ADHERENCE TO STRIDE II GUIDELINES AND OUTCOME ASSESSMENT IN REAL-WORLD PAEDIATRIC IBD PRACTICE

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A retrospective analysis of 182 children with inflammatory bowel disease at a UK tertiary centre found that while 76% of Crohn's disease and 71% of ulcerative colitis patients achieved clinical remission at one year, adherence to STRIDE II guidelines for documenting mucosal healing with endoscopy and stool calprotectin was suboptimal.

KEY POINTS

- Clinical remission at one year was achieved in 70/92 (76%) children with Crohn's disease and 60/85 (71%) with ulcerative colitis, assessed by Physician Global Assessment.
- Endoscopy at one year was performed in only 16/92 (17%) Crohn's disease and 28/85 (33%) ulcerative colitis patients, with mucosal healing documented in 10/16 (63%) and 7/28 (25%) respectively.
- Stool calprotectin was measured at one year in 54/92 (59%) Crohn's disease and 57/85 (67%) ulcerative colitis patients, with normalisation (≤250 µg/g) in 32/54 (59%) and 26/57 (46%) respectively.
- During the entire follow-up period, 13/92 (14%) Crohn's disease and 15/85 (18%) ulcerative colitis patients had no endoscopy or stool calprotectin testing performed.
- The authors suggest that busy clinical workloads and limited endoscopy access may explain gaps in monitoring, and propose that electronic patient records with structured IBD tools, home calprotectin kits, and targeted bowel ultrasound could improve adherence to STRIDE II guidelines.

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