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### Iron Deficiency Anemia in Patients with Inflammatory Bowel Disease

#### ANNOUNCER:

This is CME on ReachMD. The following activity, *Iron Deficiency Anemia in Patients with Inflammatory Bowel Disease*, is provided in partnership with Prova Education and The Crohn's & Colitis Foundation; and sponsored by an unrestricted educational grant from AMAG Pharmaceuticals, Inc.

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Your faculty are Drs. Siddharth Singh, Bincy Abraham, and Jason Hou.

#### DR. SINGH:

Anemia is the most prevalent extraintestinal complication found in patients with inflammatory bowel diseases and is often due to iron-deficiency anemia. This not only negatively impacts the patient's quality of life and workability, but can also lead to increased risk of hospitalization, delaying hospital discharge and, of course, increased healthcare costs. So, what can we do to help empower our patients to track and self-manage their iron-deficiency anemia symptoms?

I'm Dr. Siddharth Singh, from the University of California, San Diego, and today I'm joining gastroenterologists, Dr. Bincy Abraham, from Houston Methodist Gastroenterology Associates, and Dr. Jason K. Hou, from Baylor College of Medicine and Michael E. DeBakey VA Medical Center in Houston, Texas.

Today we'll be discussing how iron-deficiency anemia develops, how to define iron-deficiency anemia, symptoms associated with it, treatment options and using shared-decision making in patients with iron-deficiency anemia with inflammatory bowel diseases. We'll also incorporate the Crohn's & Colitis Foundation's Anemia Care Pathway into the discussion, which seeks to standardize the screening, diagnosis, and management of anemia.

Hello Dr. Abraham, Dr. Hou.

#### DR. ABRAHAM:

Hello.

#### DR. HOU:

Hello.

#### DR. SINGH:

Dr. Hou, now I've just mentioned iron-deficiency anemia is the most prevalent extraintestinal complication found in patients with IBD. Can you explain how this complication develops, and help us define what level of hemoglobin constitutes iron-deficiency anemia?

#### DR. HOU:

Of course. So, anemia, as you mentioned, Dr. Singh, is incredibly common in our patients with inflammatory bowel disease. We see it in upwards of a third of our patients with inflammatory bowel disease and the rates can be even higher in the patients who have active inflammation. Anemia in our patients with inflammatory bowel disease are related to three primary causes. One is bleeding. Patients with inflammation in the GI tract may have ongoing blood loss, whether they see it or not. The second component has to do with a

decreased oral intake. Patients often, especially if they're inflamed and having active symptoms, are less likely to be eating a full diet and may be less likely to be ingesting enough iron to keep up with the amount of blood loss. Thirdly, and very importantly, which is often overlooked, is patients with active inflammation, systemic as well as in the GI tract, are less able to absorb and incorporate the iron that they do ingest. Those three components are incredibly common and influence a patient's ability to get iron in their system and to use it effectively to make hemoglobin. The cutoff levels for hemoglobin are defined by the World Health Organization, and we define it as 13 for males and 12 for women.

DR. SINGH:

Turning to you, Dr. Abraham, what are the most prevalent symptoms associated with iron-deficiency anemia?

DR. ABRAHAM:

The typical symptoms of iron-deficiency anemia can include fatigue, which can, of course, decrease general physical performance. They can also include dizziness, headaches, dyspnea on exertion, heart palpitations, and visually you may see pallor of the skin, nails and conjunctivae, and often in my female patients, there's complaints of even hair loss. Now, chronic fatigue in patients with inflammatory bowel disease can be associated with significant physical, emotional, psychological, and social consequences with virtually every aspect of their daily life that can be affected. This can include and even contribute to psychological problems such as depression, which can have a huge impact on a patient's quality of life, and this may also impact increased rates of hospitalizations, and definitely healthcare costs.

DR. HOU:

So, Dr. Singh, as we mentioned in the introduction, the Crohn's & Colitis Foundation has developed IBD Qorus, an initiative to enhance the collaboration between GI providers and their patients with IBD, specifically to improve management outcomes and improve the patient quality of life. Can you elaborate on the components of IBD Qorus that underly this educational initiative? And what has been your impression of how GI clinicians have received this so far?

