The Older IBD Patient

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Disclosures;

Organising and presenting Abbvie NZ 2019 honorarium.
The basic demographics that we know

**Ageing population**

The size of the world population over the last 12,000 years

**WHO ‘key facts’ of over 60s**

- 2020 will outnumber children ≤ 5
- 2015 → 2050 population will double 12% to 22%
- 2050 80% will be in low-middle-income countries.
- No country is ready for this demographic shift in their health systems

https://www.who.int/news-room/fact-sheets/detail/ageing-and-health
Incidence Growth

- Rising Incidence of IBD

High Incidence of Crohn’s Disease in Canterbury, New Zealand: Results of an Epidemiologic Study

Richard B. Geary, MB Chb, MB Chb, PhD, Christopher M. A. Frampton, PhD, Judith A. Collens, MB Chb, Michael J. Burt, MB Chb, PhD, Bruce A. Chapman, MB Chb, and Murray L. Barclay, MB Chb, MD

Background: Inflammatory bowel disease (IBD) has increased exponentially in industrialized nations over the last 50 years. Previous New Zealand studies have shown that IBD is less common than in other countries; however, clinical observations suggested a high incidence and prevalence of IBD in Canterbury, particularly Crohn’s disease (CD).

Original Article

Rising Incidence of Inflammatory Bowel Disease in Canterbury, New Zealand

Heidi Y. Su, MB Chb, Vikesh Gupta, Andrew S. Day, MB Chb, MD, and Richard B. Geary, MB Chb, PhD

Background: A population-based study of inflammatory bowel disease (IBD) in the Canterbury province of New Zealand demonstrated an incidence of Crohn’s disease (CD) of 16.3 per 100,000 population in 2004, along with a high rate of IBD overall. At the time, this was one of the highest rates of CD in the world. The current study aimed to ascertain the incidence of IBD in the same area 10 years later.

Methods: All patients diagnosed with IBD in 2014 within the Canterbury region were identified and characterized. Diagnostic and disease classification were ascertainment using standard accepted criteria. Projected population data for age and gender were used to calculate incidence rates for IBD overall and for CD, ulcerative colitis (UC), and inflammatory bowel disease–unclassified (IBD-U).
a) Diagnosis & Differentials

b) Treatment efficacy or risks
   • Medical
   • Surgical

c) Patient support
a) Diagnosis & Differentials

b) Treatment efficacy or risks
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   • Surgical

c) Patient support
Phenotype characteristics of late-onset IBD

<table>
<thead>
<tr>
<th></th>
<th>Crohn’s disease</th>
<th>Ulcerative colitis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>Colonic &gt; ileo-colonic</td>
<td>Left sided or extensive disease more common than isolated proctitis</td>
</tr>
<tr>
<td>Symptoms</td>
<td>more bleeding – ECCO (information differs)</td>
<td>Possibly less diarrhoea, abdominal pain and weight loss than younger patients</td>
</tr>
<tr>
<td>Disease behaviour</td>
<td>Inflammatory; less progression to penetrating and stricturing disease</td>
<td>More likely to remain stable</td>
</tr>
<tr>
<td>First episode</td>
<td>More severe – surgery more common</td>
<td>More severe – hospitalisation more</td>
</tr>
<tr>
<td>Extra-intestinal manifestations</td>
<td>Less common</td>
<td>Less common</td>
</tr>
<tr>
<td>Family history</td>
<td>Less common</td>
<td>Less common</td>
</tr>
<tr>
<td>Cancer risk</td>
<td>Higher risks</td>
<td>Higher risks</td>
</tr>
</tbody>
</table>


