

Crohn's disease and ulcerative colitis are the two main forms of inflammatory bowel diseases. The conditions are characterized by chronic inflammation of the digestive tract. Ulcerative colitis is usually limited to the colon (the large bowel) and rectum, while Crohn's disease may involve the stomach but typically involves the small bowel and beginning of the large bowel. In Crohn's disease, there are healthy parts of the intestine mixed in-between inflamed areas. Ulcerative colitis, on the other hand, is continuous inflammation of the colon. Ulcerative colitis only affects the innermost lining of the colon while Crohn's disease can occur in all the layers of the bowel walls.

What causes Crohn's disease and ulcerative colitis?

The causes of Crohn's disease and Ulcerative colitis are still unknown, but there are theories that the disease is caused by a combination of environmental, genetic and, as yet, undetermined factors.

Who is affected?

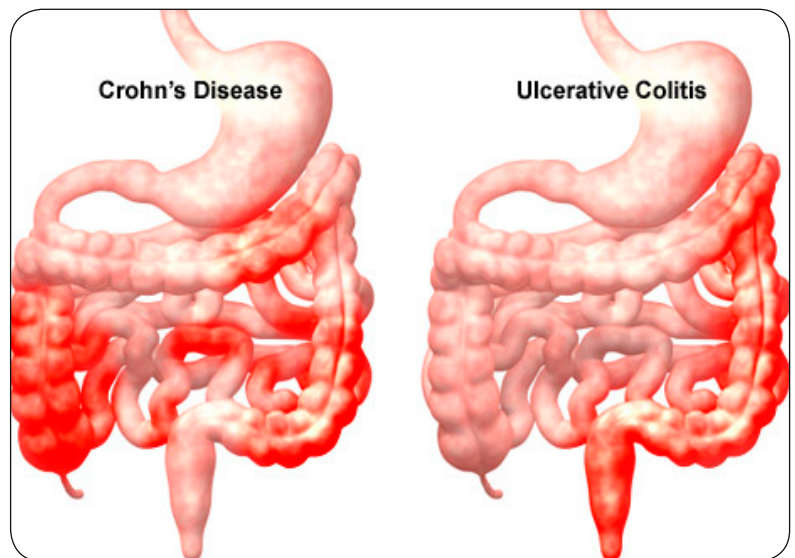
Both diseases often develop in teenagers and young adults although the disease can occur at any age. Ulcerative colitis and Crohn's disease affect men and women equally.

Signs and symptoms

The symptoms of ulcerative colitis and Crohn's disease are very similar. The main symptoms include abdominal pain, excessive diarrhoea, loss of appetite, fever, weight loss, anaemia, rectal bleeding and small tears in the anus. Some people may have diarrhoea 10 to 20 times a day. Crohn's disease may cause blood in stools, but not always. Ulcerative colitis may cause a sense of urgency to defecate but inability to defecate despite urgency. Failure to grow in children may also occur. Because manifestations of Crohn's disease and ulcerative colitis involve the immune system, symptoms outside the digestive tract may also occur. These may include joint pain, eye problems, a skin rash, mouth sores or liver disease.

Types of Crohn's disease:

- **Ileocolitis:** affects the end of the small intestine (the ileum) and the large intestine (the colon). This type is often accompanied by significant weight loss.
- **Ileitis:** affects only the ileum, complications may include fistulas or inflammatory abscess in right lower quadrant of abdomen.
- **Gastroduodenal Crohn's disease:** affects the stomach and the beginning of the small intestine (the duodenum).
- **Jejunioileitis:** is characterized by patchy areas of inflammation in the upper half of the small intestine (the jejunum).
- **Crohn's (granulomatous) colitis:** affects the colon only.



Types of ulcerative colitis

- **Ulcerative Proctitis:** inflammation is limited to the rectum and tends to be a milder form of ulcerative colitis.
- **Proctosigmoiditis:** affects the rectum and the sigmoid colon, the lower segment of colon located right above the rectum. Moderate pain on the lower left side of the abdomen may occur in active disease.
- **Left-sided Colitis:** inflammation begins at the rectum and extends as far as a bend in the colon near the spleen.
- **Pan-ulcerative (total) Colitis:** affects the entire colon. Potentially serious complications include massive bleeding and acute dilation of the colon, which may lead to an opening in the bowel wall.

Diagnosis

The diagnosis of Crohn's disease and ulcerative colitis is based on history, clinical evaluation, laboratory investigations and diagnostic imaging. Laboratory investigation of stools can also be tested for signs of bleeding or inflammation, and to check whether diarrhoea is caused by an infection. If inflammation is confirmed, an examination to look inside the body may be conducted using imaging modalities such as endoscopy, x-ray or scan.

Diagnostic imaging

Imaging modalities that may be used include:

- Endoscopy to confirm the diagnosis of Crohn's disease and ulcerative colitis and to assess disease location, or obtain tissue for pathological evaluation.
- Magnetic resonance imaging (MRI) to confirm disease location and intestinal complications.

Treatment

Treatment for Crohn's disease and ulcerative colitis usually involves drug therapy or, in certain cases, surgery. There is currently no cure for the diseases, and there is no one treatment that works for everyone. Doctors use one of two approaches to treatment — either “step-up,” which starts with milder drugs first, or “top-down,” which gives people stronger drugs earlier in the treatment process. Therapeutic recommendations depend on the disease location, disease severity, and disease-associated complications. Therapeutic approaches are individualised according to the symptomatic response and tolerance to medical intervention. The goal of medical treatment is to reduce the inflammation that triggers signs and symptoms. It is also to improve long-term prognosis by limiting complications. In the best cases, this may lead not only to symptom relief but also to long-term remission.

