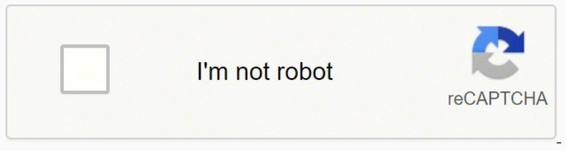

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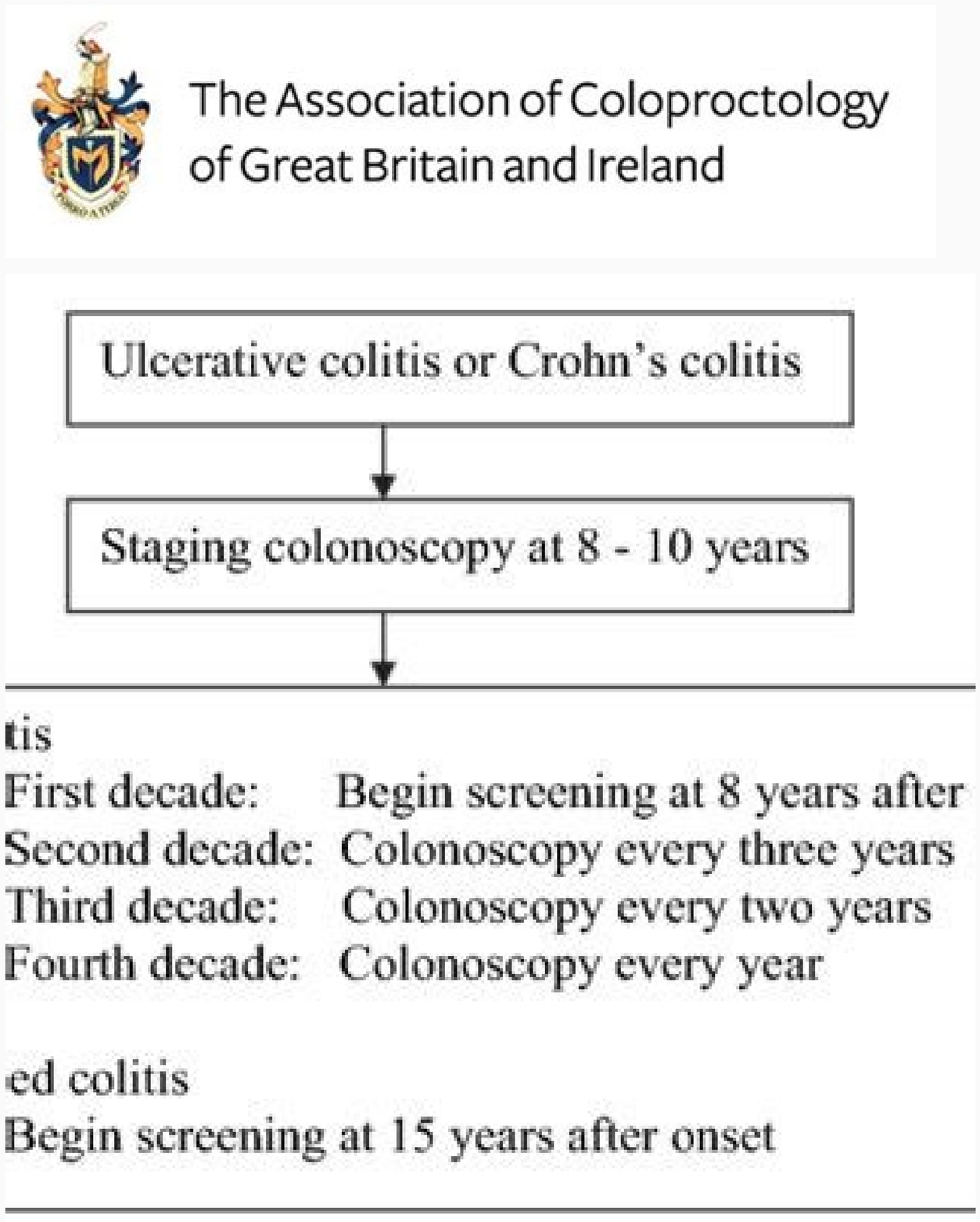

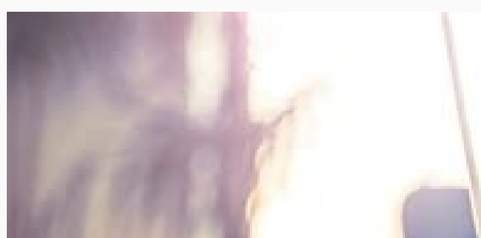

Most common inflammatory bowel disease. Nice guidelines for inflammatory bowel disease. Is inflammatory bowel disease a disability uk.

