SPAP Shout-Out

November 2015

A monthly blast for SPAP members to encourage the engagement and education of physician assistants in the pediatric field.

Inflammatory Bowel Disease: Clinical Spotlight

By Jennifer Krzmarzick PA-S

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Inflammatory bowel disease (IBD) is characterized by chronic inflammation of the gastrointestinal tract. The two most common types of IBD are Crohn's disease (CD) and Ulcerative Colitis (UC). Crohn's disease can affect any portion of the gastrointestinal tract from the mouth to the anus, while ulcerative colitis is limited to the colon. These diseases are typically diagnosed in adolescents and young adults, but there is an increasing incidence in younger children. In fact, 20-25% of all newly diagnosed inflammatory bowl cases are pediatric patients, and it is estimated that approximately 5-11 children out of 100,000 have inflammatory bowel disease. While the exact etiology is unknown, it is thought to be multifactorial in nature, with genetic, environmental and immune components.

Risk Factors

Family history of IBD is an important risk factor, and 30% individuals under the age of 20 have a positive family history for the disease. IBD is most common in Caucasians, and those of Ashkenazi Jewish descent. Individuals living in urban or industrialized areas are also at greater risk.

Continued on page 2

Content

Do not forget to visit our website at www.SPAPonline.org, which is now being managed by a new group. To view the "Member's Only" section for the first time, click on the "Log In" button and then click the link for a forgotten password. You will then be sent a link to create a new log-in password.

IBD: Clinical Spotlight (continued)

Clinical Manifestations

The classic symptoms of inflammatory bowel disease are diarrhea, bloody stools, weight loss, and abdominal pain. It is also common for patients to have fever and anemia. Patients may also present with extraintestinal manifestations of inflammatory bowel disease, such as uveitis, arthritis, aphthous ulcers, and hepatobilliary disease. IBD is also associated with specific dermatologic conditions, including pyoderma gangrenosum and erythema nodosum.

Diagnostics

Blood tests, including a CBC and ESR should be obtained. A CBC can reveal anemia due to blood loss or iron deficiency, and an ESR is generally elevated due to inflammation. There are specific serum markers including perinuclear antineutrophil cytoplasmic antibody (pANCA) and anti-*Saccharomyces cerevisiae* antibody (ASCA), which can be drawn and are indicative of IBD. However, the most useful tool to confirm the diagnosis is endoscopy. Transmural inflammation and patchy areas of disease called skip lesions are characteristic endoscopic findings in patients with CD. The most commonly affected area is the terminal ileum and is present in 50-70% of patients. Continuous areas of inflammation and disease limited to the intestinal mucosa are more indicative of ulcerative colitis.

Treatment

It is important to not only treat IBD during flares, but to provide adequate maintenance treatment during remission. During flares, steroids such as prednisone or budesonide are used. For children with mild disease, 5-aminosalicylate drugs are a safe and effective option. For moderate disease, 6-mercaptopurine, methotrexate, or azathioprine are often used. For more severe cases, biologic agents such as infliximab are recommended. In the most severe cases, and for complications such as abscesses, fistulas, or obstructions, surgical treatment may be required. Nutritional status is another important consideration in the treatment of IBD. Nutritional supplements such as Boost or Ensure may be required if caloric intake is not being met. Additionally, vitamin and mineral deficiencies are common in children with IBD, and providing them with vitamin D, B-12, and iron is often necessary.

Sources and Recommended Reading

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Kim, S. C., & Ferry, G. D. (2004). Inflammatory bowel diseases in pediatric and adolescent patients: clinical, therapeutic, and psychosocial considerations. *Gastroenterology*, *126*(6), 1550-1560

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Upcoming Events

Webinars

The American Academy of Pediatrics is working with the CDC National Center on Birth Defects and Developmental Disabilities developing several webinars with the aim of educating pediatricians and child health providers about birth defects and modifiable risk factors.

The first webinar will take place on Thursday, November 12 at 3pm EST and is entitled "Neurodevelopmental and Psychosocial Issues in Children with Congenital Heart Defects: Expected not Accepted"

This webinar will discuss in summary current evidence related to children with congenital heart disease and developmental issues and will present strategies to enhance patient outcomes.

There is no cost for attending the webinar, however pre-registration is required, and can be completed at https://attendee.gotowebinar.com/register/7661475456886910978

Future webinars will be posted on the SPAP Facebook page, and will additionally be emailed out to our members.

AAPA Conference

The 2016 AAPA Conference will be held in San Antonio, Texas from May 14-18. SPAP will be hosting a meet and great reception during the conference. There is not a finalized date or location at this time, but we will let our members know prior to the AAPA conference of the details.

SPAP Conference

The SPAP Board is currently in the planning stage of our annual CME conference for 2016. We are looking at a June or July date at this time. Information will be sent to SPAP members via email, our Facebook page, and this newsletter, as more information is available in the near future.

AAPA Policy Updates

SPAP was requested to review two AAPA policies regarding child abuse and family abuse, and the role of PAs in the prevention, recognition, reporting, and management of various types of abuse to children and families. The two policies are HX4400.1.6 and HX440.1.7, and will be reviewed by the House of Delegates in San Antonio at the AAPA Conference.

November Awareness

November is recognized as "Prematurity Awareness Month", with "World Prematurity Day" on November 17. A child is considered to be premature if they are born prior to 37 weeks of gestation. In the United States, one in ten babies are born prematurely, which is one of the highest rates of premature birth in the industrialized world. This rate, has been decreasing in recent years, but there is a large socioeconomic disparity in prematurity rates in the US. Around the world, 15 million children are born prematurely every year, and approximately one million will die secondary to causes of prematurity. Children who are premature are also more likely than full term children to experience cerebral palsy, intellectual disabilities, respiratory problems, visual and auditory problems, and feeding and digestive issues.

For more information, please visit:
www.marchofdimes.org or www.cdc.gov/features/prematurebirth/