



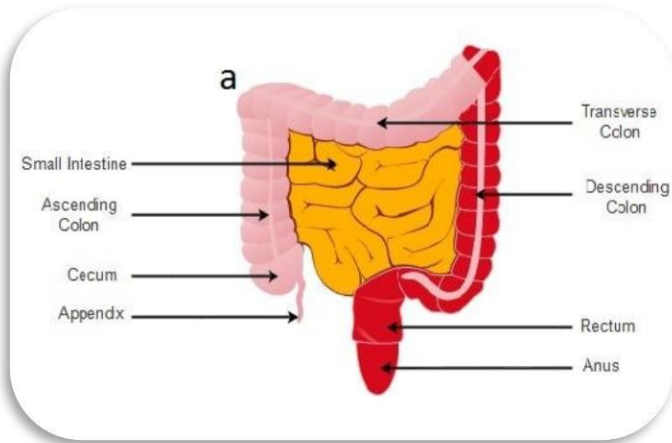
IBD



What is inflammatory bowel disease (IBD)?

**About 7 million
people worldwide
have IBD**





ulcerative colitis

affects the colon and rectum

Continuous lesions

Megacolon: common

Rectal Involvement: Always present

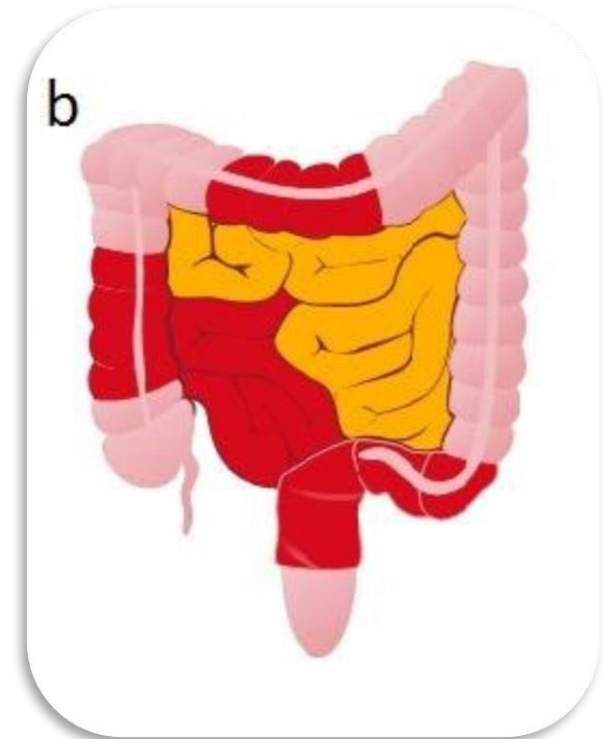
Crohn's disease

Any part of GIT tract

Skip lesions

Megacolon: rare

Rectal Involvement: rare





Meta-Analysis > J Crohns Colitis. 2024 Sep 3;18(9):1486-1504. doi: 10.1093/ecco-jcc/jjae057.

Work Productivity Impairment in Persons with Inflammatory Bowel Diseases: A Systematic Review and Meta-analysis

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Affiliations + expand

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Abstract

Background and aims: The impact of inflammatory bowel disease [IBD] on work productivity remains unclear. In this systematic review and meta-analysis, we quantify work-related outcomes and employment data among persons with IBD.

16.4% for absenteeism
39.4% for overall work impairment
Only two-thirds of IBD patients were employed, and one in three lost their jobs due to IBD.

What are the common symptoms of IBD?



**RECURRENT
DIARRHEA**



**ABDOMINAL PAIN
& CRAMPING**



FATIGUE



WEIGHT LOSS



**BLOOD IN
STOOLS**



**INTESTINAL
BLOCKAGE/
SORES/ ULCERS**



Social alienation in patients with inflammatory bowel diseases: A latent profile analysis



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ABSTRACT

Objectives: The study aimed to explore social alienation types in patients with inflammatory bowel diseases (IBD) and identify influencing factors.

Methods: This cross-sectional study was conducted using purposive sampling among patients with IBD from July 2022 to July 2023. Patients were assessed using the Generalized Social Alienation Scale (GSAS), the Brief Illness Perception Questionnaire (B-IPQ), the Hospital Anxiety and Depression Scale (HADS), and the Medical Coping Modes Questionnaire (MCMQ). Demographic and disease-related characteristics were also collected. Latent profile analysis (LPA) was used to identify potential subgroups of social alienation. Univariate analysis and multicollinearity analysis were conducted to explore the influencing factors, followed by multiple regression analysis to evaluate the effect of influencing factors on social

