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Summary

Using extraintestinal manifestations as a guide for personalising treatment in IBD

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Mechanisms & Personalised Medicine | IBD

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The speaker discussed how extra-intestinal manifestations and concurrent immune-mediated disorders, present in up to 50-60% of IBD patients, should influence drug selection through case-based decision-making and multidisciplinary collaboration.

KEY POINTS

- Anti-TNF agents are effective for most extra-intestinal manifestations including erythema nodosum, pyoderma gangrenosum, peripheral or axial spondyloarthropathies, and uveitis, making them a logical first choice when treating moderate to severe IBD with these features.
- For axial spondyloarthritis, drug options are limited; the speaker presented retrospective data stating that about 60% of axial spondyloarthropathy patients remained on JAK inhibitor therapy at 12 months, with upadacitinib performing better than filgotinib.
- A study of approximately 550 patients with newly diagnosed axial spondyloarthritis found that 4.5% had concurrent IBD, more often Crohn's disease, highlighting the importance of screening for gut inflammation in this population.
- Anti-IL-17 agents are not good drugs for Crohn's disease patients, and case reports suggest they may worsen or trigger IBD, though the frequency is difficult to quantify.
- The speaker emphasized that with more drug options now available, clinicians should move away from the traditional mantra of preserving anti-TNF therapy at all costs and instead adopt case-by-case decision-making, particularly when patients have short-segment disease with surgical options or develop intolerable drug-related reactions.
- An MDT approach is essential when managing patients with IBD and other immune-mediated conditions, particularly when considering drug combinations and weighing immunosuppressive burden against the risk of exacerbating either condition.

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