,,, et al. Assistance monotherapy and a combination with azathioprine for Crohn's disease: a perspective and randomized test. Table 1. Dottori associated with high risk of relapse, surgery or complicated luminal cd factors "clinical factors, smoky long of the long -lasting disease of the presence of the presence of the corticosteroids of the presence of the physicalization cd of the previous fistance CD of the resection of the Previous intestinal resection (rectal, superior, GI, Jejunal) Diseases of laboratory factors of Emoglobin with low hemoglobin with high albumin High C-Reactive (CRP) High levels of Calvotectin of Calprotectin (CRP) high Calprotectin factors, presence of ulceration results Deep in the disease of Luminal Crohn, the optimal result in the treatment of the luminal CD is the control of the underlying inflammation. Some participants in consent were against the use of tiopurine monotherapy in patients with CD, stating that the benefits do not exceed the risks because © There are more effective therapeutic options. Sulfasalazine for the dead of the Crohn of Crohn Deli Even if the tests suggest a minimum benefit for the sulfasalazine in a subgroup of patients with CDs of the delicate colon, it has been recognized that most consent members rarely use this agent in their clinical practice as stand-alone therapy. ;: ã ¢ âvelop .91. ,,,, et al.ã ,comparative and safety efficacy of the agents of the anti-tumor necrosis factor in biological-naive patients with Crohn's disease. We suggest that the optimization of the dose for Patients with CDs who loses the response to anti-TNF therapy is informed by the therapeutic drug monitoring.Grada: conditional recommendation, very low quality tests .vot: strongly in agreement, 40%; I accept, 50%; 10%. The tests of 10%: the tests that support a role for the Therapeutic drugs (TDM) is very low of quality and widely extrapolated from observational studies that have assessed the impact of trogolo drug levels and the development of anti-tnf antibodies on clinical responses .136,138,139 these studies no no no Evaluate whether the TDM improves the results in these patients. These data generally show that the presence of anti-TNF antibodies is associated with serum serum anti-thenf levels and a significantly high risk of clinical response loss to anti-TNF therapy. 136.138.139 in an analysis in one Analysis of data from studies that use Infliximab, the risk of clinical response loss among the patients who had developed antibodies was 3 times greater than those who have not developed antibodies.139 in an aggregate analysis, patients with higher levels of Depression drugs had a 2 -time higher level level of remission compared to those with low levels of depression.138 A small RCT discovered that the use of TDM to drive the treatment decisions led to low -low treatment costs without differences significant in response rates compared to the intensification of the routine dose in patients who lose response to anti-TNF. Plexus, the evidence suggests that low levels of depression and the development of anti-TNF antibodies are associated with a lower rate response. If necessary, we have conducted our updated analyzes or analysis of subgroups. In patients with CDs, we recommend against the use of omega-3 fatty acids to induce or maintain symptomatic remission. Degrees: strong recommendation, evidence of moderate quality. VOTE: strongly in agreement, 90%; Agrees, 10%. Tests. Key: two systematic reviews including 6 RCT concluded that Omega-3 fatty acids (mainly monotherapy) were probably not more effective in placebo for maintenance therapy in CD.168.169 The Meta-analysis of Cochrane (n = 1039) found 12 months more significant marginally significant recurrence with omega-3 fatty acids compared to placebo (39%vs 47%; RR, 0.77; 95%IC, 0.61 p = .031). These rates were generally numerically higher than those in patients who did not receive immunosuppressants; However, this comparison was not evaluated statistically. In addition, we offer a practical guide for the practicing clinician given the tests. The response to therapy was Impact from the previous use of oral steroids. 