

Editorial: increasing IBD prevalence and its complications in the context of the COVID-19 pandemic—authors' reply

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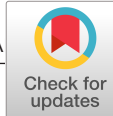
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Study of Inflammatory Bowel Disease (IOIBD) has undertaken a RAND panel of expert opinion regarding the care of IBD patients during the COVID-19 pandemic.⁹ In time the evidence to support clinical recommendations is likely to develop. Others from epicentres of the COVID-19 pandemic have also given specific recommendations based on their experience.¹⁰


The paper by King et al reminds us of two important and interacting challenges facing IBD clinicians in the future. First, we will continue to see more IBD as the prevalence increases worldwide. This will require improved management strategies to provide high-quality care to more patients. Second, complications of the disease and its treatment, be they established or evolving will require individualised approaches. While some planning will be needed to mitigate these, working together at times of crisis will enable the best results for our patients.

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LINKED CONTENT

This article is linked to King et al papers. To view these articles, visit <https://doi.org/10.1111/apt.15701> and <https://doi.org/10.1111/apt.15769>.

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Editorial: increasing IBD prevalence and its complications in the context of the COVID-19 pandemic. Authors' reply

Benson-Pope et al have highlighted the concerns that many patients with IBD, along with their medical teams, face during the coronavirus pandemic.¹ Immunosuppression has been the mainstay of moderate

to severe IBD management for decades. With large IBD populations around the world, the need to protect such potentially vulnerable patients from coronavirus disease 2019 (COVID-19) is vital.

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The novelty of COVID-19 has thrown up many challenges for the clinician, including how best to manage medications and what new onset symptoms may mean, given that COVID-19 can cause diarrhoea and abdominal pain, and that viral illnesses can lead to IBD flares.^{2,3} Although no evidence currently suggests that COVID-19 can induce flares in IBD, avoidance of COVID-19 in IBD, especially in those who are immunosuppressed or have active disease, is crucial. Benson-Pope et al, have highlighted the consensus statements from the International Organisation for the study of Inflammatory Bowel Disease (IOIBD) concerning IBD medication and COVID-19; however, a degree of disagreement exemplifies the lack of knowledge and a degree of uncertainty concerning how best to manage patients.⁴ Several national and international societies and charities have given advice on IBD and COVID-19 and many governments have been clear on the need for social distancing.⁵⁻⁸


Given the increasing prevalence of IBD, not only patients but also many healthcare professionals will be living with IBD.⁹ With health systems around the world coming under strain, adequate personal protective equipment may not always be readily available to healthcare professionals with IBD. With out-patient appointments and monitoring being postponed, IBD medical teams and patients must be alert to the evolving guidance and take all necessary precautions in the very different healthcare environment we now all work in.

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LINKED CONTENT

This article is linked to King et al and Benson-Pope and Greary papers. To view these articles, visit <https://doi.org/10.1111/apt.15701> and <https://doi.org/10.1111/apt.15759>.

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