



# INFLAMMATORY BOWEL DISEASE CLINIC

## Ulcerative Colitis Action Plan for Family Physicians

This Ulcerative Colitis Action Plan applies only to patients on 5-ASA maintenance therapy (Mezavant<sup>®</sup>, Asacol<sup>®</sup>, Pentasa<sup>®</sup>, Salofalk<sup>®</sup>).

This Ulcerative Colitis Action Plan DOES NOT apply to patients on azathioprine (Imuran<sup>®</sup>), 6-MP or 6-mercaptopurine (Purinethol<sup>®</sup>), methotrexate, or biologic therapy (infliximab/Remicade<sup>®</sup>, adalimumab/Humira<sup>®</sup>, golimumab/Simponi<sup>®</sup>, vedolizumab/Entyvio<sup>®</sup>).

**The goal for ulcerative colitis patients is to be at minimum in continuous clinical remission without the need for steroids; as defined by no blood per rectum, no urgency AND no diarrhea.** Patients should ideally be on oral 5-ASA maintenance 365 days a year to maintain remission, although adherence to therapy tends to decrease when patients are feeling well. Continuous use of 5-ASA should be reinforced at each visit, as medical adherence predicts reduced risk of colitis flare. There are some patients with very limited rectal disease who are only maintained on 5-ASA rectal therapy or only use it when needed because of very mild rectal disease.

**At the first symptoms or signs of an ulcerative colitis flare, we recommend family physicians complete the following:**

- 1) CBC, Creatinine, Albumin, ALT, AST, Alkaline Phosphatase, GGT, Total Bilirubin, CRP
- 2) Stool C+S and Stool *Clostridium difficile* (even when there is NO history of recent antibiotic use). Treat accordingly.
- 3) Stool O+P if risk factors present, such as recent travel or camping.
- 4) If the patient is already on oral 5-ASA therapy or has recently stopped a previous oral 5-ASA prescription, increase or restart the once-daily maintenance oral 5-ASA to a total daily dose of:
  - Mezavant<sup>®</sup> 4.8 grams QD to be taken once a day
  - Asacol<sup>®</sup> 4.8 grams QD to be taken once a day
  - Pentasa<sup>®</sup> 4.0 grams QD to be taken once a day
  - Salofalk<sup>®</sup> 4.0 grams QD to be taken once a day

- 5) Start 5-ASA enema therapy nightly at 4.0 grams per rectum qhs. If patients have difficult retaining the enema, start 5-ASA suppository 1.0 gram per rectum qhs instead.

Can also start 5-ASA suppository 1.0 gram per rectum every morning AND 5-ASA enema therapy nightly 4.0 grams per rectum qhs for BID topical dosing.

Types of 5-ASA enemas:

- Pentasa<sup>®</sup> 4.0 gram enema
- Salofalk<sup>®</sup> 4.0 gram enema

Types of 5-ASA suppository:

- Pentasa<sup>®</sup> 1.0 gram suppository
- Salofalk<sup>®</sup> 1.0 gram suppository

- 6) If there is no improvement at two weeks after starting treatment, we recommend that the family physician contact the patient's primary gastroenterologist for further recommendations by phone consult. Likely the medications need more time to work and the gastroenterologist may suggest no change in therapy; however, this communication will ensure more severe cases are NOT missed.
- 7) Depending on disease severity, the gastroenterologist may arrange for a flexible sigmoidoscopy to be performed.
- 8) If at any point the patient is deemed to be severely ill by the family physician (i.e., >6 bloody bowel movements a day, a markedly elevated CRP), the patient's primary gastroenterologist should be notified OR the on-call gastroenterologist should be paged OR the patient should be referred to the Emergency Room.
- 9) We recommend that the patient's primary gastroenterologist be consulted before commencing oral corticosteroid therapy.
- 10) We recommend that once the patient has re-achieved clinical remission, the patient's primary gastroenterologist is notified and a phone consult is completed BEFORE making decisions about de-escalation of therapy.

**Contact Information:**

**Primary Gastroenterologist:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

AHS Pager Number: \_\_\_\_\_

**Clinic Nurse:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

AHS Pager Number: \_\_\_\_\_