



# Ulcerative colitis: management in adults, children & young people

NICE provided the  
content for this booklet  
which is independent  
of any company or  
product advertised

**Nursing**  
IN PRACTICE

---

## Welcome

In June 2013, NICE issued its first recommendations on the management of ulcerative colitis in adults, children and young people, based on the best available evidence with the aim of helping promote consistent high-quality care.

**Nursing**  
IN PRACTICE

# Introduction

A new clinical guideline from the National Institute for Health and Care Excellence (NICE) hopes to ease the physical and mental distress felt by people who have the incurable bowel disease ulcerative colitis.

Ulcerative colitis is the most common type of inflammatory disease of the bowel. There are around 146,000 people in the UK with a diagnosis of ulcerative colitis, the cause of the chronic condition is unknown. It can develop at any age, but peak incidence is between the ages of 15 and 25 years, with a second, smaller peak between 55 and 65.

## BACKGROUND

In June 2013, NICE published its first clinical guideline on the management of ulcerative colitis with the aim of addressing the regional differences in practice across the UK and help healthcare professionals provide consistent high-quality care.

Ulcerative colitis usually affects the rectum, and a variable extent of the colon proximal to the rectum. The inflammation is continuous in extent. Inflammation of the rectum is referred to as proctitis, and inflammation of the rectum and sigmoid as proctosigmoiditis. Left-sided colitis refers to disease involving the colon distal to the splenic flexure. Extensive colitis affects the

colon proximal to the splenic flexure, and includes pan-colitis, where the whole colon is involved.

## SYMPTOMS OF ACTIVE DISEASE OR RELAPSE INCLUDE BLOODY DIARRHOEA, AN URGENT NEED TO DEFAECATE AND ABDOMINAL PAIN

Ulcerative colitis is associated with significant morbidity. It can also affect a person's social and psychological wellbeing, particularly if poorly controlled. Typically, it has a relapsing–remitting pattern.

The treatment chosen for active disease is likely to depend on clinical severity, extent of disease and the person's preference, and may include the use of aminosalicylates, corticosteroids or biological drugs. These drugs can be oral or topical (into the rectum), and corticosteroids may be administered intravenously in people with acute severe disease. Surgery may be considered as emergency treatment for severe ulcerative colitis that does not respond to drug treatment. People may also choose to have elective surgery for unresponsive or frequently relapsing disease that is affecting their quality of life.

## KEY RECOMMENDATIONS FOR NURSES

Advice and support for people with ulcerative colitis is important, in terms of



discussing the effects of the condition and its course, medical treatment options, the effects of medication and the monitoring required. Around 10% of inpatients with inflammatory bowel disease reported a lack of information about drug side effects on discharge from hospital. Information to support decisions about surgery is also essential for people facing the possibility of surgery.

This includes recognising adverse prognostic factors for people admitted with acute severe colitis to enable timely decisions about escalating medical therapy or predicting the need for surgery. It is also very important to provide relevant information to support people considering elective surgery. Take into account the person's preferences when choosing a treatment option.

The guideline suggests that when seeing a patient who has recently been diagnosed with ulcerative colitis, the following

information and support should be given:

- Discuss the disease and associated symptoms, treatment options and monitoring with the person, and their family members or carers as appropriate.
- Discuss the possible nature, frequency and severity of side effects of drug treatment for ulcerative colitis and give the person, and their family members or carers as appropriate, information about their risk of developing colorectal cancer and about colonoscopic surveillance, in line with the NICE clinical guidelines on:
  - Colonoscopic surveillance for prevention of colorectal cancer in people with ulcerative colitis, Crohn's disease or adenomas (NICE clinical guideline 118)
  - Referral for suspected cancer (NICE clinical guideline 27)<sup>1</sup>

## SEVERITY OF ULCERATIVE COLITIS

*Mild, moderate and severe*

The categories of mild, moderate and severe are used to describe ulcerative colitis:

- In adults these categories are based on the Truelove and Witts' severity index.
- In children and young people these categories are based on the Paediatric Ulcerative Colitis Activity Index (PUCAI)

## INDUCING REMISSION: STEP 1 THERAPY FOR MILD TO MODERATE ULCERATIVE COLITIS

To induce remission in people with a mild to moderate first presentation or inflammatory exacerbation of proctitis or proctosigmoiditis:

- offer a topical aminosalicylate<sup>2</sup> alone (suppository or enema)  
*or*
- consider adding an oral aminosalicylate to a topical aminosalicylate<sup>3</sup>  
*or*
- consider an oral aminosalicylate alone, taking into account the person's preferences and explaining that this is not as effective as a topical aminosalicylate alone or combined treatment.

