

## Press release

Inflammatory bowel diseases

### **A change in perspective is pending with regard to diagnostics and therapy**

**Lisbon. “Big data” is also currently making its arrival with regard to inflammatory bowel diseases (IBD). For instance, there is an outright flood of data regarding factors which determine pathophysiology – from genome via the exposome and immunome to microbiome. To bundle and analyze data, and to draw the right conclusions in order to advance the diagnostics and therapy of IBD is currently an enormous medical challenge, reported Professor Claudio Fiocchi (Cleveland Clinic/USA) at the Falk Foundation Symposium 210 in Lisbon (Portugal). At the same time, the answer to pending questions may lead to new therapeutic options. However, established treatment concepts will still retain great importance.**

Whether Crohn’s disease or ulcerative colitis manifests essentially depends on genetic predisposition, immunological factors and the composition of the microbiome, which are for their part modulated by environmental factors. The scientist warned that the increasing “inflammatory lifestyle” of people in the present-day society plays a central role in this regard. Infections, air pollution, smoking, the lack of physical activity and in particular an unbalanced and unhealthy nutrition are all factors which can significantly trigger the pathogenesis of IBD. “Even prenatal influences can have an effect on the manifestation of diseases”, explained Fiocchi. It is extremely difficult to detect and properly interpret the correlations, particularly since the individual situation is very different: “There are no two people who have the same microbiome”, pointed out Fiocchi.

### **Rethink in medicine required**

This knowledge calls for a rethink and a change in perspective in the field of medicine. “We need modern computer technologies and the support of experts who process these findings for us so that we can evaluate the acquired data”, explained Professor Axel Dignaß (Frankfurt/Germany), as one of the scientific organizers of the symposium. From his point of view it is not about physicians or natural scientists, but about experts in the processing of data, who in close cooperation with physicians extract the essence from the data and utilize this for new developments in the diagnostics and therapy of IBD.

Dignaß particularly anticipates advances in the identification of biomarkers, which in turn can be the basis for the development of targeted and individualized effective treatment strategies. Even now it has already become apparent that the therapeutic diversity with regard to IBD will be enhanced in the foreseeable future.

### **Established therapy retains its importance**

But it is not to say that this will diminish the importance of well-established therapeutic options such as mesalazine (e.g. Salofalk®): “With mesalazine we have an effective and well-tolerated treatment option with which an effective disease control can be attained among a large percentage of patients”, says Dignaß. According to his information, the active ingredient leads to a rapid and effective remission among 60-70% of patients with moderate ulcerative colitis and also has great importance in terms of maintenance therapy.

“Mesalazine is and remains the standard medication with mild to moderate ulcerative colitis and consequently among the majority of patients”, emphasized the gastroenterologist. In addition, a large percentage of patients with mild to moderate Crohn’s disease can also be treated satisfactorily with mesalazine.

### **Microscopic colitis – also an inflammatory bowel disease**

According to Doctor Andreas Münch (Linköping/Sweden), microscopic colitis is still significantly underestimated as a clinical picture. The disease is characterized by watery, often nocturnal diarrhea, abdominal pain and partially also by unintended weight loss. Women are particularly affected.

Microscopic colitis is by no means a rare clinical picture. The prevalence is even higher than with Crohn’s disease. A differentiation is to be made between collagenous and lymphocytic colitis. According to Münch, both forms of the disease are to be unequivocally assigned to IBD. Since no clearly detectable inflammatory processes in the colon are presented in the course of a colonoscopy, a stepwise biopsy is always required with regard to diagnostics.

According to Professor Stephan Miehlke (Hamburg/Germany), the impairment of patients as a result of the disease is often very high, which underscores the importance of effective therapy. He mentioned the active ingredient budesonide (e.g. Budenofalk®) as the only evidence-based treatment option at the moment. Treatment should be rendered in a dosage of 9 mg daily, whereby the recommended duration of therapy is initially six to eight weeks. A significant decline in symptoms usually comes about during this time. If the symptoms

reoccur after discontinuation of the active ingredient, long-term therapy with 6 mg of budesonide daily can be considered. But this is not yet authorized.

Source: Falk Foundation Symposium 210 **“Crossing New Borders in IBD: Thoughts and Demands – From Mechanisms to Treatment”**, April 20-21, 2018 in Lisbon