



## 1. Medical Condition

# **CHRONIC INFLAMMATORY BOWEL DISEASE**

### **Introduction**

This classification specifically includes Crohn's disease and ulcerative colitis but also embraces chronic colitis of indeterminate cause. It is well known that these conditions may have a familial tendency and commonly affect younger patients within their first three decades. Consequently it is not uncommon for active young athletes to seek exemption to use prohibited substances including glucocorticosteroids for the long-term management of their bowel disease.

## 2. Diagnosis

### A. Medical history

Inflammatory bowel disease (IBD) carries a characteristic medical history that may include altered bowel habit, fever, abdominal pain, anorexia and weight loss. In the very young there may be a history of growth retardation. Toxic complications in ulcerative colitis are a common and serious complication. A family history is an important historical correlate.

### B. Diagnostic criteria

Given a suspicious history and family history, the definitive diagnosis of IBD demands specific investigations carried out under the supervision of a specialist-gastroenterologist. Apart from routine laboratory screening to confirm the presence of inflammation and anaemia, imaging of the gastrointestinal tract is required to assess the extent, distribution and severity of Crohn's Disease. Direct imaging techniques such as gastroscopy, enteroscopy and colonoscopy permit the taking of biopsies that demonstrate specific pathological features at selected sites. Computerised Tomography (CT) or virtual colonoscopy may also be employed. Ulcerative colitis on the other hand requires stool examination,

*Medical Information to Support the Decisions of TUECs  
Chronic Inflammatory Bowel Disease*

sigmoidoscopy to demonstrate typical mucosal changes and biopsy evidence of chronic inflammation and altered mucosal vascularity.

- C. Relevant medical information

A relevant medical history of functional bowel disturbance and associated weight loss, anorexia and inappropriate fatigue is frequently obtained by the primary care/family physician. Where the patient is also an elite athlete there is added urgency to seek specialist opinion and diagnostic confirmation. Clearly during periods of acute exacerbation of IBD it is unlikely that an athlete would be fit for training or competition.

### 3. Medical best practice treatment

A. Name of prohibited substance

Glucocorticosteroids are a critical adjunct in the treatment of IBD in conjunction with other permitted agents including immunomodulating drugs, 5-aminosalicylates, analgesics and antibiotics.

B. Route

Oral, rectal

C. Frequency

Large doses of oral prednisone (40-60mg per day) may be necessary in the acute management of IBD tapering over a period of weeks to months. Acute ulcerative colitis may also require high dose systemic corticosteroids. Doses are individualized and demand specialist oversight in combination with other appropriate therapeutic agents. A small proportion of patients with IBD become corticosteroid-dependant and require long-term maintenance.

D. Recommended duration of treatment

Given the chronic nature of IBD, the duration of treatment for athletes is likely to be lifetime or at least for the life of their exposure to high performance sport.

#### 4. Other non-prohibited alternative treatments?

No other permitted alternative drugs exist that provide the same effect as glucocorticosteroids.

#### 5. Consequences to health if treatment is withheld

If untreated, IBD may run an undulating, unremitting course with a fatal outcome.

#### 6. Treatment monitoring

During periods of remission from chronic inflammatory bowel disease the athlete may be totally asymptomatic. Treatment is routinely monitored by the family physician with recommended review by the specialist-gastroenterologist at least annually or as clinically indicated.

Indices exist for scoring the activity of IBD and these may be applied to the initial assessment of acute exacerbations of the disease.

#### 7. TUE validity and recommended review process

Athletes competing at the elite level of sport will usually have a good understanding of their condition and respond quickly to acute crises. Their altered requirement for glucocorticosteroids should be reflected in at least an annual specialist review and renewed application for therapeutic use exemption. A common sense approach should always be adopted with respect to the management of chronic IBD, given that these athletes are likely to require lifelong therapy.

#### 8. Any appropriate cautionary matters

The sustained use of systemic glucocorticosteroids carries well-documented long-term risks.

## 9. References

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