To induce remission in adults with a mild to moderate first presentation or inflammatory exacerbation of left-sided or extensive ulcerative colitis:

- offer a high induction dose of an oral aminosalicylate
- consider adding a topical aminosalicylate or oral beclometasone dipropionate<sup>4</sup>, taking into account the person's preferences.

## INDUCING REMISSION: STEP 2 THERAPY FOR ACUTE SEVERE ULCERATIVE COLITIS

Consider adding intravenous ciclosporin<sup>5</sup> to intravenous corticosteroids or consider surgery for people who have little or no improvement within 72 hours of starting intravenous corticosteroids or whose symptoms worsen at any time despite corticosteroid treatment.

## MONITORING TREATMENT

Ensure that there are documented local safety monitoring policies and procedures (including audit) for adults, children and young people receiving treatment that needs monitoring (aminosalicylates, tacrolimus, ciclosporin, infliximab, azathioprine and mercaptopurine). Nominate a member of staff to act on abnormal results and communicate with GPs and people with ulcerative colitis (and/or their parents or carers as appropriate).

## TREATMENT OPTIONS FOR PEOPLE WHO ARE CONSIDERING SURGERY

For people with ulcerative colitis who are considering surgery, ensure that a specialist (such as a gastroenterologist or a nurse specialist) gives the person (and their family members or carers as appropriate) information about all available treatment options, and discusses this with them. Information should include the benefits and risks of the different treatments and the potential consequences of no treatment.

After surgery, ensure that a specialist who is knowledgeable about stomas (such as a stoma nurse or a colorectal surgeon)

gives the person (and their family members or carers as appropriate) information about managing the effects on bowel function. This should be specific to the type of surgery performed (ileostomy or ileoanal pouch) and could include the following:

- strategies to deal with the impact on their physical, psychological and social wellbeing
- where to go for help if symptoms occur
- sources of support and advice.

### MAINTAINING REMISSION

Consider a once-daily dosing regimen for oral aminosalicylates<sup>o</sup> when used for maintaining remission. Take into account the person's preferences, and explain that once-daily dosing can be more effective, but may result in more side effects.

### SUPPORT TOOLS AND PATIENT INFORMATION

NICE has published a range of support tools to help healthcare professionals use the clinical guideline. Healthcare professionals can access the NICE psoriasis pathway by visiting <http://pathways.nice.org.uk/pathways/ulcerative-colitis> this is a fast easy summary view of the NICE guidance on psoriasis.

### CONCLUSION

The NICE clinical guideline offers practical evidence-based advice for healthcare professionals on how to assess and manage ulcerative colitis.

To access the full recommendations, support tools and patient information, please visit: [www.nice.org.uk/CG166](http://www.nice.org.uk/CG166)

### REFERENCES

1. This guideline is being updated (publication date to be confirmed).
2. At the time of publication (June 2013), some topical aminosalicylates did not have a UK marketing authorisation for this indication in children and young people. The prescriber should follow relevant professional guidance, taking full responsibility for the decision. Informed consent should be obtained and documented. See the General Medical Council (GMC) Good practice in prescribing and managing medicines and devices for further information.
3. At the time of publication (June 2013), some oral aminosalicylates did not have a UK marketing authorisation for this indication in children and young people. The prescriber should follow relevant professional guidance, taking full responsibility for the decision. Informed consent should be obtained and documented. See the GMC Good practice in prescribing and managing medicines and devices for further information.
4. At the time of publication (June 2013), beclomethasone dipropionate only has a UK marketing authorisation 'as add-on therapy to 5-ASA containing drugs in patients who are non-responders to 5-ASA therapy in active phase'. For use outside these licensed indications, the prescriber should follow relevant professional guidance, taking full responsibility for the decision. Informed consent should be obtained and documented. See the GMC Good practice in prescribing and managing medicines and devices for further information.
5. At the time of publication (June 2013), ciclosporin did not have a UK marketing authorisation for this indication. The prescriber should follow relevant professional guidance, taking full responsibility for the decision. Informed consent should be obtained and documented. See the GMC Good practice in prescribing and managing medicines and devices for further information.
6. At the time of publication (June 2013), not all oral aminosalicylates had a UK marketing authorisation for once-daily dosing. The prescriber should follow relevant professional guidance, taking full responsibility for the decision. Informed consent should be obtained and documented. See the GMC Good practice in prescribing and managing medicines and devices for further information.