85 In a retrospective relationship, 76% of patients responded to per -vi -seventeen per -havoc percentosteroid treatment of 5 days. 86Discussion: intravenous corticosteroids seem to be effective in achieving symptomatic response and can help provide time to establish successful maintenance therapy in patients with severe CDs. ,,,, et al. Severe infection and fatality in patients with Crohn disease: over 5 years of follow-up in the treatment register. ;: ã ¢ âvelop ". therapeutic and risk of poor results from the continuation of ineffective treatment. ;: ã ¢ â,¬ ".179.180. In patients with active CDs, when you start anti-TNF therapy, we suggest being combined with a tiopurine on monotherapy to induce complete remission. Gradade: conditional recommendation, low quality tests .vot: strongly in agreement, 45%; I accept, 50%; Uncertain, 5%. Street 23. The consent group did not evaluate the tests for the use of this strategy in children. ,,, et al. Canadian Association of the gastroenterological position declaration relating to the use of tiopurine for the treatment of inflammatory intestinal disease. ,,,, et al. Oral Budesonide for the maintenance of the remission of Crohn's disease: a safety analysis in pool. ;: ã ¢ âvelop "E5; quiz e14 ã ¢ âvelop" e15.112. ,,,, et al. Early administration of Azathiopre vs conventional management of Crohn's disease: a randomized controlled process. Evidence test before the full process of 4 to 8 weeks may require an intervention. Saingment 8. In patients with mild to moderate CDs, we suggest against the use of oral to keep the remission complete. Degree: conditional recommendation, low quality tests .vot: strongly in agreement, 35%; I accept, 50%; Uncertain evidence, 15% .key: most of the tests rehearsals That budesonide is no longer effective than the placebo for maintaining remission in patients with CD.73.74,78 two meta-analysis of tests of at least 6 months, suggested that Budesonide was no longer effective than placebo for maintaining 6 remission or 12 months.74,78 however, an NMA has found that Budesonide 6 mg / day was higher than placebo (probability report [O], 1.69; credible intervals [CRI], 1.05 Ã ¢ â,¬ "2.75) For the maintenance of Remission.73 there was no statistically significant difference at 12 months between Buonsonide and Dosews of weaning of prednisolone or azathioprine, but Budesonide 6 mg was better than mesalamine 3 g / day.78 all these analyzes grouped studies Using the preparation of the oral controlled eleale release and the pH-insependent formulation of release and has not found studies that used Budesonide MMX for the treatment of maintenance tests of the CD.In, Budesonide has been associated with a risk or significantly higher than adverse corticosteroid events compared to PL Acebo (RR, 2.19; 95% CI, 1.08 - 4.46) .74Discussions: There are few tests that support the effectiveness of the Budesonide for maintenance therapy. ,,,, et al. Â »Prevalence and predictors of hospitalization in Crohn's disease in a cohort perspective of upgown based on the population from 2000 - 2012. ,,,, et al.ã, Biosimifer infliximab (CT-P13) in the treatment of inflammatory intestinal disease: An Norwegian observational study. We recommend that patients with moderate to severe CDs are evaluated for the symptomatic response to prednisone between 2 and 4 weeks to determine the need to change therapy. Gradade: strong recommendation, low quality tests .Vota: strongly agree, 40%; I accept 60% test of 60%: the average time for the symptomatic remission reported in clinical trials with corticosteroids It was 20 days with MetilPrednisone83 and 41 days with Beclometasone. 75.84 days with Beclometasone.75.84Discussion: the data suggest that the symptomatic improvement should be evident from 2 âaste "4 weeks.. Studies suggest that the subcutaneous method of the subcutaneous method is approximately 15% "larger of 25% compared to the oral formulation. 105.106 in the basis of the positive parenteral study that demonstrates the effectiveness as induction therapy with savings effects of steroids, the consent group has made a group of consent conditional suggestion in favor of the use of parenteral method in patients with cd cd.patement 18. Patients who obtain a long -term clinical remission 4. of impact after the interruption of the treatment. 5 The healing of the mucosa was also associated with higher rates of remission without steroids40 and reduced rates of hospitalization41.42 and surgery. 