

Recommendations developed for ulcerative colitis management

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(HealthDay)—Recommendations have been developed for management

of adults with ulcerative colitis (UC); the American College of Gastroenterology clinical guideline was published online Feb. 21 in the *American Journal of Gastroenterology*.

David T. Rubin, M.D., from the University of Chicago Medicine, and colleagues developed clinical guidelines to address diagnosis, treatment, and overall clinical management of adult patients with UC.

The authors recommend that in patients suspected of having UC, stool testing should be performed to rule out *Clostridioides difficile*. Serologic antibody testing is not recommended for establishing or ruling out UC diagnosis or for determining the prognosis of UC. To increase the likelihood of sustained steroid-free [remission](#) and prevent hospitalizations and surgery, patients with UC should be treated to achieve mucosal healing. When endoscopy is not feasible or available to assess for mucosal healing, fecal calprotectin is suggested as a surrogate for endoscopy. Treatment recommendations include rectal 5-aminosalicylate therapies for induction of remission in mildly active UC; 5-aminosalicylate for maintenance of remission in previously mildly active UC; and budesonide multimatrix 9 for induction of remission in moderately active UC.

"The appropriate management of [patients](#) with UC involves successful induction of both clinical and endoscopic remission, followed by the use of a steroid-free maintenance strategy," the authors write. "Choice of therapy for UC is based on activity, severity, extent of inflammation, and prognostic factors and may include oral, topical (rectal), or systemic therapies, as well as surgery."

Several authors disclosed financial ties to the pharmaceutical industry.

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