TRANSLATING EVIDENCE INTO PRACTICE THROUGH EVIDENCE-BASED RESOURCES FOR THE MANAGEMENT OF INFLAMMATORY BOWEL DISEASE

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Background

- The Value in Prescribing bDMARDs program is a national program for clinicians and consumers to support optimal use of biologics for better health outcomes.
- A key focus area of the program for inflammatory bowel disease (IBD) is the monitoring of treatment response to guide decision making around subsequent therapy and dose modification.

Objective

- To identify the evidence and knowledge gaps around biologic therapy for IBD
- To develop evidence-based resources to support change in practice.

Action

- The consortium-based approach provided a collaborative model for developing a multifaceted program addressing multiple perspectives optimising the use of biologics in IBD.
- A review of the literature, an online survey and qualitative telephone interviews with IBD specialists and general gastroenterologists were conducted.
- Knowledge, confidence and practice were reviewed to identify and characterise the barriers and enablers that were likely to influence practice change.
- Knowledge and evidence gaps identified were:
  - The role of faecal calprotectin in monitoring disease activity.
  - The role of Therapeutic Drug Monitoring (TDM) in the management of IBD and recommendations for the timing of TDM and how TDM guides subsequent treatment choices.

Evaluation

- Evidence summaries addressing these gaps were developed by the University of South Australia, with an expert review group.
- Two resources were then co-designed with input from expert gastroenterologists and consumers with IBD to:
  - Assist decision-making for health professionals
  - Provide guidance for pharmacists
  - Assist in the delivery of good governance for health service organisations and medicines governance committees.
- These resources have been promoted via:
  - Educational visiting with gastroenterologists
  - Professional organisations such as GESA, SHPA
  - CATAG and the jurisdictions
  - Websites

  https://www.nps.org.au/bdmards/gastroenterology#hp

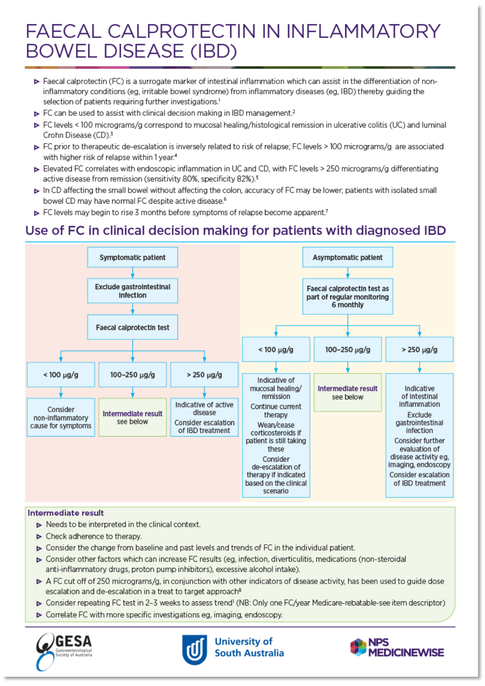
  www.catag.org.au

Resources

- Faecal calprotectin and disease activity algorithm for IBD

  Faecal calprotectin is a surrogate marker of intestinal inflammation which assists in the differentiation of noninflammatory conditions (eg, irritable bowel syndrome) from inflammatory diseases (eg, IBD).

  Faecal calprotectin guides the selection of patients requiring further investigations and can be used to assist with clinical decision making in IBD management.



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- TDM in IBD factsheet

  TDM includes drug trough concentrations and anti-drug antibodies and is indicated in patients with IBD after primary and secondary loss of response and assists with decision making such as dose intensification, change within class or change out-of-class.

  Proactive TDM (routine TDM in patients who are clinically well) may be indicated in patients with IBD when considering step down therapy and drug holidays.

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Discussion

- A multidisciplinary evidence-based approach was used to develop resources on the use of faecal calprotectin tests and TDM.
- These resources will assist hospital pharmacists and other clinicians to provide the most appropriate clinical advice by facilitating optimal monitoring of patients' response to treatment and guide subsequent treatment decisions by clinicians and good governance of biologics for health service organisations and medicines governance committees.
- Collaboration should promote greater engagement, uptake and impact of these resources.

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Helping consumers and health professionals make safe and wise therapeutic decisions about biological disease-modifying antirheumatic drugs (bDMARDs) and other specialised medicines. Funded by the Australian Government Department of Health through the Value in Prescribing bDMARDs Program Grant.

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In collaboration with:
GESA Gastroenterological Society of Australia
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