4 However, it is not clear whether the escalation or the change of therapy are guaranteed in patients who have had symptomatic remission but have evidence of residual endoscopic activities. Treats to this question. Although relevant ulcerations are often defined as those> 5 mm, there are few data to define the degree of endoscopic improvement that concerns the improvement of long -term results. We suggest that patients with mild cd limited to the colon are evaluated for the symptomatic response to the therapy of Sulfasalazine between 2 and 4 months to determine the need to change the therapy. Degree: conditional recommendation, evidence of poor quality. VOTE: agree, 95%; Uncertain, 5%. Tests. He had reached the remission after 3 Â tow 4 weeks of therapy, but the maximum improvements of the Boardless Scores were observed at 15 weeks. 68 In another small study, the average improvement of the score of the activity of the disease among the rescuers was of 36.3, which was reached 4 âvelop "8" After the initiation of therapy.72iscussions: the limited data available suggest that symptomatic improvement should be obvious from 2 â,¬ 4 months. Furthermore, proof of any worsening of symptoms during the therapeutic process requires the revaluation of the patient.StatingEment 5. Anti - biological declaration of the tumor necrosis factor 20. Â © 2011. In patients with moderate to severe luminal cd with risk factors Of poor prognosis, we recommend anti-TNF (infliximab, adalimumab) therapy as a first-line therapy to induce complete remission. GRADADE: strong recommendation, moderate quality providities.Vota: strongly agree, 60%; I accept, 40% .Stating 21. Among the immunosuppressors, thopurini should not be used by induction, but can be used for maintenance therapy for low-risk selected patients. Patients with deterioration trials of diseases, unacceptable adverse events or failure to answer during this time interval should be considered for alternative treatment strategies. Constitution 12. Cliner Gastroenterol Hepol ;: Ã ¢ â,¬ ".147. All the organic currently available are immunogenic; however, immunogenicity rates seem to be lower with the Vedolizumab and the Ustekinumab. Therefore, the Consensus group agreed that patients should complete an induction course (6 weeks), but those who failed to respond before the first scheduled maintenance dose should not receive the dose of the week-14 and the modification of therapy should be considered .;: Ã ¢ â,¬ ".3. ;: Ã ¢ â,¬ ".39; (): Ã ¢ â,¬" .24. ;: Ã ¢ â,¬ ".124. Open in new TabDownload SlideForest Plot of randomized controlled tests of anti-TNF vs Placebo therapies in the prevention of relapse on the quiescent CD. ,,,, et al.ã, correlations between clinical activity, severity and biological parameters in Crohn Crohn or Ileocolonic disease: a potential multicenter study of 121 cases - the Groupe Dã ¢ âvelop "¢ Etudes Therapeutiques des inflammatory digestive affections. In patients and / or right from mild to moderate moderate CD, we suggest oral Budesonide starting from 9 mg / day as a first -line therapy to induce complete removal. Gradade: conditional recommendation, low quality tests .vot: strongly in agreement, 75%; I accept, 25% test. Evidence. The tests for the effectiveness of the Budesonide 9 mg / day day compared to placebo as first -line therapy in inducing clinical remission in patients with mild to moderate ileal and / or colon cd is available from 3 systematic reviews. 73 - 75 The 2 more recent reviews Meta -analized 3 RCT which directly compared the oral Budesonide vs Placebo and found that Budesonide dosed at 9 mg / day or major (15 ã ¢ âvelop "18 mg / day) is was associated with 2 to 3 times greater the probability of induction of the remission vs placebo. 73.75 a lower dose of Budesonide (3 mg / day) was not higher than placebo. 73.75 in a meta-analysis of 8 RCT, Budesonide was Significantly less effective than conventional corticosteroids for the induction of remission (RR, 0.85; 95% CI, 0.75 - 0.97) but was associated with fewer adverse events (RR, 0.64; 95% CI, 0.54 Â «0.76) .75 Budesonide was not significantly different from Mesalamine for induction therapy .75in an RCT, once a day and 3 times the daily dosage of oral goodonides (9 mg / day) were found equally effective for the 'induction of symptomatic or complete remission; however, this study was lacking in a control arm P Lacebo. 76Discussion: although there is few tests, Budesonide has shown a coherent and clear benefit on the placebo for induction of remission. The definitions were presented by a member of the Steering Committee (J.K.M.), discussed and revised, and therefore agreed by the group. The react-2 clinical trial in progress should help answer this question. 