# Differential diagnosis of IBD in the older person

<table>
<thead>
<tr>
<th></th>
<th>Symptoms</th>
<th>Possible discrimination with IBD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Infectious gastroenteritis</strong></td>
<td>Acute onset of diarrhoea</td>
<td>Recent antibiotic use. Stool sample for pathogenic organisms, including C. difficile</td>
</tr>
<tr>
<td><strong>Ischaemic disease</strong></td>
<td>Bloody diarrhoea</td>
<td>Thorough cardiovascular history taking [including congestive heart failure, cardiac arrhythmias, atherosclerotic disease, embolic disease, vasculitis and diabetes] Different localization pattern</td>
</tr>
<tr>
<td></td>
<td>Acute abdominal pain, associated with meal intake</td>
<td></td>
</tr>
<tr>
<td><strong>Diverticular disease [diverticulitis]</strong></td>
<td>Abdominal pain</td>
<td>History of diverticular disease. Local inflammation around diverticular part of the colon during endoscopy</td>
</tr>
<tr>
<td></td>
<td>Diarrhoea</td>
<td></td>
</tr>
<tr>
<td><strong>Microscopic colitis</strong></td>
<td>Non-bloody diarrhoea</td>
<td>No anatomical abnormalities visible at endoscopy. Histologically different from IBD</td>
</tr>
<tr>
<td></td>
<td>Predominantly in females</td>
<td></td>
</tr>
<tr>
<td><strong>NSAID-induced enteritis</strong></td>
<td>Diarrhoea</td>
<td>History of NSAID use</td>
</tr>
<tr>
<td></td>
<td>Abdominal pain</td>
<td></td>
</tr>
<tr>
<td><strong>Radiation colitis</strong></td>
<td>Bloody diarrhoea</td>
<td>History of abdominal or pelvic radiation Histologically different from IBD</td>
</tr>
<tr>
<td></td>
<td>Abdominal pain</td>
<td></td>
</tr>
<tr>
<td><strong>Rectal ulcer syndrome</strong></td>
<td>Bloody diarrhoea</td>
<td>History of constipation. Histologically different from IBD</td>
</tr>
</tbody>
</table>


from

a) Diagnosis & Differentials

b) Treatment efficacy or risks
   • Medical
   • Surgical

c) Patient support
ECCO Current Practice Position 8

There is no evidence that the efficacy of medical treatment in elderly IBD patients differs from that in younger adult patients

- Polypharmacy
  - Corticosteroids – anti-epileptics, anticoagulants
  - Azathioprine – warfarin, allopurinol
General Principles with Medical Therapy

ECCO Current Practice Position 8

There is no evidence that the efficacy of medical treatment in elderly IBD patients differs from that in younger adult patients

- Polypharmacy
  - Corticosteroids – anti-epileptics, anticoagulants
  - Azathioprine – warfarin, allopurinol

- Complex regimens
  - Cognitive changes, depression
  - QOL priorities

- Consider approach: Step Up vs Step Down, Mono-therapy vs Combo-therapy (and withdrawal)
  - Higher efficacy in studies BUT
  - Studies not on older people – higher risks…

ECCO Topical review on IBD in the elderly.
Journal of Crohn’s and Colitis, 263–273
Risks and Considerations: Medical

- Anti-TNFs
  - Infection
  - Heart failure
  - Decreased clearance
  - Live vaccines

- 5-ASA
  - Decreased GFR
  - Unable to retain topical therapy
  - Interaction with thiopurines

- Thiopurines
  - Non-Hodgkins lymphoma
  - Nonmelanoma skin cancer
  - Interaction with warfarin, ACE inhibitors, NSAIDs

- Corticosteroids
  - Osteoporosis and hip fracture
  - Worsening psychiatric diagnosis
  - Infection
  - Glaucoma / cataracts

General Principles with Surgery

ECCO Current Practice Position 14

The indications for surgery are not different between elderly and younger adult patients in both CD and UC, and age alone is not an accurate predictor of surgical risk in IBD patients...

- Comorbidities = postoperative mortality
- Nutrition
- Antithrombotic prophylaxis (hospitalisation)
  - Pharmacological
  - Non-pharmacological
- Early mobilisation (ERAS!)

No difference in surgical morbidity and mortality *(Cleveland)*

More long term complications

Impaired sphincter function

With stoma, older patient
- Less leakage
- Less adjustment difficulty
- Equal or better QOL
- More problems with daily management

**ECCO Current Practice Position 14 cont..**

...In UC, the surgical approach of patients requiring pouch surgery is not different from younger adult patients. However, due to a possibly decreased anal sphincter function, the option of pouch versus ileostomy should be discussed in elderly patients.


a) Diagnosis & Differentials

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Available Patient Information

https://www.crohnsandcolitis.org.uk/about-crohns-and-colitis/publications

https://crohnsandcolitis.org.nz/learn


https://www.crohnscolitisfoundation.org/science-and-professionals/patient-resources/patient-brochures

https://crohnsandcolitis.ca/Crohns_and_Colitis/documents
Patient Panel discussion...

- Presentation/s
- Fact Sheet/Written information
- Transition Programme
- Support Groups
- Clinician led

Clinician led program

Support group & network

written

education, seminars
Support and Network…
Support and Network...
Programme: Ready Steady …

General Disability...