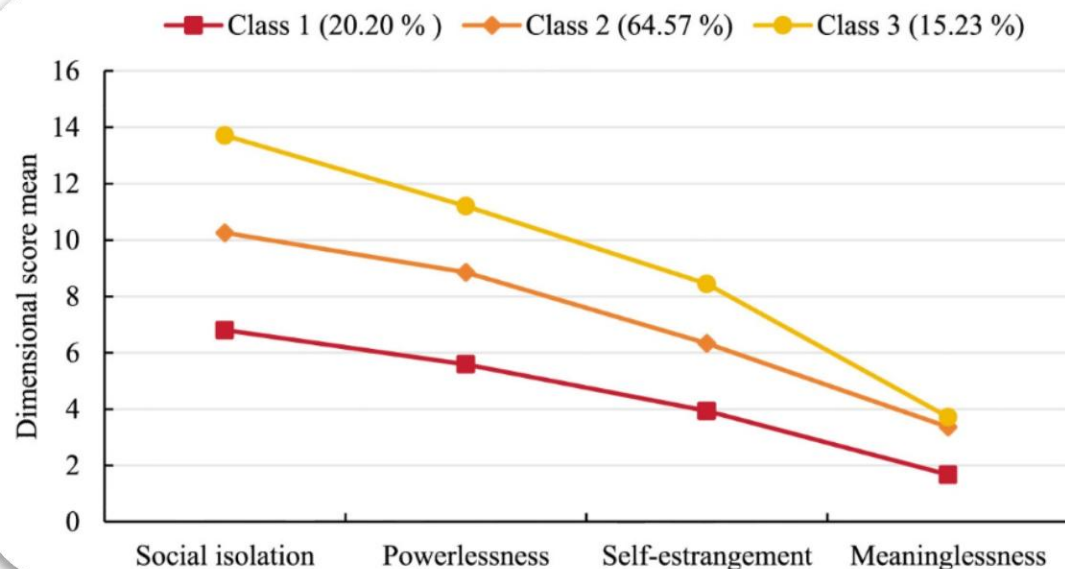
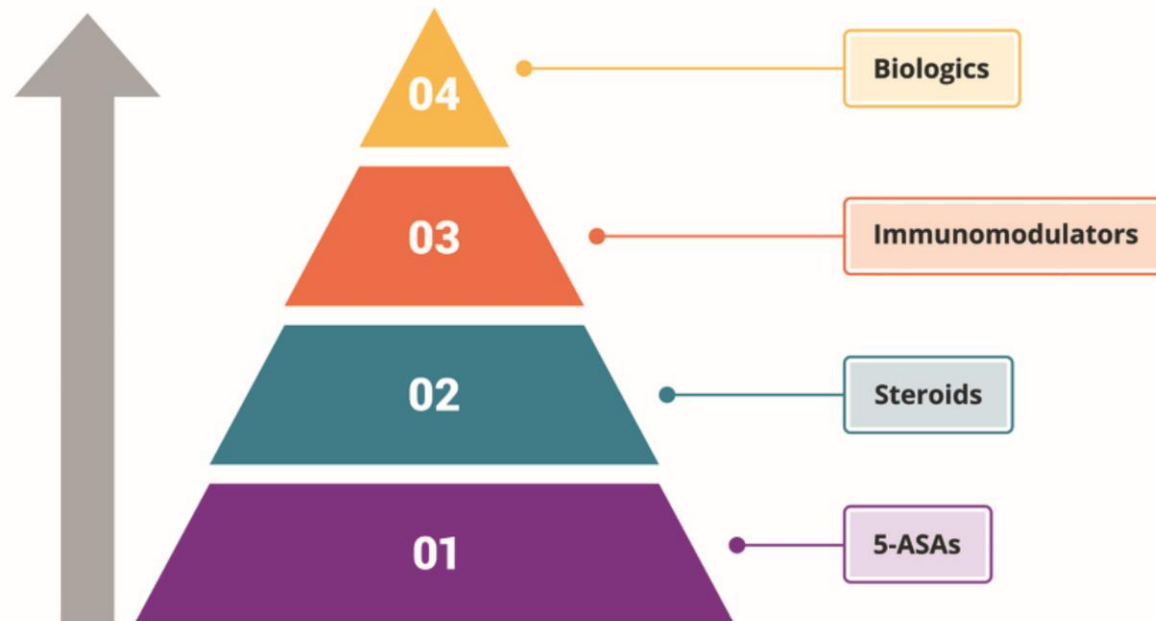


Fig. 1. Three subtypes of social alienation among patients with inflammatory bowel disease based on the latent profile analysis. Class 1 = maladaptive-high alienation group, Class 2 = accommodative-moderate alienation group. Class 3 = integrated-low alienation group.

How is IBD treated?