DR. SINGH:

So, as we know, there have been significant advancements in inflammatory bowel diseases, but there continue to be gaps between the latest evidence and its implementation in practice. So, IBD Qorus is the Crohn's & Colitis Foundation's National Quality of Care Initiative for adults with IBD seeking to leverage the power of a learning health system approach to address these evidence gaps and to accelerate improvement of care. At the core of this is the patient-physician interaction that leads to coproduction of care. That is, we are trying to engage patients and physicians at the same level to make this relationship more equal and reciprocal in nature. One of the ways is enhance communication and shared-decision making through a dedicated IBD dashboard, which is a virtual data display which combines patient-reported and clinical data into one view and accessible to both patients and physicians. Besides this, we have also initiated several improvement efforts, which the clinicians have really liked. We are seeking to structure and standardize approaches to care for management of these patients. This includes both practitioners in academic as well as private practice across a diversity of practice sizes and geographic diversity. The clinicians in our experience have really enjoyed this learning health system wherein we are all learning from each other how to improve the delivery of care to our patients, and the patients, likewise, have really appreciated the efforts that we are making to improve the delivery of care and standardizing care to overall improve their quality of life.

For those tuning in, you're listening to CME on ReachMD. I'm Dr. Siddharth Singh, and I'm joined by Dr. Bincy Abraham and Dr. Jason Hou to discuss the critical importance of proactively recognizing and managing iron-deficiency anemia in patients with IBD.

Dr Hou, earlier we talked about the Crohn's & Colitis Foundation's initiative called IBD Qorus, which encourages collaboration between clinicians and their patients. As part of this program, the Foundation has also developed an Anemia Care Pathway to help clinicians diagnose and manage anemia in their IBD patients more proactively. So, Dr. Hou, why did the Foundation decide to focus on iron-deficiency anemia?

DR. HOU:

Thanks, Dr. Singh. The Foundation chose to focus on anemia for several reasons, as we have already mentioned in this program. First and foremost, it is incredibly common. We mentioned it's highly prevalent in up to a third of our patients with inflammatory bowel disease. The other key component of selecting anemia to focus on for Care Pathway is this is something that's very important to patients. We hear feedback from patients, and both you and Dr. Abraham are well aware of how often patients have issues regarding fatigue, one of the common symptoms related to anemia. Again, similar to what you mentioned earlier, there's a tremendous amount of variability in how providers are managing patients with anemia, as well as a high degree of uncertainty. There are many ways to approach anemia, including addressing it through management of the underlying disease. While that's important, it was also clear to us as we talked to providers that many providers did not feel comfortable with some approaches of managing anemia, in particular regarding parenteral iron therapy.

The care pathways, as part of IBD Qorus, are a critical component and tool that we're developing to help patients and providers manage anemia. The Foundation has specifically also developed another care pathway called Nutrition Care Pathway. Focusing back on anemia, there are many approaches and components of anemia in patients with inflammatory bowel disease. Iron-deficiency anemia, or IDA, is the most common component and cause of anemia in our patients, as we talked about earlier, but there are multiple other causes of anemia related to medication, other vitamin deficiencies that need to be evaluated and are also include in the Anemia Care Pathway. Dr. Abraham, now I'd like to get your take here about things that you look at when screening and evaluating patients for anemia, and how do you decide what type of testing or treatment they require?

DR. ABRAHAM:

Yes, Dr. Hou, this is a very important question as I believe screening is the key initial step to evaluating our patients. There are many patients that may have iron deficiency and may not necessarily have anemia, based on laboratory evaluation. And even iron deficiency itself can contribute to all the symptoms I had discussed earlier; therefore, I do screen everyone with a complete blood count and, of course, if anyone is found to be anemic with a low hemoglobin, then that will prompt you to do iron studies as well as other evaluations for vitamin deficiencies that may have contributed to the low hemoglobin. However, at minimum, I check every patient's nutritional status annually to make sure that their nutritional levels are appropriate and, if needed, more frequent monitoring, especially if they're having active symptoms or evidence of GI bleeding. Now, if they're found to be iron deficient, for example, then I will base my treatment decision based on how active their inflammation is, or if their IBD is actually inactive. If they have active inflammation, then I treat with IV iron, as it can contribute to faster response of improvement in their anemia, and also because we know that it's difficult for patients with active inflammation to absorb oral iron. However, if their disease is inactive, then I often treat with oral iron as long as the patient can tolerate it.