44 even if this study shows that this shows that the Of a objective of the healing of the mucosa improves hard results such as hospitalization and surgery, the subsequent question becomes one of the feasibility. This was mainly guided by 2 of the most small studies that had a higher risk of prejudices. ,. Association Association Use of tumor and non-melanoma skin tumors in patients with inflammatory intestinal disease: a meta-analysis. In this study, 76 patients who had responded to the induction therapy of intramuscular methods were randomized to continue the method at a low dose or move on to placebo. 108 to week 40, 65% of patients maintained remission in the intramuscular group (15 mg/week) with 39% in the placebo group (RR, 1.67; 95% IC, 1.05 "2.67; p = .04) .107.108 has also been a significant reduction in use of corticosteroids for the impact among the patients of the Methotrexate group. Compared to placebo, the low -dose oral method of oral -Methotrexate does not seem to be effective for maintaining remission in a small study. 103 in other small studies, there have been no significant differences in the Remmission rates with oral method, 6-market and 5-Sasa maintenance therapies. 107 The most common adverse events shown in the maintenance studies of the Methratexate were nausea and vomiting, cold symptoms, abdominal pain, pain of you Sta, joint pain or arthralgia and fatigue. 107Discussion: mainly on the base of the well -conducted positive parenteral study that demonstrates the best symptomatic remission rates without continuous corticosteroids, the consent group has made a conditional suggestion in favor of the use of Methotrexate parenteral for maintenance therapy. In many cases, the factors that influence the decisions of patients relating to the choice of therapy and the objectives of therapy are not the same as those of the treatment clinician. 7.8 This is the reality of clinical practice and it is important to keep it in mind when you make therapeutic decisions. At the time when the literature research was conducted for this consent (April 2016) and at the time of the consent group (September The guidelines for clinical practices the most recent on the treatment of the CD was the second based on the European EVERYMENT (Here), which incorporated the data published until 2008.9 subsequently, the third European consensus based on evidence from this was published online in November 2016.10 However, there are differences between the current guidelines of the consent and the consent of this respect The methods for the classification of the trial level graduation, the conclusions reached, the recommendations made and the presentation of the discussions. Degree: conditional recommendation, very low quality tests, 19. ", we suggest that patients with Crohn's disease receiving the Topurina or Methotrexate that do not reach the remission without corticosteroids within 12 â,¬ 16 weeks should be modified therapy . The post-hoc analysis of the Gemini 2 test showed no significant differences in the endpoints for patients receiving Volizumab as well as concomitantly-based immunosuppressor than those who receive placebo.151 Pharmacokinetic studies do not show any effect of concomitant immunosuppressor therapy on the clearance of Vedolizumab.152 in a post analysis hoc of the grouped ulcerative colitis and patients with CDs in the Gemini 1 and 2 tests, the percentage of patients who develop anti-Vedolizumab antibodies was similar among patients receiving an immunosuppressor than those who receive monotherapy (3% vs 4%). 153 However, in the group that received Vedolizumab induction only followed by placebo maintenance, anti-Vedolizumab antibody rates were 3% among those who received an immunosuppressor and 18% among those who were not. 153Discussions: this statement It was voted, but the consent could not be achieved as regards if there is a role to add a thopurine or methotrexate when it is in VettoLizumab Ittioning therapy. There is a bit debate that a small number of localized abost ulcers would be acceptable and not a change or an escalation of treatment.43.45 on the contrary, smaller erosions throughout the intestine would not be considered considered And often it would justify a change or a escalation of the treatment. ,,, et al.