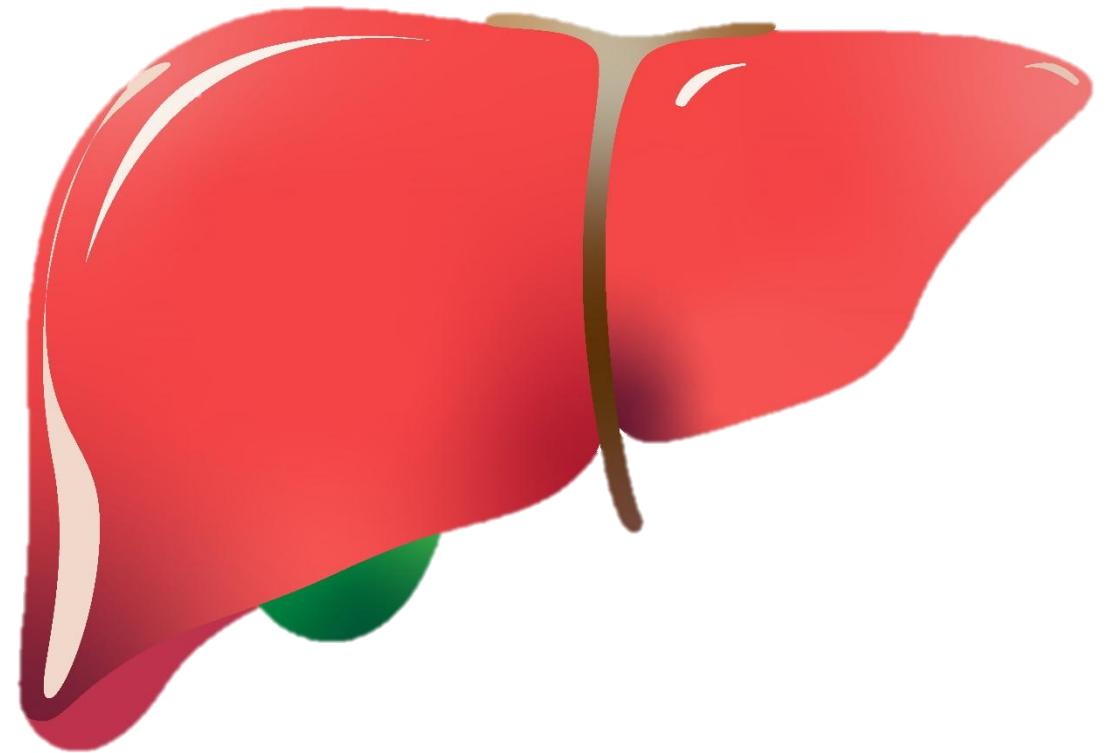
Types of common
medications to treat
IBD:

Step-up treatment for IBD



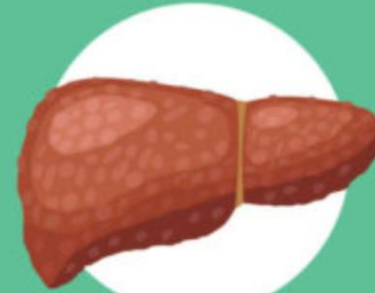
Autoimmune hepatitis

Autoimmune hepatitis is a liver disease that happens when the body's immune system attacks the liver. This can cause swelling, irritation and damage to the liver. The exact cause of autoimmune hepatitis is unclear, but genetic and environmental factors appear to interact over time to trigger the disease.





Healthy Liver



Cirrhosis

Severe scarring of liver
May disrupt liver function
May lead to liver cancer

Untreated autoimmune hepatitis can lead to scarring of the liver, called cirrhosis. It can also eventually lead to liver failure



Joint pain



Loss of
menstrual
periods



FATIGUE



Skin rash.



**ABDOMINAL PAIN
& CRAMPING**



spider angiomas



enlarged liver.



Yellow Skin

Symptoms

treatment

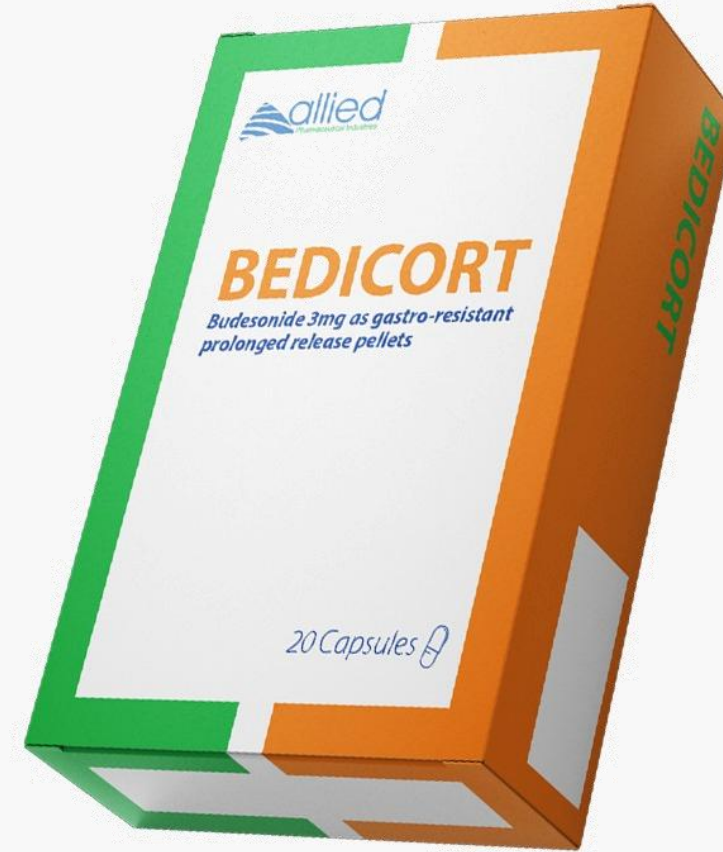
The first treatment is usually steroid.



