




corticosteroid for 4 to 8 weeks in addition to the high-dose aminosaliclylate should be offered.


A topical or an oral corticosteroid for 4 to 8 weeks should be considered for children in whom aminosaliclylates are unsuitable. 


#### Extensive ulcerative colitis


 A topical aminosaliclylate and a high-dose oral aminosaliclylate is recommended as first-line treatment for children with a mild-to-moderate initial presentation or inflammatory exacerbation of extensive ulcerative colitis. If remission is not achieved within 4 weeks, stop topical aminosaliclylate treatment and offer a high-dose oral aminosaliclylate and 4 to 8 weeks of an oral corticosteroid. An oral corticosteroid for 4 to 8 weeks should be considered for children in whom aminosaliclylates are unsuitable. 

#### Treatment of acute severe ulcerative colitis


Acute severe ulcerative colitis of any extent can be life-threatening and is regarded as a medical emergency.  Immediate hospital admission is required for treatment.


Intravenous corticosteroids (such as hydrocortisone p. 476 or methylprednisolone p. 478) should be given to induce remission in children with acute severe ulcerative colitis (whether it is a first presentation or an inflammatory exacerbation) while assessing the need for surgery. If intravenous corticosteroids are contra-indicated, declined or cannot be tolerated, then intravenous ciclosporin p. 559 [unlicensed indication], or surgery should be considered. A combination of intravenous ciclosporin with intravenous corticosteroids, or surgery is second line therapy for children who have little or no improvement within 72 hours of starting intravenous corticosteroids or in children whose symptoms worsen despite treatment with a corticosteroid. 

 Alternatively, infliximab p. 38 can be used on specialist advice in children over 6 years, if there is little or no improvement within 72 hours of starting intravenous corticosteroids or in children whose symptoms worsen despite treatment with a corticosteroid.


In patients who experience an initial response to steroids followed by deterioration, stool cultures should be taken to exclude pathogens; cytomegalovirus activation should be considered. 

#### Infliximab for ulcerative colitis

 Infliximab can be used to treat acute severe active ulcerative colitis in children over 6 years who have had an inadequate response to conventional treatment (including corticosteroids and azathioprine p. 558 or mercaptopurine p. 587) or if conventional treatment is not tolerated or contra-indicated. Treatment with these agents is continued into the maintenance phase if effective and tolerated. See also *National funding/access decisions* for infliximab.

Infliximab can also be used to treat acute exacerbations of severely active ulcerative colitis in children over 6 years, if ciclosporin p. 559 is contra-indicated or clinically inappropriate. 

#### Maintaining remission in mild, moderate or severe ulcerative colitis



 To reduce the chances of relapse occurring, maintenance therapy with an aminosaliclylate is recommended in most children. Corticosteroids are **not** suitable for maintenance treatment because of their side-effects.

After a mild-to-moderate inflammatory exacerbation of *proctitis* or *proctosigmoiditis*, a rectal aminosaliclylate can be started alone or in combination with an oral aminosaliclylate, administered daily or as part of an intermittent regimen (such as twice to three times weekly or the first seven days of each month). An oral aminosaliclylate can be used alone in children who prefer not to use enemas or suppositories, although this may not be as effective.

A low dose of oral aminosaliclylate is given to maintain remission in children after a mild-to-moderate inflammatory exacerbation of *left-sided* or *extensive* ulcerative colitis.



When used to maintain remission, single daily dosing of oral aminosaliclylates can be more effective than multiple daily dosing, but may result in more side-effects.

Oral azathioprine or mercaptopurine [unlicensed indications] can be considered to maintain remission, if there has been two or more inflammatory exacerbations in a 12-month period that require treatment with systemic corticosteroids or if remission is not maintained by aminosaliclylates, or following a single acute severe episode.

 Oral azathioprine or mercaptopurine is usually required in these cases as an aminosaliclylate alone may be ineffective in more severe disease. 

There is no evidence to support the use of methotrexate p. 588 to induce or maintain remission in ulcerative colitis though its use is common in clinical practice.

#### Non-drug treatment

 Surgery may be necessary as emergency treatment for severe ulcerative colitis that does not respond to drug treatment. Patients can also choose to have elective surgery for unresponsive or frequently relapsing disease that is affecting their quality of life. 

#### Useful Resources

Ulcerative colitis: management. National Institute for Health and Care Excellence. Clinical guideline 130. May 2019.

[www.nice.org.uk/guidance/NG130](http://www.nice.org.uk/guidance/NG130)

## AMINOSALICYLATES

### Aminosaliclylates

#### ● SIDE-EFFECTS

- ▶ **Common or very common** Arthralgia · cough · diarrhoea · dizziness · fever · gastrointestinal discomfort · headache · leucopenia · nausea · skin reactions · vomiting
- ▶ **Uncommon** Alopecia · depression · dyspnoea · myalgia · photosensitivity reaction · thrombocytopenia
- ▶ **Rare or very rare** Agranulocytosis · bone marrow disorders · cardiac inflammation · hepatitis · neutropenia · pancreatitis · peripheral neuropathy · renal impairment · respiratory disorders
- ▶ **Frequency not known** Angioedema · eosinophilia · haemolytic anaemia · nephritis tubulointerstitial · oligozoospermia (reversible) · ulcerative colitis aggravated

**SIDE-EFFECTS, FURTHER INFORMATION** A blood count should be performed and the drug stopped immediately if there is suspicion of a blood dyscrasia.

- **ALLERGY AND CROSS-SENSITIVITY** Contra-indicated in salicylate hypersensitivity.

#### ● RENAL IMPAIRMENT

**Monitoring** Renal function should be monitored more frequently in renal impairment.

- **MONITORING REQUIREMENTS** Renal function should be monitored before starting an oral aminosaliclylate, at 3 months of treatment, and then annually during treatment.

#### ● PATIENT AND CARER ADVICE

**Blood disorders** Patients receiving aminosaliclylates, and their carers, should be advised to report any unexplained bleeding, bruising, purpura, sore throat, fever or malaise that occurs during treatment.