

Basic Management of Inflammatory Bowel Disease

Inflammatory bowel disease (IBD) comprises of a variable spectrum of manifestations which result from a persistent or relapsing/remitting inflammation of the gastrointestinal tract. The pathogenetic mechanisms of IBD are not fully deciphered: an interplay of environmental, genetic and autoimmune phenomenon is believed to result in the clinical presentation. The management of IBD encompasses recognition of disease pattern and appropriate classification into two broad spectrums: ulcerative colitis (UC) and Crohn's disease (CD) and also to be aware of the term indeterminate colitis. The attempt is to use the available armamentarium of drugs in a stepwise fashion to achieve a complete relief in symptoms as also attempts at mucosal healing. Apart from the traditional drugs including 5-aminosalicylates (5-ASAs) in various formulations, immunosuppressive/modulators like thiopurines and surgical treatment, the recent age has seen an upsurge in the use of targeted molecular therapies collectively labelled as biologics. It is important to be aware of the appropriate indications and usage vis-à-vis route of administration, dosages and possible risks associated with the use of traditional drugs. Different drugs are used in step wise manner to induce clinical remission and then to maintain clinical remission. The stepwise approach in maintenance of remission involves the use of 5-ASAs, steroids (CD), antibiotics (CD), immune-modulators like azathiopurine, 6-mercaptopurine, cyclosporine, mycophenolate mofetil, methotrexate or tacrolimus and lastly the biologics which will be discussed in separate section.