

# Fact Sheet

News from the IBD Help Center

## GENERAL HEALTHCARE MAINTENANCE

It is important to continue general health maintenance. While working with your gastroenterologist, also remember to speak with your primary care physician about other important issues including:

### Vaccinations

Adults with inflammatory bowel disease (IBD) should generally follow the same vaccination schedules as the general population. People on immunomodulators, biologics, and small molecule inhibitors should generally avoid live virus vaccines. The best time to vaccinate is when someone is newly diagnosed with IBD, before any immunosuppressive therapy has begun.

### Tuberculosis Screening

Screening should be done before immunosuppressive treatment is begun because immunosuppressants can affect the outcome of the test.

### Tobacco Cessation

In addition to raising cancer risk, cigarette smoking has adverse effects on lung and heart health. It also has a negative effect on people with Crohn's disease.

### Colonoscopies

These are key in the management of IBD—determining the severity and extent of disease, monitoring the effectiveness of therapy, checking for postoperative recurrence, and screening for colorectal cancer. Speak with your gastroenterologist about how frequently you need to have a colonoscopy.

### Periodic Blood Testing

The frequency and type of tests depend on IBD medication use and any other medical conditions that exist. A baseline set of tests before starting IBD therapy is helpful to determine medication-associated abnormalities and benefits.

### Osteoporosis Monitoring

Osteoporosis can be a significant medical problem in people with IBD, whose reduced bone mineral densities put them at increased risk for fractures. Bone loss can occur as a result of chronic inflammation and/or with the use of steroids. Most bone loss occurs in the first six months of corticosteroid use. The best course of action for osteoporosis prevention is to minimize steroid use where possible, relying instead on steroid-sparing agents such as immunomodulators, biologics, and small molecule inhibitors medications where appropriate. Supplementation with calcium, vitamin D, and the use of drugs called bisphosphonates while being treated with prednisone and other steroids can also help in protecting your bone health.

### Blood Pressure Screening

Some of the medications used in the treatment of IBD, particularly corticosteroids and cyclosporine, can cause an increased risk of secondary hypertension (high blood pressure). In most instances, the hypertension resolves once the medication is discontinued.

## Depression

Various factors, including the chronic relapsing nature of the disease and some of the medications used as treatment, make people with IBD particularly prone to depression, affecting between 15 and 35 percent of patients. Screening and appropriate medical treatment are necessary.

## Ophthalmologic Screening

Corticosteroid use may increase the risk of glaucoma as well as cause some temporary vision changes. In addition, extraintestinal symptoms of IBD may involve the eye.

## Oral Health

Among the extraintestinal symptoms of IBD are aphthous ulcers in the mouth, also known as canker sores. These may be caused by the IBD itself, or be secondary to nutritional deficiencies. Although not serious, these ulcers can be quite painful. Mouth rinses and other topical treatments may help relieve the discomfort. Please remember to also see your dentist for routine dental care.

## Cancer Screening

Some IBD patients are at increased risk for colon cancer and will need frequent colonoscopies for screening. People with IBD should follow the current recommendations for regular screenings for breast and prostate cancer. Women with IBD are at increased risk for abnormal pap smears (precancerous findings). Men and women are at increased risk of certain skin cancers. Careful monitoring and evaluation are recommended.

Please use the health care maintenance chart provided on the next page for your records.

# Healthcare Maintenance Chart

TEST	DATE	DATE	DATE	DATE
<b>Tests</b>				
<ul style="list-style-type: none"> <li>• PPD (or other tuberculosis screening test, e.g. Quantiferon-Gold, Tspot)</li> </ul>				
<b>Vaccinations</b>				
<ul style="list-style-type: none"> <li>• Hepatitis A</li> </ul>				
<ul style="list-style-type: none"> <li>• Hepatitis B</li> </ul>				
<ul style="list-style-type: none"> <li>• HPV</li> </ul>				
<ul style="list-style-type: none"> <li>• Influenza</li> </ul>				
<ul style="list-style-type: none"> <li>• Pneumococcal</li> </ul>				
<ul style="list-style-type: none"> <li>• Td/Tdap</li> </ul>				
<ul style="list-style-type: none"> <li>• Varicella*/Zoster*</li> </ul>				
<b>Cancer Screening</b>				
<ul style="list-style-type: none"> <li>• Colon Cancer/dysplasia screening (colonoscopy)</li> </ul>				
<ul style="list-style-type: none"> <li>• Cervical cancer (Pap smear)</li> </ul>				
<ul style="list-style-type: none"> <li>• Breast cancer</li> </ul>				
<ul style="list-style-type: none"> <li>• Prostate cancer</li> </ul>				
<ul style="list-style-type: none"> <li>• Skin cancer screening</li> </ul>				
<b>Screening - Other</b>				
<ul style="list-style-type: none"> <li>• Blood pressure</li> </ul>				
<ul style="list-style-type: none"> <li>• Ophthalmologic</li> </ul>				
<ul style="list-style-type: none"> <li>• Osteoporosis (DXA scan)</li> </ul>				
<b>Laboratory Exam</b>				
<ul style="list-style-type: none"> <li>• Complete blood cell count</li> </ul>				
<ul style="list-style-type: none"> <li>• Liver function test</li> </ul>				
<ul style="list-style-type: none"> <li>• Creatinine</li> </ul>				
<ul style="list-style-type: none"> <li>• B12/folate/iron</li> </ul>				
<ul style="list-style-type: none"> <li>• 25 OH vitamin D</li> </ul>				
<ul style="list-style-type: none"> <li>• Lipids</li> </ul>				
<ul style="list-style-type: none"> <li>• Glucose</li> </ul>				
<ul style="list-style-type: none"> <li>• Other</li> </ul>				

***\*Live virus vaccines are contraindicated in patients on biologic therapy and small molecule inhibitors. Therefore, they should be given prior to initiating biologic therapy.***

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