

MICROSCOPIC COLITIS



DR KEVIN BARRETT

GP & Committee Member of the Primary Care Society for Gastroenterology



I have received funding for attending and/or speaking at events from Thermo Fisher Scientific, Tillots, Dr Falk, Ferring, Norgine, Takeda, Reckitt, Alliance, LIVI, Bimuno & Symprove.



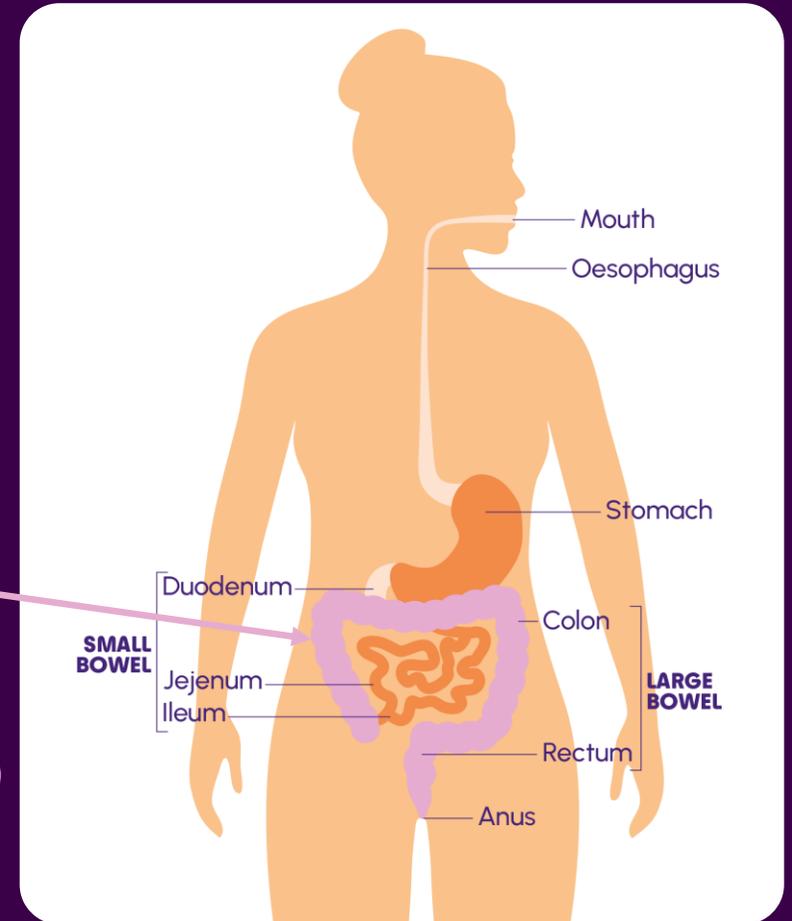
WHAT IS MICROSCOPIC COLITIS?

- Rare, but may be underdiagnosed
- Around **1 in every 2,000 people** are thought to have Microscopic Colitis in the UK
- A lifelong condition with no cure
- Only affects the colon

Types:



- Two histological subtypes: **Collagenous Colitis (CC)** and **Lymphocytic Colitis (LC)**
- **MCi (incomplete)** is where a distinction between CC and LC can't be made
- The symptoms and treatment are the same



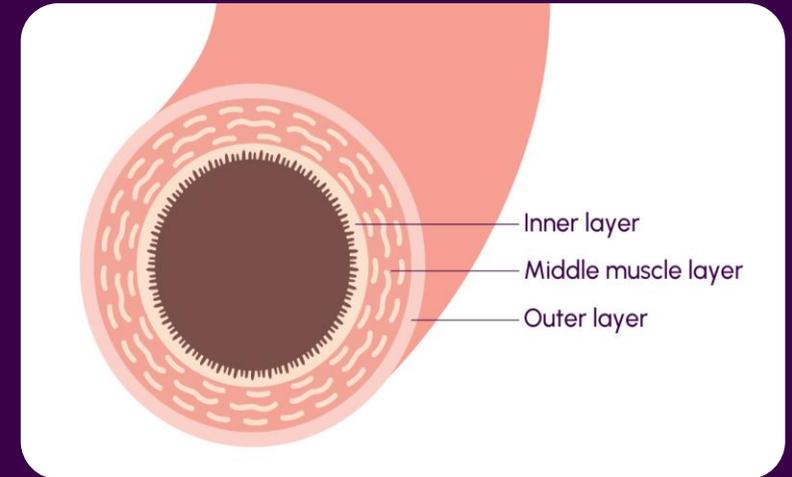
WHAT IS MICROSCOPIC COLITIS?

