

Patient FAQs on Preventive Health for the Patient With Inflammatory Bowel Disease (IBD)

Q: Why do I need the pneumonia vaccine if I am not age 65?

A: Patients with IBD are at increased risk of pneumonia.¹ The American College of Gastroenterology (ACG) Clinical Guidelines for Preventive Care in Inflammatory Bowel Disease recommend that patients with IBD receiving immunosuppressive therapy should receive pneumococcal vaccination with both PCV13 and PPSV23, in accordance with national guidelines.²

Q: Can I get the nasal flu vaccine?

A: The nasal flu vaccine is a live vaccine. The ACG Guidelines recommend that patients with IBD receiving immunosuppressive therapy as well as their household contacts receive the non-live inactivated influenza vaccine (shot).²

Q: Do I need the herpes zoster vaccine?

A: The ACG Guidelines recommend that patients with IBD > 50 should consider vaccination against herpes zoster.²

Q: Do I need to be screened for osteoporosis?

A: According to the ACG Guidelines, patients with IBD who have conventional risk factors for abnormal bone density should undergo screening for osteoporosis at the time of diagnosis and periodically after diagnosis. Risk factors include but are not limited to steroid treatment, chronic inflammation, and calcium and vitamin D deficiencies.^{2,3}

Q: Am I at risk for skin cancer because I have IBD?

A: The diagnosis of IBD alone does not increase the risk for skin cancers; however, certain IBD treatments (e.g., immunomodulators, biologic agents), as well as the fact that many patients are vitamin D-deficient, increase the risk for both melanoma and non-melanoma skin cancers.³ The ACG Guidelines recommend that patients with IBD undergo screening for melanoma independent of the use of biologic therapy, and that patients taking immunomodulators (6-mercaptopurine or azathioprine) undergo screening for non-melanoma squamous cell cancer (NMSC) while using these agents, particularly if age > 50.²

Q: Am I at risk of cervical cancer?

A: Only female patients with IBD who are on immunomodulators (particularly 6-mercaptopurine or azathioprine) are at an increased risk for cervical dysplasia. The ACG Guidelines recommend that women with IBD on immunosuppressive therapy should undergo annual cervical cancer screening.^{2,3}

REFERENCES

1. Long MD, Martin C, Sandler RS, Kappelman MD. Increased risk of pneumonia among patients with inflammatory bowel disease. *Am J Gastroenterol*. 2013;108:240-248.
2. Farraye F, Melmed G, Lichtenstein G, Kane S. ACG Clinical Guidelines: Preventive Care in Inflammatory Bowel Disease. *Am J Gastroenterol*. 2017;112:241-258.
3. Kane S. Health maintenance assessment for patients with inflammatory bowel disease. *Gastroenterol Hepatol (NY)*. 2017;13:500-503.



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