

Ulcerative colitis overview

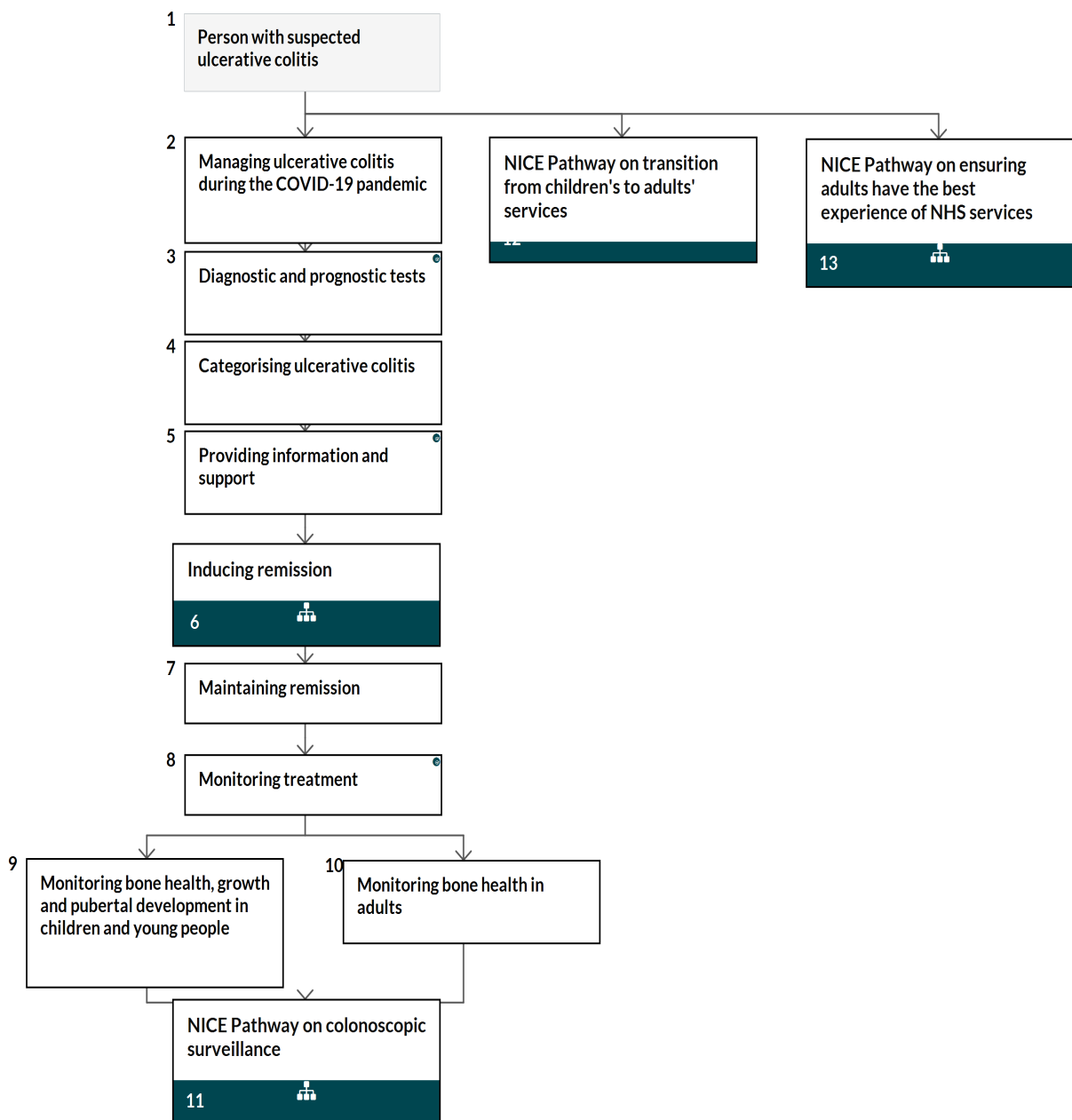
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

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/ulcerative-colitis>

NICE Pathway last updated: 29 March 2021

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



1 Person with suspected ulcerative colitis

No additional information

2 Managing ulcerative colitis during the COVID-19 pandemic

NICE has produced a [COVID-19 rapid guideline on gastrointestinal and liver conditions treated with drugs affecting the immune response](#). It recommends changes to usual practice to maximise the safety of patients and protect staff from infection during the COVID-19 pandemic.

3 Diagnostic and prognostic tests

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 [abdominal and gastrointestinal symptoms and signs in the NICE Pathway 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 [the NICE Pathways on irritable bowel syndrome in adults and Crohn's disease](#).

PredictSure-IBD

NICE has published a [medtech innovation briefing on PredictSure-IBD for inflammatory bowel disease prognosis](#).