- Rare, but may be underdiagnosed
- Around **1 in every 2,000 people** are thought to have Microscopic Colitis in the UK
- A lifelong condition with no cure
- Only affects the colon

Types:



- Two histological subtypes: **Collagenous Colitis (CC)** and **Lymphocytic Colitis (LC)**
- **MCi (incomplete)** is where a distinction between CC and LC can't be made
- The symptoms and treatment are the same



SYMPTOMS OF MICROSCOPIC COLITIS

- Frequent, watery diarrhoea
- Tummy pain
- Bloating and wind
- Fatigue
- Joint pain
- Weight loss

66 99

MY SYMPTOMS INCLUDE EXPLOSIVE DIARRHOEA, STOMACH CRAMPS AND TIREDNESS. I HAVE ALSO LOST A LOT OF WEIGHT.

Lynn, living with Microscopic Colitis



SYMPTOMS OF MICROSCOPIC COLITIS

- Frequent, watery diarrhoea
- Tummy pain
- Bloating and wind
- Fatigue
- Joint pain
- Weight loss

66 99

NOBODY TOLD ME SOME OF THE THINGS I MIGHT EXPERIENCE, LIKE FATIGUE OR JOINT ACHES

Helen, living with Microscopic Colitis



	MICROSCOPIC COLITIS	OTHER FORMS OF IBD
TYPES	<ul style="list-style-type: none"> • Collagenous Colitis (CC) • Lymphocytic Colitis (LC) • MCI (indeterminate) 	<ul style="list-style-type: none"> • Crohn's Disease • Ulcerative Colitis • IBDU/Indeterminate Colitis (unclassified or uncertain)
PREVALENCE	1 in 2,000 people in the UK – may be as high as 1 in 1,000	16 in 2,000 people in the UK
AGE AT DIAGNOSIS	More common in older adults – typical age at time of diagnosis >60 years old	More common in young adults
YOUNGER PATIENTS	25% in patients <45 years old Rare in children	25% in patients <20 years old
OVERLAP	Almost no overlap	



MYTH #1: "Microscopic Colitis is just the same as IBS"

Table 1 Differences in clinical history between patients with irritable bowel syndrome and those with microscopic colitis

Clinical history variable	Irritable bowel syndrome	Microscopic colitis
First occurrence of disease	Usually before 50 years of age	Usually after 50 years of age
Stool consistency	Soft–variable–hard	Watery/soft
Abdominal pain/discomfort	Obligatory	Variable
Nocturnal diarrhoea	Very unlikely	Possible
Feeling of incomplete bowel evacuation	Common	No
Weight loss	Rare	Common
Faecal incontinence	Rare	Common
Feeling of fullness/bloating	Common	Rare
Accompanying autoimmune disease	Rare	Common

Overlap with IBS:

- 10% also diagnosed with IBS-D
- >50% meet the criteria for IBS

Münch A, Sanders DS, Molloy-Bland M, Hungin APS. Undiagnosed microscopic colitis: a hidden cause of chronic diarrhoea and a frequently missed treatment opportunity. *Frontline Gastroenterol.* 2019 Jul 5;11(3):228-234. doi: 10.1136/flgastro-2019-101227.



MYTH #2: *"People with Microscopic Colitis have a higher risk of bowel cancer"*

There is no evidence that Microscopic Colitis increases the risk of developing colon cancer (unlike other forms of IBD).

This may be because of the older age of onset and lack of widespread use of immunosuppression.



MYTH #3: *"Microscopic Colitis is caused by a bad diet"*

We do not know exactly what causes Microscopic Colitis.

Different factors:

- **Your genes** – studies suggest that genes play an important role in Microscopic Colitis.
- **Your immune system not working properly** and affecting the gut microbiome. The microbiome is the natural bacteria, fungi and viruses that live in your gut.
- **Damage to the lining of the gut** – this may be caused by viruses, bacteria or certain medicines.



