MANAGING FLARES

RCGP LEARNING

CLINICAL FEATURES

Flare features	Assessment	Acute illness
• Mild: BO 1-3x/day ± blood and no systemic symptoms • Moderate: BO 4-6x/day with blood and no systemic symptoms • Severe: BO >6x/day with blood, fever, tachycardia, low BP	• Check pulse, temperature, BP • Abdominal examination – masses, peritonitis • Blood tests: FBC, U&E, ESR, CRP • Stool: faecal calprotectin ± stool culture (don't wait for result before treating) • Seek advice from IBD team	• Risk of rapid decompensation • Acute severe colitis: BO >6x/day with blood plus one or more of: fever >37.8°C, pulse >90bpm, Hb <105 g/L or CRP >30 mg/L – admit to medical team as risk of sepsis or acute kidney injury • Abdominal mass – abscess potential in Crohn's disease – acute surgical referral

INITIAL TREATMENT

UC: left sided/pancolitis	UC: proctitis	Crohn's disease
• Increase oral mesalazine to maxiumum dose (varies by brand) • Also offer rectal mesalazine • Consider locally acting oral agents (Cortiment 9mg od for up to 8/52 or Clipper 5mg od for 28 days) • If no response consider oral prednisolone 40mg od for 7 days then reduce by 5mg/week over 8 weeks (total 252 tablets)	• Rectal therapy: mesalazine (Salofalk suppository 1g nocte, Octasa 1g suppository nocte, or Pentasa 1g suppository nocte)	• Risk of severe systemic illness and abscesses more common. Do not initiate or change treatment in primary care unless specified on the personal care plan • Discuss with local IBD team • Enteral nutrition may be first line in children (specialist decision)

LONGER TERM

Chronic condition	Personalised care plan	Steroids
• Incurable relapsing/remitting condition. Up to 50% of IBD patients have a relapse/year • Initial self-care strategies: diet, lifestyle, avoiding NSAIDs, psychological support • Encourage lifetime compliance	• Created by patient and specialist team • Used to guide self-management and treatment • Contact details for IBD advice line or local service • Cancer risk assessment	• Limit steroid quantities issued: risk of stockpiling and self-treatment • Remember steroid card and sick day rules • Remember gastrointestinal and bone protection when required

COMPLICATIONS

Complications of flare	Side effects of treatment	Gastroenterology review
• Fistulas • Abscesses • Perforation • Obstruction • Anaemia	• Steroids: calc/VitD; consider bisphosphonate if patient >65, or osteopenia/osteoporosis • Adrenal suppression • Mesalazine: agranulocytosis (rare)	• >1 steroid Rx per year: escalate for steroid-sparing treatment review if daily dose can't be reduced below 15mg prednisolone (or equivalent) or relapse occurs within six weeks of stopping steroids

BNF (2026)Treatment summaries: UC/Crohn's; NICE (2019) [NG129; NG130]; NICE (2013) [DG11] RCGP IBD Toolkit