Medical treatment

- **Anti-inflammatory agents:** aminosalicylates (5-ASA) are used to treat mild to moderate inflammation in Crohn's disease.
- **Immunosuppressive agents:** some patients take corticosteroids to control inflammation. These drugs non-specifically suppress the immune system and are used to treat moderate to severe Crohn's Disease. They treat the acute stages of disease by dramatically reducing fever and diarrhoea, relieving abdominal pain and tenderness, and improving appetite and general sense of well-being.
- **Antibiotics:** can reduce the amount of drainage and sometimes heal fistulas and abscesses.
- **Other medications:** anti-diarrheals, pain relievers, iron supplements, vitamin B-12, calcium and vitamin D supplements.
- **Biologicals:** these drugs stop the body from overproducing a protein known as tumor necrosis factor-alpha (TNF-alpha) which is believed to cause inflammation associated with these conditions.

Surgical treatment

The most common indication for surgery in Crohn's disease is the presence of neoplastic/preneoplastic (a new, often uncontrolled growth of abnormal tissue) lesions, obstructing stenosis, suppurative (causing pus) complications or medically intractable disease. In ulcerative colitis the most common indications for surgical resection are refractory disease despite medical therapy or side effects of medication. Absolute indications for surgery are excessive haemorrhage, perforation, and documented or strongly suspected carcinoma.

Surgical intervention is required in up to two thirds of pa-

tients to treat intractable haemorrhage, perforation, persisting or recurrent obstruction, abscess (not amenable to percutaneous drainage), dysplasia or cancer, or unresponsive severe disease. Surgery may also be used to close fistulas (abnormal openings) and drain abscesses.

Monitoring of disease

Because Crohn's disease and ulcerative colitis are chronic diseases, monitoring of disease is indicated. Monitoring includes bone mineral density in young people with risk factors such as low body mass index (BMI), low trauma fracture or continued or repeated glucocorticosteroid use.

What is covered by PMBs?

Crohn's disease and ulcerative colitis are PMB conditions covered under the list of chronic diseases. The conditions are also listed under the Diagnostic Treatment Pair code 292F. The treatment component specified for this DTP is medical and surgical management.

The PMB regulations explain that subject to the provisions of this regulation, any benefit option that is offered by a medical scheme must pay in full, without co-payment or the use of deductibles, the diagnosis, treatment and care costs of the prescribed minimum benefit conditions.

The diagnostic tests and treatment cover includes:

- Consultations
- Pathology tests
- Radiology and other investigative and monitoring services
- Acute and chronic medication
- Surgery

Biological treatment is not included in the current PMB algorithm for Crohn's disease and ulcerative colitis. In instances where this treatment is recommended, the treating provider must confirm with the medical scheme benefits available for the member regarding the condition to allow managed care protocols to be applied. The PMB regulation states that provision must be made for exceptional circumstances where drugs in the formulary have been ineffective or cause or would cause adverse reaction in a beneficiary, without penalty to that beneficiary.

References:

- Kornbluth, A., Sachar, D.B. & Practice Parameters Committee of the American College of Gastroenterology. 2010. Ulcerative colitis practice guidelines in adults: American College Of Gastroenterology, Practice Parameters Committee. Am J Gastroenterol, 105, 501-23; quiz 524.
- Lichtenstein, G.R., Hanauer, S.B., Sandborn, W.J. & Practice Parameters Committee of American College of Gastroenterology. 2009. Management of Crohn's disease in adults. Am J Gastroenterol, 104, 465-83; quiz 464, 484
- NICE. 2013. Ulcerative colitis Management in adults, children and young people. 1-37. [ONLINE] Available at <http://pathways.nice.org.uk/pathways/ulcerative-colitis>. [Accessed 28 August 2015]
- NICE. 2012. Crohn's disease Management in adults, children and young people. 1-35. [ONLINE] Available

PMBs

Prescribed Minimum Benefits (PMBs) are defined by law. They are the minimum level of diagnosis, treatment, and care that your medical scheme must cover – and it must pay for your PMB condition/s from its risk pool and in full. There are medical interventions available over and above those prescribed for PMB conditions but your scheme may choose not to pay for them. A designated service provider (DSP) is a healthcare provider (e.g. doctor, pharmacist, hospital) that is your medical scheme's first choice when you need treatment or care for a PMB condition. You can use a non-DSP voluntarily or involuntarily but be aware that when you choose to use a non-DSP, you may have to pay a portion of the bill as a co-payment. PMBs include 270 serious health conditions, any emergency condition, and 25 chronic diseases; they can be found on our website by accessing the link provided (www.medicalschemes.com/medical_schemes_pmb/index.htm).

**The Communications Unit would like to to thank
Evelyn Thsehla for assisting with this edition of CMScript**

**information@medicalschemes.com
Hotline: 0861 123 267
Fax: 012 430 7644**

The clinical information furnished in this article is intended for information purposes only and professional medical advice must be sought in all instances where you believe that you may be suffering from a medical condition. The Council for Medical Schemes is not liable for any prejudice in the event of any person choosing to act or rely solely on any information published in CMScript without having sought the necessary professional medical advice.