CAUSES OF MICROSCOPIC COLITIS

Risk factors include:

- Smoking
- Being female (2.5x)
- Having another autoimmune or immune-mediated disease
 - Around 4 in 10 people with Microscopic Colitis also have another autoimmune or immune-mediated condition, such as type 1 diabetes, thyroid disease, rheumatoid arthritis or coeliac disease
- Having a close family member with IBD
- Prevalence related to socio-economic factors



GETTING A DIAGNOSIS

66 99

IF MY GP HADN'T ASSUMED I HAD IBS, I MIGHT
HAVE BEEN DIAGNOSED YEARS AGO

IBD UK Patient Survey 2020



FOR PEOPLE WITH SYMPTOMS

WHAT'S UP WITH MY Gut?

Getting a diagnosis if you have gut problems

If you have gut problems or problems with your poo, then it's important that you get the right diagnosis. Your GP can help with this. They may suggest that you have some examinations or investigations. The information below can help you understand the questions your GP may ask or the investigations they may recommend.

Symptoms you may have:

- Changes in how you poo, including:
 - How often you go
 - How urgently you need to go
 - If you have accidents
 - If you often strain when pooing
 - Changes to the colour or consistency of your poo
 - Stomach pain, cramps, feeling bloated, excessive wind
 - Bleeding from your bottom or blood in your poo
 - Mucus in your poo or your poo looks greasy
 - Weight loss that isn't deliberate
- These symptoms may sometimes be accompanied by:
- Not wanting to eat as much
 - Feeling sick or being sick
 - Feeling worse after eating
 - Mouth ulcers
 - Feeling extremely tired



Your GP will ask how long you've had symptoms

- If it's been less than two weeks, your GP may think about possible causes, such as:
- Recent travel
 - Changes in diet
 - How much alcohol you drink
 - Infections
 - Symptoms during your period
 - If you have other problems with



FOR HEALTHCARE PROFESSIONALS

PRIMARY CARE DIAGNOSTIC PATHWAY FOR LOWER GASTROINTESTINAL (GI) SYMPTOMS IN ADULTS (NOT FOR ACUTELY UNWELL PATIENTS)

FOR USE BY PRIMARY CARE TEAMS. APRIL 2024.

p1

Click the pointer for hyperlinks



RED FLAG COLORECTAL CANCER SYMPTOMS

Follow country cancer pathway:

🇬🇧England, 🇪🇸Scotland, 🇨🇾Wales, 🇬🇧Northern Ireland

A FIT
in primary
care to support
assessment of
colorectal cancer
may be
needed.

COMMON SYMPTOMS OF LOWER GI CONDITIONS

- Change in bowel habit, for example, frequency, urgency, faecal incontinence, tenesmus
- Abdominal pain, cramping, bloating, excessive wind
- Rectal bleeding

COULD IT BE SELF LIMITING?

Consider duration of symptoms and history.

If less than two weeks duration consider, for example, recent

SAFETY NETTING

- if symptoms persist or symptoms change – reassess (even if tests were negative) and consider referral
- referrals should be based on clinical need
- if severe symptoms – urgent GI referral may still be needed

IF SYMPTOMS SUGGEST, CONSIDER:

- upper GI cancer e.g. pancreatic or gastric cancer, or cancers of other systems
- non-site specific cancer pathway referral for persistent concerning symptoms
- negative or normal stool tests and ongoing symptoms – could still be IBD or cancer
- false negative Coeliac screen – too little gluten in diet, IgA deficiency (test for total IgA and IgG based serology)
- severe IBS symptoms may need a GI referral to optimise treatment
- conditions of other systems, e.g. gynaecological, liver, renal
- HIV screening for chronic diarrhoea

COULD IT BE ANOTHER LOWER GI CONDITION?

Other conditions may also cause similar symptoms to IBS but not respond to symptomatic, supportive treatment. Multiple lower GI conditions are possible at the same time.

- **microscopic colitis**, if persistent loose watery diarrhoea (exclude by biopsy, faecal calprotectin can be normal)
- **diverticulitis**
- **small bowel bacterial overgrowth**
- **pancreatic insufficiency**, often causes weight loss, test for faecal elastase

COULD IT BE INFLAMMATORY BOWEL

COULD IT BE COELIAC DISEASE?

