

Which measures are important to prevent complication of IBD

Elena Sonnenberg

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Presentation

IBD

Nurses

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The speaker reviewed strategies for comprehensive IBD care beyond medication, emphasizing that aggressive early treatment improves outcomes while requiring careful attention to vaccination, surveillance, and patient adherence.

KEY POINTS

- The speaker cited the Profile trial showing that early aggressive combination therapy with infliximab and thiopurines in Crohn's disease resulted in significantly higher steroid- and surgery-free remission compared to step-up treatment, and stated this demonstrates that stringent treatment reduces surgery and hospitalizations
- Combination therapy with infliximab and thiopurines was associated with higher risk of opportunistic viral and bacterial infections in data the speaker cited from 2018, highlighting the need to balance aggressive treatment against infection risk
- Vaccination recommendations include yearly influenza for all IBD patients, pneumococcal to prevent pneumonia, and herpes zoster especially with JAK inhibitors, but live vaccines are contraindicated once biologics or JAK inhibitors are started
- Lifestyle advice includes smoking cessation for Crohn's disease, avoiding chronic NSAID use, Mediterranean diet avoiding processed foods, stress reduction, adequate sleep, and regular moderate physical activity including yoga for fatigue
- Colorectal cancer surveillance intervals depend on risk stratification, with yearly colonoscopy recommended for patients with PSC plus IBD starting at diagnosis, and every one to three years for high-risk patients with extensive disease starting eight years after diagnosis

- The speaker emphasized that adherence equals disease control and recommended IBD nurses for building trust and providing patient education, recall systems for young patients transitioning from pediatric care, and empowering patients that they can lead normal lives with proper education and care

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