

Crohn's disease overview

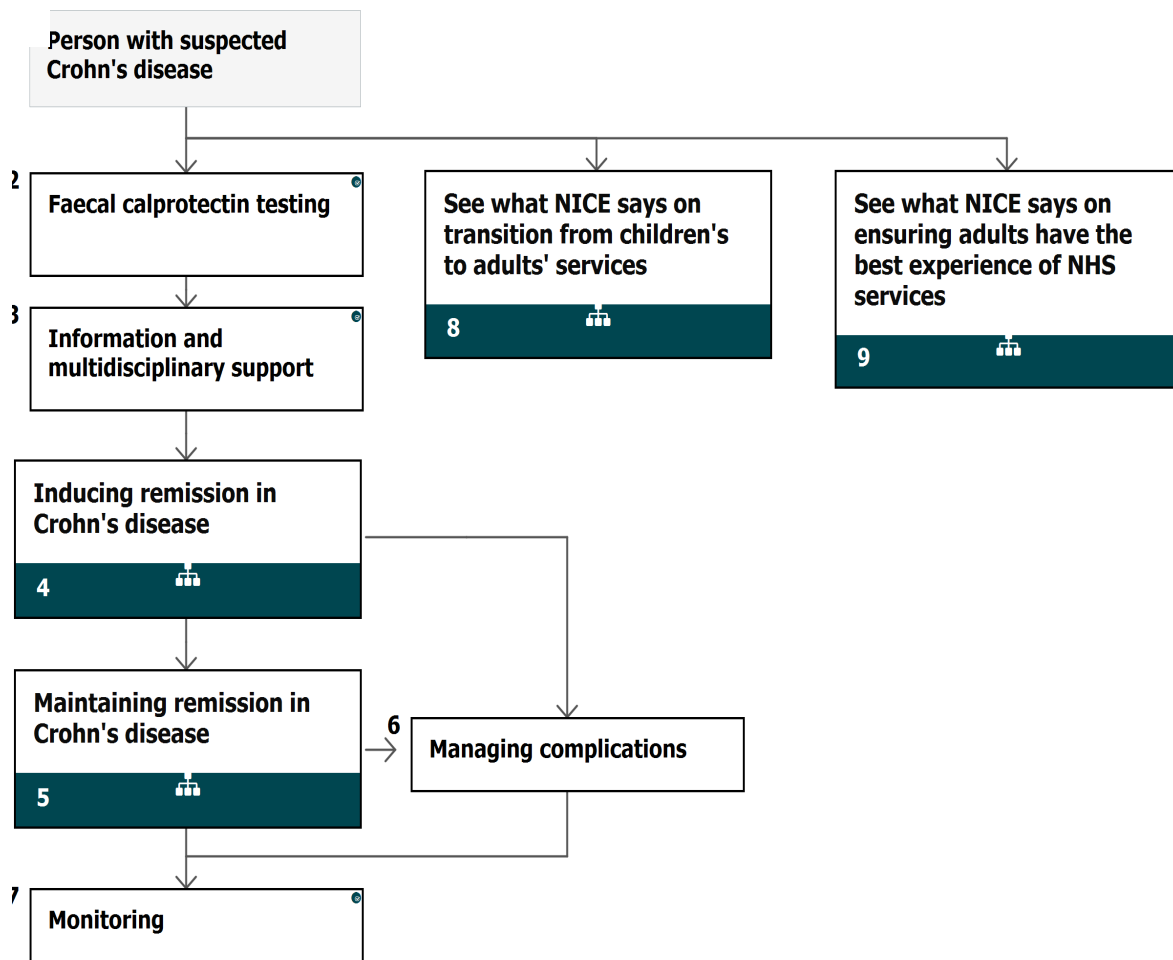
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/crohns-disease>

NICE Pathway last updated: 08 January 2019

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Person with suspected Crohn's disease

No additional information

2 Faecal calprotectin testing

The following recommendations are from NICE diagnostics guidance on [faecal calprotectin diagnostic tests for inflammatory diseases of the bowel](#).

Faecal calprotectin testing is recommended as an option to support clinicians with the differential diagnosis of IBD or IBS in adults with recent onset lower gastrointestinal symptoms for whom specialist assessment is being considered, if:

- cancer is not suspected, having considered the risk factors (for example, age) described in NICE's recommendations on [suspected cancer recognition and referral](#), and
- appropriate quality assurance processes and locally agreed care pathways are in place for the testing.

Faecal calprotectin testing is recommended as an option to support clinicians with the differential diagnosis of IBD or non-IBD (including IBS) in children with suspected IBD who have been referred for specialist assessment, if:

- appropriate quality assurance processes and locally agreed care pathways are in place for the testing.

For further information, see what NICE says on [irritable bowel syndrome in adults](#) and [ulcerative colitis](#).

Quality standards

The following quality statements are relevant to this part of the interactive flowchart.

Irritable bowel syndrome in adults

1. Excluding inflammatory causes
2. Giving a diagnosis

3 Information and multidisciplinary support

Ensure that information and advice about Crohn's disease:

- is age appropriate
- is of the appropriate cognitive and literacy level, and
- meets the cultural and linguistic needs of the local community.

Discuss treatment options and monitoring with the person with Crohn's disease, and/or their parent or carer if appropriate, and within the multidisciplinary team. Apply the principles outlined in NICE's recommendations on [patient experience](#).

Discuss the possible nature, frequency and severity of side effects of drug treatment with people with Crohn's disease, and/or their parents or carers if appropriate. Appendices L and M of the [full guideline on Crohn's disease](#) contain observational data on adverse events associated with 5-ASA treatment and immunosuppressives.