DR. HOU:

Dr. Abraham, thank you for sharing your experiences on your screening and evaluating patients with anemia. One thing I also wanted to emphasize, and I agree strongly with what you said, was the option and opportunity to use IV iron. I can say for myself, when we started looking at this project, this was something that I, as a gastroenterologist, was not completely comfortable using, but it became clear that patients who were not absorbing iron, or unable to tolerate iron, that intravenous iron was a resource that was important to get their anemia addressed. From our research, we did find many other gastro providers still felt somewhat uncomfortable with using IV iron. So to address this, as part of the Anemia Care Pathway, we provide guidance and reference and resources on how to access and use intravenous iron, and our experience, as well as other sites that have participated in the Anemia Care Pathway, was that it was not as complicated or as difficult as many of us felt at the beginning, and many of us have incorporated its use very routinely in managing patients with IBD, and in particular with active IBD.

Dr. Singh, what has been your experience using the Anemia Care Pathway so far, and how do you feel that patients respond when you talk to them about anemia?

DR. SINGH:

So, the Anemia Care Pathway was eye opening both for me and, subsequently, my patients. Earlier, I would often ignore the anemia, focusing initially on their IBD, but as we started utilizing this pathway, we realized that there were a lot of patients with fatigue and anemia which was not being adequately addressed in my practice. So, by using this pathway to screen our patients with anemia, I was actually able to actively engage patients in the discussion and the patients really appreciated it.

DR. HOU:

Thank you, Dr. Singh, for sharing your experiences. Before we wrap up, are there any key takeaways you'd like to share with our audience today? Dr. Singh, let's start with you.

DR. SINGH:

Anemia is a common symptom associated with fatigue in a lot of our patients, and iron-deficiency anemia is the leading cause for that. By systematically screening patients for anemia, especially in those who have fatigue, and appropriately treating it, we can improve the quality of life. This does not have to wait while we are trying to treat their active IBD, because treating their iron-deficiency anemia can significantly improve their quality of life beyond whatever is being contributed by their IBD. And turning to you, Dr. Abraham, is there anything you'd like to add?

DR. ABRAHAM:

Yes, Dr. Singh, I agree with you wholeheartedly on your statement. I believe the key is to screen our patients and if you find that they are anemic, then choose the appropriate iron replacement, be it IV or oral, to best optimize improvement for our individual patient. What we don't want is really to miss out on this opportunity to improve our patient's quality of life because we know that iron deficiency has been linked to quite low quality of life in our patients. Dr. Hou, would you like to add anything else?

DR. HOU:

I agree with both of your comments. Just to highlight some comments from both of you – number one, I think one of my big takeaways from working on Anemia Care Pathway is that you don't have to wait. As providers, we're understandably often focused on getting the IBD under control, and it is very important, but we don't have to delay management of anemia until that's taken care of. We can do both at the same time. And as both of you've shared, our experience in doing that has been incredibly helpful and rewarding to see patients feeling better sooner, even while we're working on getting their IBD under better control. The other comment that I'd like to end on is the importance of following up our patients. Often times, we start a treatment plan, but we don't follow up what happens to them. So even if you're starting with some sort of iron therapy, it's incredibly important to follow up if they're actually improving, and if they're not, then you take another step, either increasing their iron or get them to another provider, such as a hematologist, who may be able to help get their anemia addressed.

DR. SINGH:

This has been a great conversation, and I'm glad we had a chance to discuss this important topic. Well, we've certainly learned a lot of information today, from the Crohn's & Colitis Foundation's Qorus Initiative to the Anemia Care Pathway, and the treatment of IBD patients with iron-deficiency anemia. Dr. Abraham, Dr. Hou, it was great talking with both of you today.

DR. ABRAHAM:

Thank you, Dr. Singh. Thank you for having us.

DR. HOU:

Thank you for having us.

ANNOUNCER:

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