Management of a "flare" of IBD

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What is a flare?

A flare is the development of new symptoms, when the patient was previously doing well. This is usually a return of previous symptoms, but can include symptoms not previously experienced.

Both types of IBD, ulcerative colitis and Crohn's disease, are characterized by periods of disease activity, which would by definition begin with a flare, and periods of disease inactivity, which would be defined as periods of "remission".

A flare, or sometimes called a flare-up, would be symptoms that persist or recur over several days, not several minutes or several hours, and would usually be associated with a general decline in "well-being".

There are several issues to be addressed when a patient experiences a flare:

#1) identifying the biological cause of symptoms (called pathophysiology), and relieving those symptoms as soon as possible.

#2) trying to identify the cause of, or contributing factors to, the flare, (and if possible avoiding those situations or addressing them sooner in the future).

#3) determining the appropriate actions required from patient, family doctor, and specialist.

First, review the extremely useful brochure on "Managing Flares" from the Crohn's and Colitis Foundation of America, on their website, also on ours, under clinic health information, documents (down at bottom).

Second, notify our office that you are having a flare, describe the symptoms that you are experiencing, and the treatment changes that you have already made (what were you taking before the flare, what have you done since).

Third, see your family doctor, (or attend a walk-in clinic or the ER). A doctor needs to see you in person, understand your symptoms, examine you, and arrange for investigations, which in all cases will include blood work. In almost all cases, investigations will include stool samples for specific infections that can mimic IBD flares, but would be treated very differently, and in particular, could get dramatically worse if we use steroids prematurely or inappropriately.

Symptoms of a flare might be related to inflammation, obstruction, anorectal inflammation or fissure secondary to diarrhea, or extraintestinal manifestations (such as skin, eye, or joint problems) of IBD, with or without bowel symptoms. Symptoms that could be interpreted as a flare can also be related to diet, with or without an increase in disease activity, or infection, which will often produce symptoms that are indistinguishable from active IBD. Food poisoning or infectious gastroenteritis can produce exactly the same cramps, diarrhea, and even bleeding, which is why the stool samples also important.

We also know that patients with ulcerative colitis, and probably Crohn's patients as well, are at increased risk of C. difficile disease, partly because antibiotics are sometimes used for IBD, but probably because the bowel lining is somehow vulnerable to that particular infection. C. difficile infection can be very serious, and will likely get worse with most antibiotics, with the exception of Flagyl (metronidazole), and vancomycin, and would also get significantly worse if steroids were used.

Another common cause of a flare is stopping or reducing maintenance medication. Sometimes flares may occur weeks or even months later, after reducing or stopping medication, and it is always difficult to prove that the relapse or flare would not have happened anyway (since they can occur even on treatment). It is very important to be upfront about whether or not you were taking the correct dose regularly. It is preferable to address this, rather than increase therapy to stronger drugs, when the previous drugs might still work if taken properly.

Here is the simple ABCD(E) approach to an IBD flare:

> A = assessment. **<u>You need to be seen by a doctor</u>**. If your family doctor is not available, then you need to access a walk-in clinic, or if necessary, the emergency room. Explain that you are experiencing a "flare", and our office has requested that you see your family doctor urgently. You can tell them that we will be seeing you in the near future, but we will be able to help better if we receive the following information.
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> B = blood tests. **<u>Request blood tests</u>**, and advise them that our office has requested that you have a **blood count (CBC)**, and **inflammatory markers (ESR, C-reactive protein)**. If you are having significant diarrhea, more than 4-6 times a day, then it would be wise to have your electrolytes and renal function checked as well.
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> C = C. difficile – a **<u>stool sample</u>** must be done for <u>regular pathogens</u> (which means the bacterial causes of acute diarrhea),<u>and</u> specifically for <u>C. difficile</u>.
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> C is also **copies – <u>we need to receive these results in our office</u>**.
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> D = drug treatment. This could be symptomatic treatment that you can buy or use yourself, or could be prescription treatment, either increased dose of something you already have, or something new. **<u>Ask the family doctor what treatment they recommend</u>**, and ask if they could send a short note to our office
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> E = endoscopy. This may be required, and can be organized urgently if necessary, but can also be avoided, if the previous steps are followed. Often it is more important to see how the bowel looks at endoscopy at a time of remission, or after an acute exacerbation has settled, rather than during an acute exacerbation. You may also find it easier to take the bowel prep (laxatives) when you are not acutely ill. Finally, colonoscopy has significant risks during an acute flare.

Flares can usually be managed quickly and effectively if each person in the team does their part. It’s your disease, so you must take a leadership role. We can and will certainly help.