ã ¢ clinical monitoring: Infliximab biosimilant CT-P13 in the treatment of Crohn's disease and ulcerative colitis. In addition, the Association between the shealing of the mucosa and improved short and long -term healing has been more and more recognized, 4.5 this is becoming an important therapeutic objective. 6 The tests suggest that the beginning of highly effective therapies can lead to a symptomatic improvement and healing of the mucosa. Finally, they thank their patient supporter, Jenna Rines, for invaluable intuitions. Open in a new SlideForest diagram of Tabdownload of Randomized Studies controlled by Ustekinumab in inducing the remission in the active luminal cd. Effective and safety of Natalizumab and I see Crohn's management of Crohn's disease: a systematic review and a meta-analysis. The use of corticosteroids was significantly low in the Methotrexate group by week 4 in patients at high doses and by week 12 in those who take doses of prednisone lowest. 104discussion: also to have a relatively slow onset of the action. 104 While bearing in mind that the monotherapy of tiopurine is not recommended for the induction of remission, the consent group has concluded that the improvement with these agents and the Methotrexate should be evident within 3 "4 months. ,, Et al.ã ¢ The economic and quality burden of the life of Crohn's disease in Europe and the United States, from 2000 to 2013: a systematic review. In patients with slight cd limited to the colon, we suggest the use of sulfasalazine to induce (4 â ,Â € â € œ6 g/day) Complete remission. Grado: Conditional recommendation, poor quality tests of the effectiveness of supersalazine for induction of remission Available from 2 systematic reviews of RCTS.65.66 a meta-analysis of 2 tests shows a trend towards a benefit benefit On the placebo on the placebo for the failure to remedied remission (relative risk [RR], 0.83; 95% CI, 0.69 âvelop "1.00) .65 A met-analysis of cochrane of the same 2 tests found an advantage significant with sulfasalazin for induction of remission (RR, 1.38; 95% CI, 1.02 âvelop "1.87) compared to the placebo.66 in a recent update of the analysis of Cochrane (published outside our window Research), the re-analysis of the 2 tests has produced a non-significant trend in favor of sulfasalazine (RR, 1.38; CI 95%, 1.00 "1.89) .67 The tests reported significant results with sulfasalazine only in subgroup of patients with disease confined to colon. 68.69a meta-analysis of 4 RCTS found that the sulphasalazine was not effective in preventing the impact of the CD, but there was a tendency towards the benefit with mesalaminmina.65 however, the Analysis was below due to the low total number of fallout events in Solfasalazina studios. Discusesio NI: Meta -analysis of 2 RCTS suggests a tendency to a modest advantage with sulfasalazine for NDUction therapy but no benefit in maintenance therapy. 65 - 67 however, the studies that evaluate the sulfasalazine are more elderly and relatively small. Since I see "Selectivities selectivity" and lacks systemic immunosuppression, many

members of the consent group would use monotherapy monotherapy in biological-naive patients and reserves the addition of an immunosuppressor for patients who had previously failed anti- TNF. Despite the fact that Certizumab is approved by the FDA and used in the United States, it is not licensed for the treatment of CDs in Canada or Europe and therefore was not included in this CPG. The role of complete remission with the endoscopic healing shown requires further studies. Ustekinumab is significantly higher than the placebo for the result of failure to comply with the symptomatic remission per week 6 (RR, 0.88; 95% CI, 0.85 Ã ¢ â,¬ "0.92) (Figure 6). When RCT data has not been available , we extracted extracts from observational studies. Degree: conditional recommendation, evidence of poor quality 17. Â «In patients with Crohn disease dependent corticosteroids/resistant to moderate to severe, we suggest the parenteral method to induce complete remission. ,,, et al.ã ¢ comparative efficacy of immunosuppressants and biological to induce and maintain remission in Crohn's disease: a meta-analysis of the network. ;: ã ¢ âvelop â € œe2, quiz e14 âvelop œ E15.182. Grade: strong recommendation, high quality tests 26. Â «patients with Crohn disease who have a non-optimal response to anti-TNF induction therapy, we suggest the intensification of the dose to obtain complete remission. ;: ã ¢ âvelop â € œ.153. ,,, et al.