the UPTICK trial reported 46% of patients had no loss of remission on azathioprine maintenance, a signal the speaker described as comparable to advanced therapies, but toxicity monitoring is essential and therapy should be reassessed in patients aged 65 or older.
- The speaker recommended stopping conventional therapy in specific scenarios: five ASA can be discontinued when advanced therapy achieves remission, steroids should never be used for maintenance, and thiopurines are inappropriate as induction agents or in patients over 65, young EBV-negative males, or those with prior lymphoma or skin cancer.

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/4f148a0c-d150-11f1-a7b4-daaa6dbee0a2

AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.