Quality standards

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

Irritable bowel syndrome

1. Excluding inflammatory causes
2. Giving a diagnosis

4 Categorising ulcerative colitis

Severity of ulcerative colitis

In this interactive flowchart, the categories of mild, moderate and severe are used to describe ulcerative colitis:

- In adults these categories are based on the Truelove and Witts' severity index. The first table below is adapted from the Truelove and Witts' criteria.
- In children and young people (the second table) these categories are based on the PUCAI.

Truelove and Witts' severity index

	Mild	Moderate	Severe
Bowel movements (no. per day)	Fewer than 4	4–6	6 or more plus at least one of the features of systemic upset (marked with * below)
Blood in stools	No more than small amounts of blood	Between mild and severe	Visible blood

Pyrexia (temperature greater than 37.8°C)*	No	No	Yes
Pulse rate greater than 90 bpm*	No	No	Yes
Anaemia*	No	No	Yes
Erythrocyte sedimentation rate (mm/hour)*	30 or below	30 or below	Above 30

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Paediatric Ulcerative Colitis Activity Index (PUCAI)

Disease severity is defined by the following scores:

- severe: 65 or above
- moderate: 35–64
- mild: 10–34
- remission (disease not active): below 10.

	Item	Points
1.	Abdominal pain	
	No pain	0
	Pain can be ignored	5

	Pain cannot be ignored	10
2.	Rectal bleeding	
	None	0
	Small amount only, in less than 50% of stools	10
	Small amount with most stools	20
	Large amount (50% of the stool content)	30
3.	Stool consistency of most stools	
	Formed	0
	Partially formed	5
	Completely unformed	10
4.	Number of stools per 24 hours	
	0–2	0
	3–5	5
	6–8	10
	>8	15
5.	Nocturnal stools (any episode causing wakening)	

	No	0
	Yes	10
6.	Activity level	
	No limitation of activity	0
	Occasional limitation of activity	5
	Severe restricted activity	10
	Sum of PUCAI (0–85)	

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5 Providing information and support

Discuss the disease and associated symptoms, treatment options and monitoring:

- with the person with ulcerative colitis and their family members or carers (as appropriate) **and**
- within the multidisciplinary team (the composition of which should be appropriate for the age of the person) at every opportunity.

Apply the principles in [the NICE Pathway on patient experience in adult NHS services](#).

For further information, see [the NICE Pathways on nutrition support in adults](#) and [faecal incontinence](#).

Discuss the possible nature, frequency and severity of side effects of drug treatment for ulcerative colitis with the person, and their family members or carers (as appropriate). Refer to [the NICE Pathway on medicines optimisation](#).

Give the person, and their family members or carers (as appropriate) information about their risk of developing colorectal cancer and about colonoscopic surveillance, in line with the NICE Pathways on:

- [colonoscopic surveillance](#)
- [suspected cancer recognition and referral](#).

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

Pregnant women

When caring for a pregnant woman with ulcerative colitis:

- Ensure effective communication and information-sharing across specialties (for example, primary care, obstetrics and gynaecology, and gastroenterology).
- Give her information about the potential risks and benefits of medical treatment to induce or maintain remission and of not having treatment, and discuss this with her. Include information relevant to a potential admission for an acute severe inflammatory exacerbation.

Quality standards

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

Inflammatory bowel disease

2. Multidisciplinary team support

6 Inducing remission

[See Ulcerative colitis / Inducing remission in people with ulcerative colitis](#)

7 Maintaining remission

Proctitis and proctosigmoiditis

To maintain remission after a mild-to-moderate inflammatory exacerbation of proctitis or proctosigmoiditis, consider the following options, taking into account the person's preferences:

- a topical aminosalicylate¹ alone (daily or intermittent) **or**

¹ At the time of publication (May 2019), some topical aminosalicylates did not have a UK marketing authorisation for this indication in children and young people. The prescriber should follow relevant professional guidance, taking full responsibility for the decision. Informed consent should be obtained and documented. See the [General Medical Council's Prescribing guidance: prescribing unlicensed medicines](#) for further information.

- an oral aminosalicylate¹ plus a topical aminosalicylate (daily or intermittent) **or**
- an oral aminosalicylate alone, explaining that this may not be as effective as combined treatment or an intermittent topical aminosalicylate alone.

Left-sided and extensive ulcerative colitis

To maintain remission in adults after a mild-to-moderate inflammatory exacerbation of left-sided or extensive ulcerative colitis:

- offer a low maintenance dose of an oral aminosalicylate
- when deciding which oral aminosalicylate to use, take into account the person's preferences, side effects and cost.

