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TURKISH INFLAMMATORY BOWEL DISEASE SOCIETY RECOMMENDATIONS ON SELECTED TOPICS OF ULCERATIVE COLITIS

TÜRK İNFLAMATUVAR BARSAK HASTALIKLARI DERNEĞİNİN ÜLSERATİF KOLİT İLE İLGİLİ SEÇİLMİŞ KONULARDA ÖNERİLERİ

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Ulcerative colitis is a chronic inflammatory condition causing continuous mucosal inflammation of the colon which develops due to genetic and environmental factors and lasts life-long. While it is more prevalent in the developed world, in recent years it has been increasing in developing countries, as well. In an epidemiological study carried out in Turkey by the "Inflammatory Bowel Disease Society" through utilizing hospital records (1), the incidence of ulcerative colitis was determined as 4.1 and the prevalence as 25.5. These rates were underestimations and were higher than in Asia but lower than in Europe.

One of the goals of the Inflammatory Bowel Disease Society is to develop guidelines for the diagnosis, management and follow up of ulcerative colitis and Crohn's disease. During guideline development efforts, the "Guideline for the diagnosis, management and follow up inflammatory of bowel diseases" was published by ECCO. Since each topic was discussed in detail in this guideline, making extra efforts for a complete guideline would be expensive and time consuming and was considered as unnecessary. However in the ECCO guideline, it was determined that there were some vague areas for our region and our patients, so a decision was made to analyse these issues and develop national recommendations within the 3e framework. The 3e program is a group work integrating evidence, expertise and exchange affairs.

The course of developing national recommendations was as follows

1. A scientific committee was formed during the administrative board meeting (October 2009) of the Inflammatory Bowel Disease Society. The goals and the methodology were determined in the first meeting.
2. Just after the meeting, ECCO recommendations were reported to the gastroenterology association members and they were asked to forward their opinions regarding the topics that should be taken up for Turkey.
3. In February 2009, questions concerning the diagnosis, management and follow up of ulcerative colitis were determined and principle investigators were selected. The questions were formulated and adapted for the study.

The topics that were approved for the study were as follows

A. Ulcerative colitis and diet

B. What are the importance of infliximab and cyclosporin in the treatment of corticosteroid refractory severe ulcerative colitis?

C. How long should we treat the patients with Azathioprine/6-Mercaptopurine in order to decide that it is refractory to immunomodulatory treatment?

D. Can azathioprine/6-mercaptopurine treatment be withdrawn in patients with response in ulcerative colitis; what is the most appropriate time for this?

E. Should maintenance therapy be performed in ulcerative proctitis? How long should it be continued?

F. Do anti-TNF agents and combination treatment increase postoperative complication risk?

G. Rate and predictive factors of post IPAA Crohn's like disease (with or without pouchitis) in patients with ulcerative colitis

H. Prevalence, predictive factors and ideal treatment of cytomegalovirusinfection in IBD patients

I. Ulcerative colitis and pregnancy

J. Safety of drugs used in cases with ulcerative colitis during pregnancy and lactation

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Table 1. Levels of evidence and grades of recommendation based on the Oxford Centre for Evidence Based Medicine

Level	Individual study	Technique
1a	Systematic review (SR) with homogeneity of level 1 diagnostic studies	Systematic review (SR) with homogeneity of randomised controlled trials (RCTs)
1b	Validating cohort study with good reference standards	Individual RCT (with narrow confidence interval)
1c	Specificity is so high that a positive result rules in the diagnosis ("SpPin") or sensitivity is so high that a negative result rules out the diagnosis ("SnNout")	All or none
2a	SR with homogeneity of level >2 diagnostic studies	SR (with homogeneity) of cohort studies
2b	Exploratory cohort study with good reference standards	Individual cohort study (including low quality RCT; for example, <80% followup)
2c		"Outcomes" research; ecological studies
3a	SR with homogeneity of 3b and better studies	SR with homogeneity of case-control studies
3b	Non-consecutive study; or without consistently applied reference standards	Individual case-control study
4	Case-control study, poor or non-independent reference standard	Case series (and poor quality cohort and case-control studies)
5	Expert opinion without explicit critical appraisal, or based on physiology, bench research, or "first principles"	Expert opinion without explicit critical appraisal, or based on physiology, bench research, or "first principles"
Grades of recommendation		
A	Consistent level 1 studies	
B	Consistent level 2 or 3 studies or extrapolations from level 1 studies	
C	Level 4 studies or extrapolations from level 2 or 3 studies	
D	Level 5 evidence or troublingly inconsistent or inconclusive studies of any level	

4. The study groups performed systematic literature search through using appropriate keywords in medline/pubmed and the Cochrane database. The evidence was ranked according to the "Oxford Centre of Evidence Based Medicine" in terms of Evidence Level (EL), and Recommendation Grade (RG) (Table 1) (2).
5. The study groups and 60 gastroenterology specialists met in May 2010 for forming the last version of the recommendations. The recommendations were presented and voted. The recommendations that were voted by more than 80% and agreed upon by more than 80% participants were accepted as the national recommendations. Each recommendation was ranked according to the "Oxford Centre of Evidence Based Medicine" (RG) (Table 1).

The final document is written by the principle investigator for each topic. The national recommendations are presented in the boxes.

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