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Summary

Optimal Approaches to Initial Management of Ulcerative Colitis and Clostridioides difficile Infection (Tillotts Pharma AG) (Complete Session)

Mark Wilcox

UEG Week Berlin 2025 | Presentation

October 7, 2025

This symposium addressed optimising first-line ulcerative colitis management with 5-ASAs and managing Clostridioides difficile infection in IBD patients, emphasising medication adherence, appropriate dosing strategies, and evidence-based CDI diagnosis and treatment.

KEY POINTS

- The speaker reported that non-adherence to 5-ASA therapy in UC patients ranges from 72–79% in pharmacy refill studies, with non-adherent patients having five times the risk of relapse and 31% higher risk of hospitalisation compared to adherent patients.
- High-strength once-daily 5-ASA formulations (e.g., 1600mg tablets) were associated with improved adherence and longer time remaining on therapy compared to lower-strength formulations requiring multiple daily pills.
- The speaker stated that IBD patients carry toxigenic C. difficile at 8% prevalence, 3–4 fold higher than the general population, and that younger IBD patients remain at elevated CDI risk despite age being a dominant risk factor in non-IBD populations.
- Current CDI treatment guidelines unanimously recommend against metronidazole as first-line therapy, favouring vancomycin or fidaxomicin, and the speaker emphasised that immunosuppressive therapy should be continued or even escalated during CDI episodes in IBD patients.
- The speaker reported that the most rigorous randomised controlled FMT study showed no significant difference in recurrence outcomes when FMT capsules were added to standard antibiotic care, and noted that bezlotoxumab, which reduced CDI recurrence in IBD patients, is no longer available worldwide as of early 2024.

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