To maintain remission in children and young people after a mild-to-moderate inflammatory exacerbation of left-sided or extensive ulcerative colitis:

- offer an oral aminosalicylate (dosing requirements for children should be calculated by body weight, as described in the BNF)
- when deciding which oral aminosalicylate to use, take into account the person's preferences (and those of their parents or carers as appropriate), side effects and cost.

All extents of disease

Consider oral azathioprine² or oral mercaptopurine to maintain remission:

- after 2 or more inflammatory exacerbations in 12 months that require treatment with systemic corticosteroids **or**
- if remission is not maintained by aminosalicylates.

To maintain remission after a single episode of acute severe ulcerative colitis:

- consider oral azathioprine or oral mercaptopurine
- consider oral aminosalicylates if azathioprine and/or mercaptopurine are contraindicated or the person cannot tolerate them.

Dosing regimen for oral aminosalicylates

Consider a once-daily dosing regimen for oral aminosalicylates³ when used for maintaining remission. Take into account the person's preferences, and explain that once-daily dosing can be more effective, but may result in more side effects

For further information, see [the NICE Pathway on medicines optimisation](#).

¹ At the time of publication (May 2019), some oral aminosaliclates did not have a UK marketing authorisation for this indication in children and young people. The prescriber should follow relevant professional guidance, taking full responsibility for the decision. Informed consent should be obtained and documented. See the [General Medical Council's Prescribing guidance: prescribing unlicensed medicines](#) for further information.

² Although use is common in UK clinical practice, at the time of publication (May 2019) not all brands of azathioprine and mercaptopurine had a 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 [General Medical Council's Prescribing guidance: prescribing unlicensed medicines](#) for further information.

³ At the time of publication (May 2019), not all oral aminosaliclates had a UK marketing authorisation for once-daily dosing. The prescriber should follow relevant professional guidance, taking full responsibility for the decision. Informed consent should be obtained and documented. See the [General Medical Council's Prescribing guidance: prescribing unlicensed medicines](#) for further information.

Leukapheresis

NICE has published [interventional procedures guidance on leukapheresis for inflammatory bowel disease](#) with **special arrangements** for consent and for audit or research.

8 Monitoring treatment

Ensure that there are documented local safety monitoring policies and procedures (including audit) for adults, children and young people receiving treatment that needs monitoring (aminosalicylates, tacrolimus, ciclosporin, infliximab, azathioprine and mercaptopurine). Nominate a member of staff to act on abnormal results and communicate with GPs and people with ulcerative colitis and their family members or carers (as 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](#).

Quality standards

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

Inflammatory bowel disease

4. Monitoring drug treatment

9 Monitoring bone health, growth and pubertal development in children and young people

Monitor the height and body weight of children and young people with ulcerative colitis against expected values on centile charts (and/or z scores) at the following intervals according to disease activity:

- every 3 to 6 months:
 - if they have an inflammatory exacerbation and are approaching or undergoing puberty **or**
 - if there is chronic active disease **or**
 - if they are being treated with systemic corticosteroids
- every 6 months during pubertal growth if the disease is inactive
- every 12 months if none of the criteria above are met.

Monitor pubertal development in young people with ulcerative colitis using the principles of Tanner staging, by asking screening questions and/or carrying out a formal examination.

Consider referral to a secondary care paediatrician for pubertal assessment and investigation of the underlying cause if a young person with ulcerative colitis:

- has slow pubertal progress **or**
- has not developed pubertal features appropriate for their age.

Monitoring of growth and pubertal development:

- can be done in a range of locations (for example, at routine appointments, acute admissions or urgent appointments in primary care, community services or secondary care)
- should be carried out by appropriately trained healthcare professionals as part of the overall clinical assessment (including disease activity) to help inform the need for timely investigation, referral and/or interventions, particularly during pubertal growth.

If the young person prefers self-assessment for monitoring pubertal development, this should be allowed if possible and they should be instructed on how to do this.

Ensure that relevant information about monitoring of growth and pubertal development and about disease activity is shared across services (for example, community, primary, secondary and specialist services). Apply the principles in [continuity of care and relationships in the NICE Pathway on patient experience in adult NHS services](#).

Bone health

Consider monitoring bone health in children and young people with ulcerative colitis in the following circumstances:

- during chronic active disease
- after treatment with systemic corticosteroids
- after recurrent active disease.

10 Monitoring bone health in adults

For information on assessing the risk of fragility fracture in adults, refer to [the NICE Pathway on osteoporosis: fragility fracture risk assessment](#).

11 NICE Pathway on colonoscopic surveillance

[See Colonoscopic surveillance](#)

12 NICE Pathway on transition from children's to adults' services

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

13 NICE Pathway on ensuring adults have the best experience of NHS services

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

Glossary

IBD

inflammatory bowel disease

IBS

irritable bowel syndrome

Sources

Ulcerative colitis: management (2019) NICE guideline NG130

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.