Short Communication

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Therapeutic Approaches in Ibd

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IBDs are chronic diseases that need long term treatment and frequent monitoring and evaluation. The increasing incidence as well as high prevalence of Crohn's disease and Ulcerative colitis has fueled the development of novel therapeutics strategies. The known therapeutic strategies used when treating IBD patients include

Step up: This approach consists of starting with the least potent effective drug, and quickly steps up to a more potent drug in the case of no response or incomplete response. This strategy is used in most of IBD patients.

Top down: This approach is used for selected high risk patients, and consists of early administration with a highly potent drug such as biologic drugs.

The therapeutic strategies often require the use of immunosuppresses such as Azathioprine or the use of newer options such as the biologic drugs. For instance, during the last decade, there was an increasing trend among Lebanese physicians in the use of biologic drugs while treating IBD patients. Indeed, despite the increased frequency of adopting such therapies, there is still a lack of descriptive Lebanese studies that assess outcomes of patients treated with those regimens. In the study of "Outcomes of immunosuppressors and biologic drugs in inflammatory bowel diseases" a real life experience was described and has targeted the evolution of Lebanese IBD patients under different treatment modalities [1]. The study has shown the evolution and outcomes obtained among Lebanese IBD patients treated with different regimens (Azathioprine, Infliximab or Adalimumab). Despite all the conclusions provided by the study, larger sample size and further studies conducted over a longer period are still necessary to significantly evaluate the side effects and safety profile after a long term use of the different treatment regimens, in order to have a clearer approach to the best therapeutic strategies adopted while treating each IBD patient. Also, a newer biologic treatment has been studied: Ustekinumab which targets IL-12 and IL-23 has proved its efficacy clinically and endoscopic ally when treating patients with refractory Crohn's disease [2]. IBDs remain a complex issue, and the therapeutic approach will continue to evolve during the future years. Thus, descriptive and comparative studies of real life experience of new drugs that have already proven their efficacy are still a must in order to have a global assessment of safety, remission and benefits provided over older treatments. Also, new studies have shown the role of Janus Kinase inhibitor (Tofacitinib) as potential treatment option.

Given the heterogeneity of Inflammatory bowel diseases and the known treatment options and strategies, it is unlikely that treatment guidelines based on controlled trials will ever become available for every clinical circumstance. Furthermore, patient compliance, individual susceptibility to drug toxicity, the cost of therapy as well as patient preferences are equally relevant factors for making patient-specific decisions. So many factors should be taken into consideration when adopting a therapeutic strategy in IBD patients. For instance, the adherence to treatment is an essential part of the therapeutic plan that should always be taken into consideration. For example, the study of Cristina et al [3] has shown better adherence in the biologic treatment when compared to immunomudulators or 5-ASA. This study has also pointed out the importance of improving the knowledge of disease and the development of combined drugs in order to simplify the treatment plan to patient. In addition, the concept of personalized medicine in Inflammatory Bowel Diseases has been evolving and a good comfort with the biosimilar drugs was suggested based on some real life data [4].

The cost and efficacy of treatment are also challenging points to take into consideration when we talk about IBD treatment. For example, changing treatment form a biologic to a biosimilar for economical reason can be as ineffective as changing treatment from one biologic to another that act on the same target, except in the case of loss of response. [5]. Also, loss of response when treating IBD patients is another challenging part of the treatment and proves that the continuous development of effective therapies for IBD patients is essential as it will help physicians to have more options to use in the case of loss of response to a specific class of treatment. Thus, Studies that show the importance of drug-level monitoring and other mechanistic considerations in the decisions making when treating IBD patients are essential [6]. Furthermore, fecal microbiota transplantation has been suggested as a potential treatment option in IBDs. Knowing the crucial role of the microbiota A metaanalysis has shown that fecal microbiota transplantation is safe, but her efficacy was variable which has proved the necessity of more studies that should focus on the selection of donor, frequency of fecal microbiota transplantation administration, donor and standardization of microbiome analysis [7].

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