Give all people with Crohn's disease, and/or their parents or carers if appropriate, information, advice and support in line with NICE guidance on:

- smoking cessation (see NICE's recommendations on [stop smoking interventions and services](#))
- patient experience (see the information for the public on [experiencing good NHS care](#))
- medicines adherence (see the information for the public on [enabling and supporting patients to make informed decisions](#) and what NICE says on [medicines optimisation](#))
- fertility (see the information for the public on [assessment and treatment for people with fertility problems](#) and what NICE says on [fertility](#)).

Give people with Crohn's disease, and/or their parents or carers if appropriate, additional information on the following when appropriate:

- possible delay of growth and puberty in children and young people
- diet and nutrition
- fertility and sexual relationships
- prognosis
- side effects of their treatment
- cancer risk
- surgery
- care of young people in transition between paediatric and adult services

- contact details for support groups.

For further information, see what NICE says on [nutrition support in adults](#) and [colonoscopic surveillance](#).

Offer adults children and young people, and/or their parents or carers, age-appropriate multidisciplinary support to deal with any concerns about the disease and its treatment, including concerns about body image, living with a chronic illness, and attending school and higher education.

Conception and pregnancy

Give information about the possible effects of Crohn's disease on pregnancy, including the potential risks and benefits of medical treatment and the possible effects of Crohn's disease on fertility.

Ensure effective communication and information-sharing across specialties (for example, primary care, obstetrics and gastroenterology) in the care of pregnant women with Crohn's disease.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

Inflammatory bowel disease

2. Multidisciplinary team support

4 Inducing remission in Crohn's disease

[See Crohn's disease / Inducing remission in Crohn's disease](#)

5 Maintaining remission in Crohn's disease

[See Crohn's disease / Maintaining remission in Crohn's disease](#)

6 Managing complications

Consider balloon dilation particularly in people with a single stricture that is short, straight and accessible by colonoscopy.

Discuss the benefits and risks of balloon dilation and surgical interventions for managing strictures with:

- the person with Crohn's disease and/or their parent or carer if appropriate and
- a surgeon and
- a gastroenterologist.

Appendix O of the full guideline on [Crohn's disease](#) contains observational data on efficacy, safety, quality of life and time to recurrence for balloon dilation and surgery for stricture.

Take into account the following factors when assessing options for managing a stricture:

- whether medical treatment has been optimised
- number and extent of previous resections
- rapidity of past recurrence (if appropriate)
- potential for further resections
- the consequence of short bowel syndrome
- the person's preference, and how their lifestyle and cultural background might affect management.

Ensure that abdominal surgery is available for managing complications or failure of balloon dilation.

Darvadstrocel for treating complex perianal fistulas in Crohn's disease

The following recommendations are from NICE technology appraisal guidance on [darvadstrocel for treating complex perianal fistulas in Crohn's disease](#).

Darvadstrocel is not recommended, within its marketing authorisation, for previously treated complex perianal fistulas in adults with non-active or mildly active luminal Crohn's disease.

See [why we made the recommendations on darvadstrocel](#).

NICE has written information for the public on [darvadstrocel](#).

Interventional procedures

NICE has published guidance on the following procedures with **special arrangements** for clinical governance, consent and audit or research:

- [transanal total mesorectal excision of the rectum](#)
- [insertion of a collagen plug to close an abdominal wall enterocutaneous fistula](#).

7 Monitoring

Monitoring the effects of drug treatment

Monitor the effects of azathioprine, mercaptopurine and methotrexate¹ as advised in the current online version of the BNF or BNF for Children (the gastroenterology chapter and other relevant sections should be consulted). Monitor for neutropenia in those taking azathioprine or mercaptopurine even if they have normal TPMT activity.

Ensure that there are documented local safety monitoring policies and procedures (including audit) for adults, children and young people receiving treatment that needs monitoring. Nominate a member of staff to act on abnormal results and communicate with GPs and people with Crohn's disease and/or their parents or carers, if appropriate.

NICE has published a medtech innovation briefing on [point-of-care and home faecal calprotectin tests for monitoring treatment response in inflammatory bowel disease](#).

Monitoring for osteopenia

See NICE's recommendations on [assessing the risk of fragility fracture](#) for osteoporosis in adults. Crohn's disease is a cause of secondary osteoporosis.

Do not routinely monitor for changes in bone mineral density in children and young people.

Consider monitoring for changes in bone mineral density in children and young people with risk factors, such as low BMI, low trauma fracture or continued or repeated glucocorticosteroid use.

Colonoscopic surveillance

Offer colonoscopic surveillance in line with NICE's recommendations on [when to offer colonoscopic surveillance](#).

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

Inflammatory bowel disease

4. Monitoring drug treatment

8 See what NICE says on transition from children's to adults' services

[See Transition from children's to adults' services](#)

9 See what NICE says on ensuring adults have the best experience of NHS services

[See Patient experience in adult NHS services](#)

¹ Although use is common in UK clinical practice, at the time of publication (May 2016) azathioprine, mercaptopurine and methotrexate did not have UK marketing authorisation for this indication. The prescriber should follow relevant professional guidance, taking full responsibility for the decision. Informed consent should be obtained and documented. See the GMC's [Good practice in prescribing medicines – guidance for doctors](#) for further information.

Glossary

5-ASA

5-aminosalicylate

BNF

British National Formulary

GMC's

General Medical Council's

IBD

inflammatory bowel disease

IBS

irritable bowel syndrome

TNF

tumour necrosis factor

TPMT

thiopurine methyltransferase

Sources

[Crohn's disease: management](#) (2012 updated 2016) NICE guideline CG152

[Darvadstrocel for treating complex perianal fistulas in Crohn's disease](#) (2019) NICE technology appraisal guidance 556

[Faecal calprotectin diagnostic tests for inflammatory diseases of the bowel](#) (2013) NICE diagnostics guidance 11

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to

have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.