Inflammatory Bowel Disease Challenges Persist

BY NANCY WALSH
New York Bureau

FORT LAUDERDALE, FLA. — Despite greater understanding of genetic influences and phenotypic manifestations and the availability of multiple immunomodulatory medications, inflammatory bowel disease continues to pose significant clinical challenges.

"Classically, in inflammatory bowel disease we talk about ulcerative colitis and Crohn's disease, but sometimes there is so much overlap it's hard to tell the difference," Dr. Sunanda Kane said.

"So we are trying to move away from the black-and-white categories of ulcerative colitis and Crohn's disease" and move toward thinking about the mechanisms of the inflammatory response and the individual patient's phenotype, said Dr. Kane of the Mayo Clinic, Rochester, Minn.

"We don't fully understand what causes Crohn's and colitis, but we do know that the normal gut is always mildly inflamed. It has to be because this is what 'tastes' the environment and determines what's friend and what's foe," she said at a meeting sponsored by Skin Disease Education Foundation.

In certain circumstances, such as exposure to bacterial products, the gut can become more acutely inflamed; if the inflammation is not downregulated, it can result in chronic inflammatory bowel disease (IBD).

Genetic studies have begun to reveal genes that predispose a person to an inability to downregulate gut inflammation, such as the NOD2/card15 gene, located at chromosome 16q12.

This gene's product is similar to disease-resistance proteins in plants, and is related to immune response to bacteria. Mutations in this gene are associated with Crohn's disease through abnormal activation of downstream inflammatory cell signaling, she explained.

Environmental influences also act as disease modifiers. Diet, smoking, and stress all can contribute to worsening of disease, as can the use of antibiotics—particularly penicillin and the other 'illins'—and nonsteroidal anti-inflammatory drugs, she said.

There is a 30% increased risk of disease flare with regular NSAID use in IBD, so when patients have extraintestinal manifestations or concomitant rheumatologic conditions, make sure they use drugs other than NSAIDs, she said.

Treatment also remains challenging, despite the availability of immunomodulating drugs. Infliximab, adalimumab, and certolizumab have been used successfully, but etanercept and onercept have not been superior to placebo, and ulcerative colitis has worsened in patients treated with rituximab for other conditions.

Unfortunately, even with the newer immunosuppressive medications, rates of surgery for Crohn's disease have not decreased.

Dr. Kane disclosed that she is a consultant for and receives research support from several companies, including Elan Pharmaceuticals Inc., Procter and Gamble, Shire Pharmaceuticals Inc., and UCB Pharma Inc.

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Seven-Item Survey Measures Gluten-Free Diet Adherence

BY DAMIAN McNAMARA
Miami Bureau

ORLANDO — A short survey that assesses compliance with a gluten-free diet among adults with celiac disease has been validated.

Scores on the Celiac Dietary Adherence Test corresponded better with an independent dietician's assessment of adherence than the standard serum test, the IgA tissue transglutaminase titer, according to a comparison among 200 people with biopsy-proven celiac disease.

Celiac disease affects up to 1% of the general population worldwide (Nutr. Clin. Care 2005;8:54-69). Its increasing prevalence is outpacing the number of adequately trained dieticians. This survey may be especially useful in areas where access to such a dietician is limited, said Dr. Daniel Leffler, director of clinical research at the Celiac Center, Beth Israel Deaconess Medical Center, Boston. He presented results at the annual meeting of the American College of Gastroenterology.

An expert panel of gastroenterologists, dieticians, and psychologists, as well as focus panels of people with celiac disease, created an initial 80-item survey. They agreed on factors in five domains: symptoms, perceived adherence, reasons for adherence, self-efficacy, and disease-specific knowledge.

An initial cohort of 150 patients completed the survey and had IgA tissue transglutaminase titers measured. The survey was then pared down to 40 items and administered to a second cohort of 50 others with celiac disease to confirm its validity. This process resulted in a seven-item survey with 89% accuracy in predicting gluten-free diet adherence, Dr. Leffler said.

The Celiac Dietary Adherence Test asks patients to respond to the following questions and statements and uses a table to rate the responses and obtain a total score that reflects the likelihood of adherence to the gluten-free diet:

► Have you been bothered by low energy level during past 4 weeks?
► Have you been bothered by headaches during the past 4 weeks?
► I am able to follow a gluten-free diet when dining outside my home.
► Before I do something I carefully consider the consequences.
► I do not consider myself a failure.
► How important to your health are accidental gluten exposures?
► Over the past 4 weeks how many times have you eaten foods containing gluten on purpose?

The score on the tool highly correlated with dietician evaluation at 3 months: 0.771 among the first cohort of patients and 0.764 among the second group (using a Pearson's correlation coefficient area under the curve calculation).

The IgA tissue transglutaminase assay, in contrast, correlated less with the dietician's evaluation, at 0.647. Dr. Leffler commented, "serologic tests are generally good for diagnosis, but unfortunately, few lines of testing suggest they're as good for ongoing monitoring." ■