ã ¢ a retrospective analysis: the development of the patient's outcome measures for the evaluation of the activity of Crohn's disease. In patients with active CDs who begin Ustekinumab, the consent group does not make a recommendation (nor for neither against) as regards the addition of a tiopurine or a method of monotherapy to improve pharmacokinetic parameters. Key evidence: the Ustekinumab combination more an immunosuppressor was not adequately studied. Clin gastroenterol hepatol ;: ã ¢ âvelop â € œe1.171. Corticosteroids no recommendation. ;: ã ¢ âvelop â € œe6.21. ,,, et al.ã ¢ pharmacokinetic and pharmacodynamic and immunogenic relationship of I see in adults with inflammatory intestinal disease: further results of the Gemini 1 and 2 studies [Abstract Dop058]. ,,, et al.ã ¢ systematic revision with meta-analysis: the effectiveness of a second anti-TNF in patients with inflammatory intestinal disease whose previous anti-Tnf treatment has failed. ,,, et al.ã ¢ The effectiveness and safety of the real world of I see Moderate Crohn's disease: results of the United States Victory Consortium. In im-united, the incidence of anti-derrugg antibodies was (27/1154 patients, 2.3%) and have not been provided on the use of immunosuppressors in these patients. Of Healing in patients with Crohn disease treated with seeing open: a series of cases [abstract P-006]. In patients with moderate CDs who have not been able to respond to the oral Budesonide 9 mg/day, we suggest the use of prednisone 40 âvelop â € œ60 mg/day to induce complete remission. , 15%; Okay, 80%; Uncertain, 5%. Statement 10. Although sufficient evidence supports their effectiveness in patients with moderate cds to serious ones who are naive for treatment, the consent group has agreed that these agents should probably be reserved for patients with risk factors (as described in the â € Â "Section of definitions"), mainly due to cost problems. 22. All participants had access to all abstracts and electronic copies of the individual is âvelop "adjusses. administered all aspects of the meeting and the sources of financing have not had any involvement in the process at any time and have not been made aware of any part of the process by the development of the research strings and the declarations to the drafting and approval of such Guidelines. Meta-analysis conducted for consent. In most cases, this is left to the discretion of the doctor and the patient. ;: ã ¢ âvelop ".98. Degree: conditional recommendation, low corticosteroids tests 9. Â «In patients with moderate Crohn disease who have not been able to respond to oral Budesonide 9 mg/day, we suggest the use of the prednisone 40ã ¢ â,¬â € œ 60 mg/day to induce complete remission. The position and behavior of the disease The consent group agreed on the fact that the CD should be classified on the basis of the classification of Montreal, which considers the ETA of the onset (ã ¢ â € â €16, 17 âa â € œ 40,> 40 years), position of the disease (terminal ileus, colon, ileocolon, superior gentrotym) and the behavior of the disease (not Pen, rigorous, penetrating) .21 Activities of the disease although medical therapies for cd target paths that lead to inflammation, activities of disease disease Generally assessed in clinical studies through evaluation tools that measure signs and symptoms of the disease and in clinical practice through subjective evaluation of signs and symptoms. 22 In most clinical studies revised for this consent guideline, the standard measure of gravities was The Crohnã ¢ âvelop of disease activities (Banking Denies). ;: ã ¢ â,¬ ".114., ,, Et al. Ã, The mucous healing provides for the clinical remission supported in patients with initial disease of the Crohn. Select the patients were considered to be low at the low risk of progression or complication of the disease , for example, a patient with isolated colon CD with surface ulceration and no other complication. ,,, et al.ã ¢ administrator from originintor infliximab to biosimilant CT-P13 compared to the treatment maintained with originator Infliximab (Nor-Switch): one Test 52 weeks, randomized, double blind, non-inferiority. It is well accepted that the correlation between symptoms and presence or absence of active disease (inflammation) may be scarce. ,,,, et al.ã ,oreale modified pH budesonide Guessonide compared to 6-MetilPrednisolone in Crohn's active disease: German / Austrian Budesonide study group. The reactions relating to infusion were reported in 5% of patients and malignant in