

Appendix 1. Medications for IBD

Antidiarrheal medications for symptomatic treatment only:

loperamide	Imodium®	Average daily maintenance dose of 4-8 mg
diphenoxylate	Lomotil®	Usual initial dose of 5 mg, 3-4 times a day, downgraded once symptoms are controlled

Aminosalicylates or 5-ASA agents: the most commonly used initial medical treatment for inflammatory bowel disease (IBD). These medications have been used to treat IBD for more than 30 years. They may relieve symptoms and inflammation in the intestines and help IBD go into remission (a period without symptoms). They also may help prevent the disease from becoming active again.

balsalazide disodium	Colazal® (rarely used)	6.75 g/day for active disease
mesalamine	Asacol® Mesacol® Pentasa® Rowasa® Salofalk®	Mesalamine is the usual first-line drug for UC, delivered either orally or through suppository or both. Maintenance dose is 1.5g of coated 5-ASA per day
olsalazine sodium	Dipentum®	Maintenance dose is 1 g of olsalazine daily
sulfasalazine	Azulfidine®	Maintenance dose is often 2 g per day

Corticosteroids:

Effective at bringing about remission, but should not be used long-term because of adverse side effects. Reserved for more severe disease or waiting for other therapies to take effect

budesonide, prednisone		Induction dose of budesonide is maximum of 9 mg, tapered to 3 mg. Prednisone at 40-60 mg/day may induce remission after one to two weeks.
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Immunomodulator medications:

azathioprine/6-mercaptopurine	AZA® Imuran® 6-MP®	1.0 to 3.0 mg/day may be effective in maintaining remission in some patients with Crohn's disease. Can take 3-6 months to have full effect.
methotrexate		Intramuscular injections 25 mg/week for up to 16 weeks are effective for active Crohn's disease.
cyclosporine (rarely used)	CsA	Intravenous CsA at 2-4 mg/kg/day may work as a salvage therapy for patients with refractory colitis. It has high toxicity and should rarely be continued for more than 3-6 months.

Biological response modifiers:

infliximab	Remicade®	In Crohn's disease, 5 mg/kg. In ulcerative colitis, 5-10 mg/kg.
other anti-tumour necrosis factor agents	CPD 571 others	Under development and study

Sources:

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 Stotland BR, Stein RB, Lichtenstein GR. Advances in inflammatory bowel disease. *Advances in Gastroenterology* 2006; 84(5):1107-1124
 Gibson PR, Iser J. Inflammatory bowel disease. *Aust Fam Physician* 2005; 34(4):233-237 PM:15861742
 Compendium of Pharmaceuticals and Specialties. 2000. Canadian Pharmacists Association, Ottawa.

