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Inflammatory bowel disease: Therapy

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Many therapies are available for patients with inflammatory bowel disease (IBD). Medical therapies include amino-salicylates drugs such as sulfasalazine, olsalazine, balsalazide, and various formulations of mesalamine; antibiotics; corticosteroids; immune-suppressive medications as azathioprine, 6-mercaptopurine (6-MP), methotrexate, and cyclosporine; and biotechnology medications such as anti-tumor necrosis factor (TNF) agents and newer agents with different mechanisms of action. Many surgical therapies also are used in patients with IBD. Some of the treatments are designed to deliver medication to specific areas of the bowel, while others act systemically. A thorough understanding of the anatomical distribution of inflammation is required in order to choose the optimal drug for a given patient.

Ulcerative colitis can be divided into ulcerative proctitis, ulcerative proctosigmoiditis, left-sided ulcerative colitis, and extensive colitis or pancolitis. Crohn's disease can be divided into ileitis, colitis, and ileocolitis.

Amino-salicylates, sulfasalazine, oral mesalamine, rectal mesalamine, olsalazine and balsalazide are drugs that deliver 5-ASA to the bowel lumen. In sulfasalazine, 5-ASA is linked to sulfa-pyridine by an azo-bond, which keeps the 5-ASA inactivated until the azo bond, is cleaved by bacterial enzymes. Olsalazine and balsalazide are prodrugs with 5-ASA bound by an azo bond. 5-ASA is available covered either a pH dependent polymer that dissolves in the terminal ileum and cecum, as ethyl cellulose coated granules that release drug throughout the gastro-intestinal tract; or in more complex delivery systems that result in prolonged mesalamine release throughout the colon. Mesalamine can also be administered to treat left-sided colitis or proctosigmoiditis or as a suppository to treat proctitis.

Antibiotics controlled trials of various antibiotics have not demonstrated efficacy in treating ulcerative colitis. The data to use antibiotics in Crohn's disease are less clear cut. Three small studies suggested efficacy of metronidazole and ciprofloxacin. Controlled trials of metronidazole and ornidazole after ileal resection showed that postoperative endoscopic recurrence of disease could be delayed after resection for Crohn's disease.

Conclusions: Knowledge of the individual drugs and their characteristics with regard to whether the drug treats systemic disease or local disease, and where in the gastrointestinal tract it releases active drug is critical for successful treatment in patients with IBD.

Biography

Ubaldo Pimentel has finished his Medical grade from Universidade Regional del sureste and Post-graduate studies from Benemerita Universidad de Puebla. He currently Works as General Surgeon in Instituto Mexicano del Seguro Social.

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