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 be at the onset (i.e. before diagnosis), or beginning with a flare, and periods of disease inactivity, which would be defined as periods of remission.

A flare, sometimes called a flareup, 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 "wellbeing".

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

#1) identify the biological cause of symptoms (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, PCP (family doctor or nurse practitioner), and gastroenterologist.

What you need to do:

First, review the extremely useful brochure on managing flares from the Crohn's and Colitis Foundation of America, on their website, and also on our website, under health information, and the subheading "inflammatory bowel disease".

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, and what have you done since then)

Third, see your primary care practitioner (family doctor or nurse practitioner). If this is not possible, attend a walk-in clinic, or the ER department of the closest hospital. If you have a choice of hospitals, the RVH is preferable because they have access to an on-call gastroenterologist 24/7 - they may not need to come and see you but can certainly give advice to the ER or clinic doctor, and ensure that we are notified, and follow-up plans are made. A doctor needs to see you in person, listen to your symptoms, examine you, and arrange for investigations, which in all cases will include blood work.

In almost all cases, the investigations should include a stool sample for specific infections, that can mimic IBD flares, and in particular, for C. difficile. The identification of an infectious illness would change the treatment very significantly. The condition could get dramatically worse if we use steroids prematurely or inappropriately.

Symptoms of a flare might be related to inflammation, obstruction, anorectal inflammation, fissure or abscess, or extraintestinal manifestations (such as skin, eye, joint problems, or liver or bile duct issues) 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 related to infection, which will often produce symptoms that are the same as active IBD. Food poisoning or infectious gastroenteritis can produce exactly the same cramps, diarrhea and even bleeding, which is why the stool samples are so important.

We know that patients with ulcerative colitis and probably Crohn's patients as well, are at increased risk of getting C. difficile infection, partly because antibiotics are sometimes used for IBD, but mostly because the bowel lining is unusually vulnerable to that particular infection. C. difficile infection can be very serious, will likely get worse with most antibiotics, except Flagyl (metronidazole), and vancomycin, and could also get significantly worse if steroids such as prednisone 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. It is sometimes difficult to prove that the relapse or flare would not have happened otherwise, since flare can occur even on treatment. It is very important to be upfront about whether or not you are taking the correct dose regularly. Is preferable to address this, early on, rather than increase therapy to stronger drugs, when the previous drugs might still work if they were taken properly or at the appropriate dose.

Here is a simple ABCDE approach to an IBD flare:

A = assessment. You need to be seen by a doctor. If your family doctor is not available, then you need to access a walk-in clinic, or if necessary, a hospital emergency room. Explained that you are experiencing a flare and that our office has requested that you see a doctor urgently. You can tell them that we will be seeing you in the near future, but we will be able to help you much better, if we receive the following information.

B = blood tests. Request a blood test. Advise the doctor 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.

C = C. difficile-a stool sample must be done for regular bacterial pathogens, and specifically for C. difficile.

C is also for copies - we need to receive these results in our office

D = drug treatment. This could be symptomatic treatment that you can buy or use yourself, or could be prescription treatment, either an increased dose of something you already have or are taking, or something new. Ask the doctor what treatment they recommend, and ask if they could send a short note to our office. Do not take loperamide (Imodium) or Lomotil unless a doctor tells you it is safe. Those pills can be very dangerous if you have significant pain, bleeding, fever, or vomiting.

E = endoscopy. This may be required, and can be organized urgently if necessary, but also can be avoided if the previous steps are followed and lead to a diagnosis, treatment and improvement. Often it is more important to see how the bowel looks at endoscopy at the time of remission or after an acute exacerbation is settled, rather than during an acute exacerbation. You would obviously find it easier to take a laxative bowel preparation 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 that part. It is your disease so you must take a leadership role. We can and certainly want to help urgently.

You really need to see a primary care, urgent care, or ER doctor first, usually within a matter of 24-48 hours. We will try and help if there is a significant delay.