. A second medicine, azathioprine may be recommended in addition to steroid

Bedicort

**Budesonide
3mg**



20 Caps

INDICATIONS AND USAGE

Mild to Moderate Active Crohn's Disease:
involving the ileum and/or the ascending colon. Adults: 9 mg orally once daily for up to 8 weeks./Repeated 8 week courses /

Maintenance of Clinical Remission of Mild to Moderate Crohn's Disease:involving the ileum and/or the ascending colon for up to 3 months in adults/ **6 mg** orally once daily for maintenance of clinical remission up to **3 months**

Induction

Maintenance

AIH

STERIODS

Adults: Prednisone (20-40 mg/d)

Pediatrics: Prednisone (1-2 mg/kg/d)

Or budesonide (9mg daily)

AZATHIOPRINE (AZA)

Check TPMT. After 2 weeks add AZA (50-150 mg/d)

Laboratory testing every 1-2 weeks

Assess Response by 4-8 weeks:

(+) Biochemical response

- Taper prednisone to 5-10 mg daily

(budesonide 3 mg daily) over the next 6 months

- Maintain AZA

- Laboratory testing every 2-4 weeks

(-) Biochemical response

- Re-evaluate diagnosis

- Consider second-line drugs

Once Biochemical Remission is achieved

- Laboratory testing every 3-4 months

- May attempt a steroid withdrawal w/ After prolonged biochemical remission

- Laboratory testing every 4-6 months

- Consider immunosuppression withdrawal

First-Line Treatments

The objectives of first-line therapy are to improve symptoms, control hepatic inflammation, achieve biochemical remission, prevent disease progression, and promote the regression of fibrosis at the lowest risk of drug-induced complications.

For most patients: The recommended initial treatment is a combination of a corticosteroid (prednisone or budesonide) and azathioprine.

BUDESONIDE DOSAGE: 9 mg daily
After assessment of response by 4-8 weeks : 3mg daily for the next 6 months.

Oral budesonide is as effective as oral prednisolone in active Crohn's disease

M Campieri, A Ferguson, W Doe, T Persson, L-G Nilsson, and the Global Budesonide Study Group

Abstract

Background—The use of corticosteroids in active Crohn's disease often becomes limited by side effects. Budesonide is a potent corticosteroid with low systemic bioavailability due to an extensive first pass liver metabolism.

Aims—To compare the efficacy and safety of two dosage regimens of budesonide and prednisolone in patients with active Crohn's disease affecting the ileum and/or the ascending colon.

Patients and methods—One hundred and seventy eight patients were randomized to receive budesonide controlled ileal release (CIR) capsules 9 mg once daily or 4.5 mg twice daily, or prednisolone tablets 40 mg once daily. The treatment period was 12 weeks. The primary efficacy variable was clinical remission, defined as a Crohn's Disease Activity Index (CDAI) of 150 or less.

Results—After eight weeks of treatment, remission occurred in 60% of patients receiving budesonide once daily or prednisolone and in 42% of those receiving budesonide twice daily ($p=0.062$). The presence of glucocorticoid associated side effects was similar in all groups; however, moon face was more common in the prednisolone group ($p=0.0005$). The highest frequency of impaired adrenal function, as measured by a short ACTH test, was found in the prednisolone group ($p=0.0023$).

Conclusions—Budesonide CIR, administered at 9 mg once daily or 4.5 mg twice daily, is comparable to prednisolone in inducing remission in active Crohn's disease. The single dose administration is as promptly effective as prednisolone and represents a simpler and safer therapeutic approach, with a considerable reduction in side effects.



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PRACTICE GUIDELINE | HEPatOLOGY, VOL. 72, NO. 2, 2020

**Diagnosis and Management of Autoimmune Hepatitis in Adults and Children: 2019 Practice Guidance and Guidelines
From the American**

Association for the Study of Liver Diseases

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THANK YOU