IBD Specific...

Psychological Wellbeing…
Patient Panel discussion…

Written information:

• IBD management and differences in approach  - presentation above

• How things change
  • Risks
  • Advice

• Self Help
  • Act
  • Ask
Understanding changes and IBD

**Mouth**
- Fewer taste buds, dryness
- Dental health and hygiene
- Risk: poor eating, poor nutrition
- Careful hygiene and care
- Tempt appetite

**Mind**
- Mood, depression, anxiety
- Cognitive conditions
- Risk: concordance, depression, self-care, weight loss or gain

**Oesophagus**
- Slow muscles
- Swallowing conditions
- Risk: eating less, or unsafe eating, weight loss

**Stomach**
- Reduction in capacity and slower gastric emptying
- Medications, GORD
- Reduced absorption of medications
- Risk: Ulcers and bleeding

**Liver**
- Volume and blood flow through liver decreases, cellular changes also.
- Risk: Reduced metabolism of medication

**Pancreas**
- Increased fatty replacement and fibrosis
- Risk: diabetes mellitus

**Small intestine / Duodenum+Jejunum+Ileum**
- Poor nutrient absorption (IBD related).
- Risk:
  - Weight
  - Macro and micronutrient deficiencies

**Rectal Muscles**
- Decreased muscle tone and control
- Risk: control and continence

**Large Intestine / Colon**
- Slower muscle contractions (or faster with flare)
- Drinking less water & less activity
- Medications, Polyps
- Risk: Constipation and Dehydration
  - Diarrhoea
  - Polyps becoming cancer
  - Diverticular disease

**Conaway B. (2012) Ageing and Digestive Health. WebMD**
At: https://www.webmd.com/digestive-disorders/features/digestive-health-aging

11, 1421; doi:10.3390/nu11061421
Risks and Advice

**Polyps becoming cancer**

**Large Intestine / Colon**
- Slower muscle contractions (or faster with flare)
- Drinking less water & less activity
- Medications
- Polyps

Risk: Constipation and Dehydration
- Diarrhoea
- Polyps becoming cancer
- Diverticular disease

**Constipation and Dehydration**

One major function of the colon is to re-absorb water and electrolytes out of the gut into the rest of the body. Not having enough water can make us ‘dehydrated’ and even contribute to constipation. For example:

- Slower transit $\rightarrow$ more time in colon $\rightarrow$ less water in stool $\rightarrow$ constipation
- Drinking less water (to avoid toilet trips) $\rightarrow$ colon reabsorbs more into the body to stay hydrated $\rightarrow$ less water in stool $\rightarrow$ constipation

Stool moving through the colon quickly with diarrhoea $\rightarrow$ less time for absorption into the body $\rightarrow$ dehydration.

*Remember, with some medical conditions (such as kidney conditions or heart conditions) you may need to drink less or have medications that move fluid out.* Talk to your nurse or doctor if you are unsure what advice to follow to stay hydrated.

**Polyps becoming cancer**

Small growths inside the colon become more common in older age and more common where there is inflammation, especially if the inflammation has been there for a long time. Some things to remember are:

- Keep things moving through your gut with good hydration, eating fruit and vegetables, exercising.
- Watch for changes that are different to your usual bowel habit
- Continue recommended treatment to keep inflammation settled
- Let your team know if you notice changes

*Everybody's situation is different and your doctor or nurse will agree with you how often you need a check by colonoscopy based on a balance between your individual risk for cancer and risks of procedures. ASK your doctor about your situation.*

and risks of procedures. ASK your doctor about your situation.
Self Help

- Act
  - (Summary from linked information)
  - Identify Priorities
  - Diet and Nutrition
  - Hydration
  - Fitness and Exercise
  - Alcohol and Smoking
  - Mental Health
  - Relationships
  - Medication
  - Support for daily living
  - Be in touch if you’re not ok!

- Ask
  - (Chapter 13 ‘Talking with your doctor’)
  - Identify Priorities
  - Cancer checks (colon and skin)
  - Vaccinations to consider
  - Bone health checks
  - Medication check (is it all needed)
  - Blood tests ok (what to watch)
  - Any difficulties with looking after yourself?
a) Diagnosis & Differentials

b) Treatment efficacy or risks
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c) Patient support
Acknowledgements

Rotorua Older IBD Patient Panel

17 fabulous but anonymous people getting older with IBD.

Resources & Expertise

Nathan Atkinson

Michelle Bloor, Gerotologist