



MEETING OF THE MINDS

FAIRMONT ROYAL YORK, TORONTO

FRIDAY, November 4, 2022

MENTORING in IBD **XXIII** THE MASTER CLASS

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Crohn's and
Colitis Canada
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Colite Canada





Bone Health and IBD

Interactive Case Presentation with
Audience Response System (ARS)

#IBDMinds2022



Initial Presentation

- You receive a letter from a General Practitioner asking you to order a bone mineral density (BMD) test for a shared patient as in your province
- BMD testing can only be ordered for patients under the age of 50 by certain specialist providers



ARS Decision Node 1

- What do you want to do next?
 - a. Order the BMD test (you are busy and do not have time to review the chart)
 - b. Review your patient's chart to see if this specific patient warrants a BMD test
 - c. Refuse this request and suggest the question be redirected to an osteoporologist



Case Evolution

- You decide to review his chart for risk factors for osteoporosis



Case Evolution

- Patient is 36-year-old Caucasian male with history of ileocolonic and perianal Crohn's disease
- Diagnosed at age 20
- He received 1 course of prednisone (standard taper) at presentation
- Continued on azathioprine and infliximab for maintenance



Case Evolution

- After 1 year, azathioprine was discontinued
- He had a flare of disease 3 years later, at which point he:
 - Received a course of budesonide
 - Dose interval of infliximab changed to every 4 weeks



Case Evolution

- Patient currently in clinical, biochemical and endoscopic remission
- Also diagnosed with primary sclerosing cholangitis (PSC) at age 22
- Only other medication is pantoprazole, which he takes for GERD



Case Evolution

- Physically active with a body mass index of 22.5 kg/m²
- Former smoker
- Drinks 8–10 drinks per week
- Vitamin D level 3 months ago: 48 nmol/L
- Takes 2000 IU Vitamin D most days
- Fractured his tibia six months ago while skiing, requiring surgery



Case Evolution

- You decide to order a BMD test



ARS Decision Node 2 (Part 1)

- What is an optimal vitamin D level in patients with IBD?
 - a. >30 nmol/L (12 ng/mL)
 - b. >50 nmol/L (20 ng/mL)
 - c. >75 nmol/L (30 ng/mL)
 - d. >100 nmol/L (40 ng/mL)



ARS Decision Node 2 (Part 2)

- How often should you monitor serum Vitamin D levels?
 - a. Every 3 months
 - b. Every 6 months
 - c. Every 12 months
 - d. 3 months after starting treatment, and every 12 months following



Case Evolution

- You receive the BMD test results, and the T-scores indicate 'low bone density'
 - Spine 1.37
 - Hip 1.5



ARS Decision Node 3

- Besides addressing lifestyle factors and adding calcium and vitamin D supplementation, what are your next step(s)?
 - a. Check testosterone and parathyroid hormone (PTH)
 - b. Prescribe oral bisphosphonate
 - c. Prescribe denosumab (bone modifying monoclonal antibody)
 - d. Refer to 'osteoporologist'
 - e. (a) and (b)
 - f. (a) and (b) and (d)
 - g. (a) and (c) and (d)
 - h. Nothing else to do at this time



Case Evolution

- Patient is lactose intolerant
- Takes Vitamin D (most days) but no calcium supplementation
- Consumes 8 cups of black coffee daily
- Former smoker
- Drinks 8–10 drinks per week
- Physically active (skiing weekly in winter and biking twice a week in summer)



Case Evolution

- Testosterone and PTH levels are normal
- You recommend calcium and Vitamin D supplementation



ARS Decision Node 4

- When do you re-check bone density?
 - a. After 6–12 months
 - b. After 2–3 years
 - c. After another course of steroids
 - d. Only if he gets another fracture
 - e. Never



Case Evolution

- You re-check bone density after 2 years
- Scores remain in the 'low bone density' range