

# Impact of Continuing Education on Further Disseminating Knowledge of Inflammatory Bowel Disease

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## OPEN ACCESS

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Given the increased prevalence of inflammatory bowel disease (IBD) in Colombia and Latin America, it is necessary to create mechanisms for disseminating knowledge of the disease, understanding its manifestation context, and diagnosing it on time for better outcomes<sup>(1,2)</sup>. IBD is a severe and disabling pathology that harms patients' quality of life, including their emotional, functional, social, work, and family spheres, despite the multiple therapies available.

The endeavors and publication of the Hospital Universitario Fundación Santa Fe de Bogotá Multidisciplinary Research Group, "Characteristics of Inflammatory Bowel Disease Compared to Other National Centers in Colombia," exemplarily illustrate the progress in knowledge of ulcerative colitis (UC) and Crohn's disease (CD), their clinical manifestations, and medical and surgical treatment. This national research diagnosed 386 patients for 23 years (1996–2019) in a referral center, where generally more complex patients with higher hospitalization and surgery rates attend.

The results of this relevant publication, which is also part of the national registry of Colombia<sup>(3)</sup>, show a predominance of UC, pancolitis in 42.6% of cases with an average age of 50 years, and a high percentage of severe disease (35.45%). In CD patients, location, involvement of the ileum, and stenosing behavior predominate in half of the cases. The cases of primary sclerosing cholangitis reflect great severity and the relationship with neoplasia as an associated risk factor.

Regarding IBD management in this group, most UC patients received salicylates (94%), steroids (57%), and azathioprine (30%). The application of biological therapies was low (13%) compared to 47.5% of CD patients. The percentage of colectomy (16.25%) in UC patients, with an average of 8.1 years from diagnosis to intervention, and the severity of the disease with resistance to medical management and complications may also reflect the context of a referral center. In CD patients, the indication for surgery was earlier, an average of four years from the diagnosis of the disease; 55.9% of the patients underwent surgery, the most frequent cause being an intestinal obstruction followed by perianal disease.

Information management in databases and multidisciplinary participation in the Fundación Santa Fe encourage all institutions to channel medical records—considering the implications for IBD patients due to their risk factors—, history of vaccination, infections, comorbidities, specific diagnostic criteria, objective severity assessment scales, disease activity, and evaluation of outcomes reported by patients, following natio-

nal, European, American, and international organization guidelines to study IBD, among others<sup>(4)</sup>.

Despite the dedication to and knowledge of this pathology, there are still many matters to analyze and improve. For example, how to mitigate the COVID-19 pandemic's impact on the follow-up of patients due to the risk of relapse. We should delve into strategies to understand better the pathophysiological role of genetic susceptibility and the intestinal microbiome, improve phenotyping, nutrition, physical activity, monitor medication levels and antibodies to guide therapies, and spread knowledge to promote deep and sustained remission and mucosal and histological healing. Because of the impact of the disease on patients' quality of life and psyche, it is imperative to devise strategies to benefit the patient's emotional health.

With the ongoing work of the board of directors of the Colombian Association of Gastroenterology and the Colombian Crohn's and Colitis Study Group (GECCOL),

this is an invitation to go to the association's website and social media, such as YouTube, and see the history of IBD with quality and constantly updated information.

This information can be disseminated in your workgroups hoping to reach the front doors of the emergency rooms or primary care consultations, where most potential patients go. Continuing education for health workers is important to make them aware of timely diagnosis and specialized management of situations that can become very complex, even for expert hands, and continue improving the quality of care.

The Colombian Association of Gastroenterology runs the project to support and certify centers of excellence for IBD patients' care with the support of the Pan American Crohn's and Colitis Organization (PANCCO) and the Spanish Group of Work on Crohn's Disease and Ulcerative Colitis (GETECCU) to provide adequate quality of care and improve outcomes for patients<sup>(5)</sup>.

## REFERENCES

1. Juliao-Baños F, Kock J, Arrubla M, Calixto O, Camargo J, Cruz L, et al. Trends in the epidemiology of inflammatory bowel disease in Colombia by demographics and region using a nationally representative claims database and characterization of inflammatory bowel disease phenotype in a case series of Colombian patients. *Medicine (Baltimore)*. 2021;100(7):e24729. <https://doi.org/10.1097/MD.00000000000024729>
2. Kaplan GG, Windsor JW. The four epidemiological stages in the global evolution of inflammatory bowel disease. *Nat Rev Gastroenterol Hepatol*. 2021;18(1):56-66. <https://doi.org/10.1038/s41575-020-00360-x>
3. Juliao-Baños F, Puentes F, López R, Saffon MA, Reyes G, Parra V, et al. Characterization of inflammatory bowel disease in Colombia: Results of a national register. *Rev Gastroenterol Mex Engl*. 2021;86(2):153-62. <https://doi.org/10.1016/j.rgmx.2020.05.005>
4. Turner D, Ricciuto A, Lewis A, D'Amico F, Dhaliwal J, Griffiths AM, et al. STRIDE-II: An update on the selecting therapeutic targets in inflammatory bowel disease (STRIDE) initiative of the International Organization for the Study of IBD (IOIBD): Determining therapeutic goals for treat-to-target strategies in IBD. *Gastroenterology*. 2021;160(5):1570-83. <https://doi.org/10.1053/j.gastro.2020.12.031>
5. Yamamoto-Furusho JK, Andrade D, Barahona J, Bautista S, Bosques-Padilla F, de Paula J, et al. Latin American consensus on the quality indicators for comprehensive care clinics for patients with inflammatory bowel disease: PANCCO-GETECCU. *Rev Gastroenterol Mex Engl*. 2022;87(1):89-102. <https://doi.org/10.1016/j.rgmxen.2021.05.013>