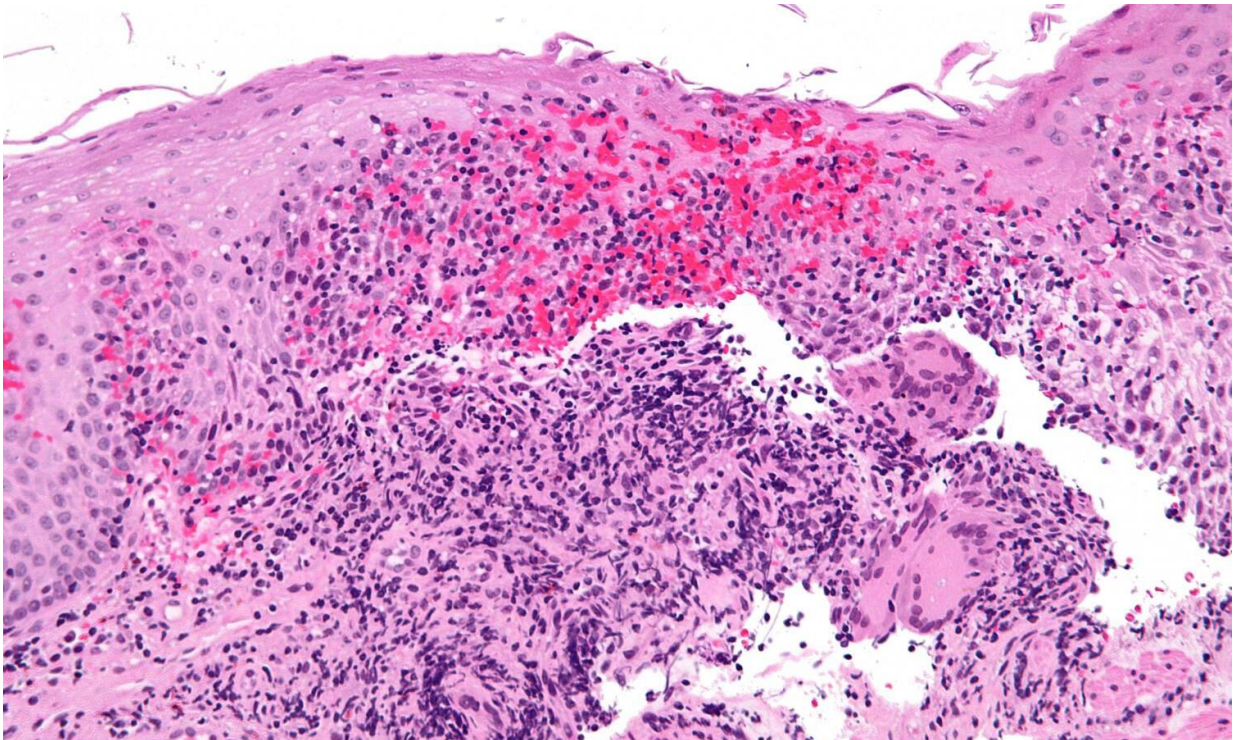


# First comprehensive guideline on using biomarkers for monitoring Crohn's disease

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High magnification micrograph of Crohn's disease. Biopsy of esophagus. H&E stain. Credit: Nephron/Wikipedia

The American Gastroenterological Association (AGA) has released a new evidence-based guideline recommending the use of blood and stool-based biomarkers to help manage Crohn's disease, a type of inflammatory bowel disease (IBD). IBD is estimated to affect [2.74](#)

[million people in the U.S.](#)

The [guideline](#) was published today in *Gastroenterology*.

Biomarkers are blood or stool tests that can give more information on an underlying disease process. In the context of IBD, biomarkers such as C-reactive protein (CRP) in blood and fecal calprotectin (FCP) in stool, can measure levels of inflammation. These levels can help doctors assess whether a patient's Crohn's disease is active or in remission.

AGA recommends the use of biomarkers in addition to colonoscopy and imaging studies.

"Patients' symptoms do not always match endoscopic findings, so biomarkers are a useful tool to understand and monitor the status of inflammation and guide decision making in patients with Crohn's disease," says guideline author Siddarth Singh, MD, MS, University of California, San Diego.

For patients in remission:

- Check CRP and FCP every six to 12 months.
- These tests work best if CRP and FCP levels have previously matched with disease activity seen on endoscopic assessment.

For patients experiencing active symptoms:

- Check CRP and FCP every two to four months for patients experiencing an increase in symptoms (diarrhea and abdominal pain) to guide treatment adjustments.
- Before making any major treatment plan changes, consider repeating endoscopic or radiologic assessments.

For patients after surgery:

- FCP may be useful to monitor patients at low risk for disease recurrence.
- However, radiologic or endoscopic assessment should be performed when a post-operative recurrence is suspected rather than relying on biomarkers.

"Based on this guideline, [biomarkers](#) are no longer considered experimental and should be an integral part of IBD care," says guideline author Ashwin Ananthakrishnan, MBBS, MPH, Massachusetts General Hospital. "This is a win for Crohn's disease patients. Biomarkers are usually easier to obtain, less invasive, more cost-effective than frequent colonoscopies and can be assessed more frequently for tighter disease control and better long-term outcomes in Crohn's disease."

## About Crohn's disease

Crohn's disease is a chronic inflammatory condition that can affect any part of the digestive tract, from the mouth to the anus. It causes inflammation and damage to the digestive system, leading to symptoms such as [abdominal pain](#), diarrhea, [weight loss](#) and fatigue and complications such as strictures and fistulas.

Crohn's disease is a lifelong condition with periods of active symptoms (flare-ups) and periods of remission when symptoms are less severe or absent. It can be diagnosed at any age but is most often diagnosed between ages 13 and 30. It can vary in severity and usually requires ongoing medical management to control symptoms and improve quality of life. Learn more in the [AGA GI Patient Center](#).

**More information:** AGA Clinical Practice Guideline on the Role of Biomarkers for the Management of Crohn's Disease, *Gastroenterology*

(2023). [DOI: 10.1053/j.gastro.2023.09.029](https://doi.org/10.1053/j.gastro.2023.09.029)

Guideline:

[https://www.gastrojournal.org/article/S0016-5085\(23\)05064-3/fulltext](https://www.gastrojournal.org/article/S0016-5085(23)05064-3/fulltext)

Clinical decision support tool:

[https://www.gastrojournal.org/article/S0016-5085\(23\)05153-3/fulltext](https://www.gastrojournal.org/article/S0016-5085(23)05153-3/fulltext)

Spotlight (infographic):

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Provided by American Gastroenterological Association

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