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Selected Summary of Therapies in Inflammatory Bowel Disease

Medication Options		Use			B					
Scientific Name	Common Name	CD	UC	How is it Taken?	Potential Side Events					
Aminosalicylates (5-ASAs): These are mainly used to treat ulcerative colitis and Crohn's colitis. Effective in mild disease by limiting digestive										
(gastrointestinal) tract inflammation. These can be pills, liquids, or suppositories (inserted through rectum).										
Sulfasalazine	Azulfidine	-/√	✓	Pill	Well tolerated. Rare risks of rush, worsening diarrhea, and kidney					
Mesalamine (oral)	Apriso, Pentasa, Lialda, Delzicol	-/✓	✓	Pill	problems. Labs needed annually					
Mesalamine (rectal)	Canasa, Rowasa	-/<	✓	Enema or Suppository	Very well tolerated.					
Immunomodulators: Often used as a long-term treatment for those with IBD as they work to calm your immune system over an extended period										
of time. It may take 3-6 months (or longer) before their impact is seen. These medications are often taken in combination with biologic therapy										
to increase efficacy. These can be injected or taken in pill form depending on the medication.										
6-mercaptopurine	Purinethol	✓	✓	Pill	Nausea, vomiting, canker sores, increased LFTs. Rare increase risk in low					
Azathianrina	Imauran				blood counts at the beginning of taking medication that increases risk of					
Azathioprine	lmuran	✓	✓	Pill	infections. Very rare risk of lymphoma and skin cancer. Need regular blood monitoring					
Methotrexate		✓		Pill or injection	Flu like symptoms (nausea, vomiting, headache, fatigue, and diarrhea),					
		•			low WBC. Rare risk of liver injury. Need regular blood monitoring					
Corticosteroids: These work by lowering the activity of your immune system and limiting inflammation in the digestive tract. They are used for										
Short-term treatme	ents of Crohn's dis	sease a	and u	Ilcerative colitis as they	reduce inflammation quickly, sometimes within a few days to a few					
months. Corticosteroids are not a long-term solution due to the high potential of side effects. Often cannot be discontinued abruptly.										
Prednisone		✓	✓	Pill	Elevated blood sugar, hypertension, cataracts, weight gain, stretch marks,					
Budesonide	Uceris		✓	Pill	acne, moon face, increased facial hair, insomnia, mood swings, psychosis					
Budesonide	Entocort	✓		Pill	and other psychiatric symptoms, osteoporosis. Increase risk of infections					
Methyprednisolone		✓	✓	IV form	and bone fractures.					

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TNF Inhibitors: Biologics known as anti-tumor necrosis factor (anti-TNF) agents bind and block a small protein called tumor necrosis factor										
alpha (TNF-alpha) that promotes inflammation in the intestine. All anti-TNF medications reduce the symptoms of IBD and heal inflamed										
intestines. It may take up to 6-12 weeks after starting an anti-TNF to notice an improvement in symptoms, though many experience more										
immediate improvemei										
Infliximab	Remicade	✓	✓	IV Infusion						
Adalimumab	Humira	✓	✓	Bi-weekly Injection	Generally well tolerated. Rare injection-site or infusion-related reactions. Rare increase in common infections. Need blood monitoring.					
Certolizumab pegol	Cimzia	✓		Monthly Injection						
Golimumab	Simponi		✓	Monthly Injection						
Infliximab	Remicade	✓	✓	IV Infusion						
Integrin Inhibitors: These biologics prevent the cells that cause inflammation from moving out of blood vessels and into tissues by blocking a										
protein on the surface of those cells.										
Vedolizumab	Entyvio	✓		IV Infusion	Rare increase in headache, arthralgia, nausea, fever, upper					
Vedolizamab			✓		respiratory tract infections.					
IL-12/23 Inhibitor: Many different naturally occurring proteins in the body that contribute to inflammation. Patients with Crohn's disease are										
found to have elevated levels of two of these proteins, IL-12 and IL-23.STELARA targets IL-12 and IL-23, which are thought to be associated										
with gastrointestinal inflammation in Crohn's disease.										
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Ustekinumab	Stelara	✓		IV Inflision	Rare increase in injection-site reactions, infections, nasopharyngitis,					
					sinusitis, bronchitis, pruritis					
JAK Inhibitors: Small molecules that block cytokine signaling in a non-specific fashion and prevent inflammation and ulcer formation.										
Xeljaz	Tofacitinib		✓	ı ()rai	Increase Risk of viral infections including shingles, increase risk of embolic events, increases cholesterol, potential increased lymphoma.					
Tugatmanta Thuasak Cl	inical Triple: Dation	+c:+	h 00		<u> </u>					
Treatments Through Clinical Trials: Patients with complex disease and treatment refractory disease might elect to participate in clinical trials after discussing it with their gastroenterologist.										
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Foot Notes: CD=Crohn's disease, UC= ulcerative colitis. The list and the potential side-effects are not complete. Some treatments will be tailored based on specific health care insurance coverage. This list serves as a brief guide and discussion with your gastroenterologist is important before selective specific therapy. More information can be found at: http://www.crohnscolitisfoundation.org/.