Coeliac disease occurs in 1 in 100 people and is undiagnosed

COULD IT BE IRRITABLE BOWEL SYNDROME (IBS)?



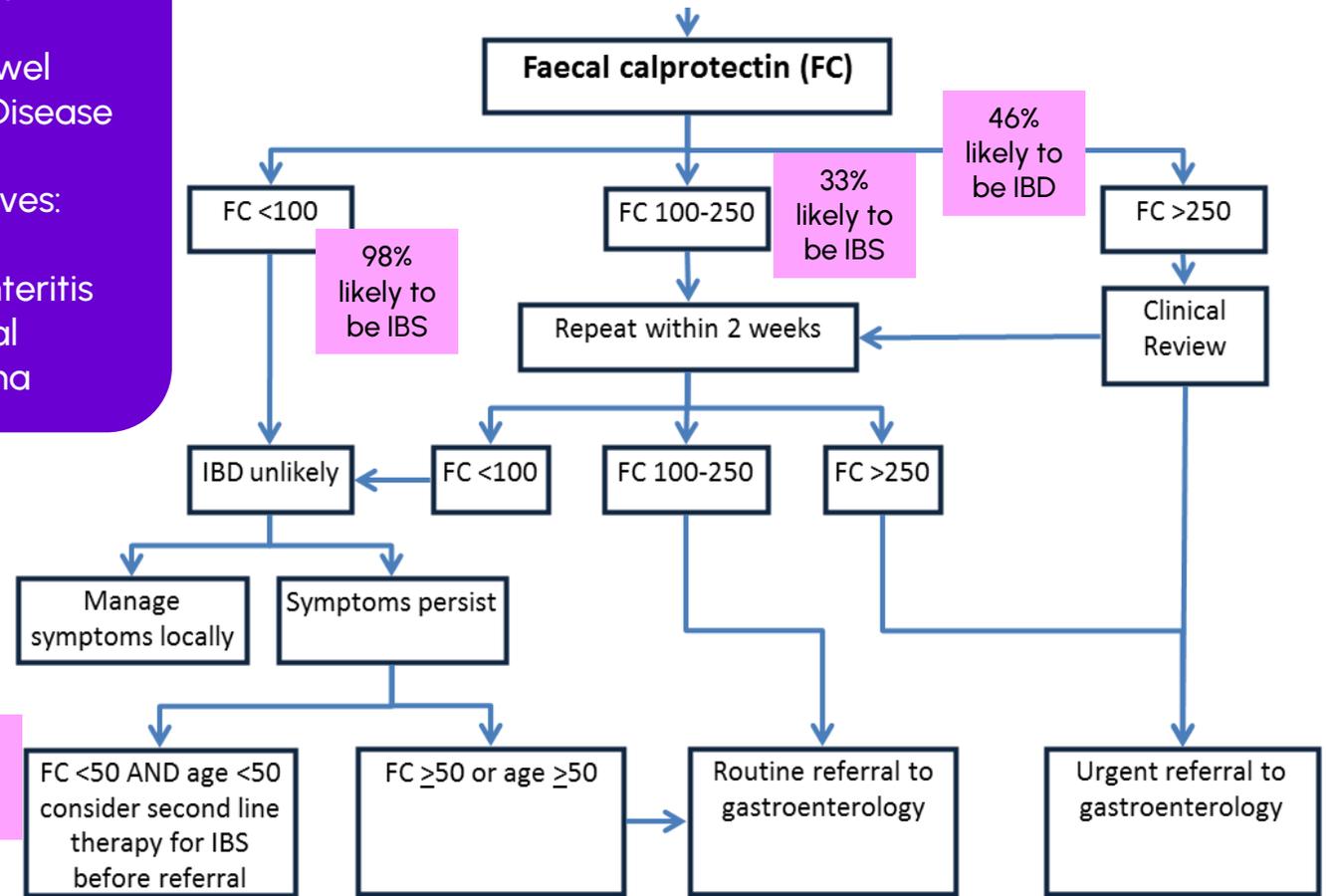
FAECAL CALPROTECTIN

False negatives:

- children
- Microscopic Colitis
- small bowel Crohn's Disease

False positives:

- NSAIDs
- gastroenteritis
- colorectal carcinoma



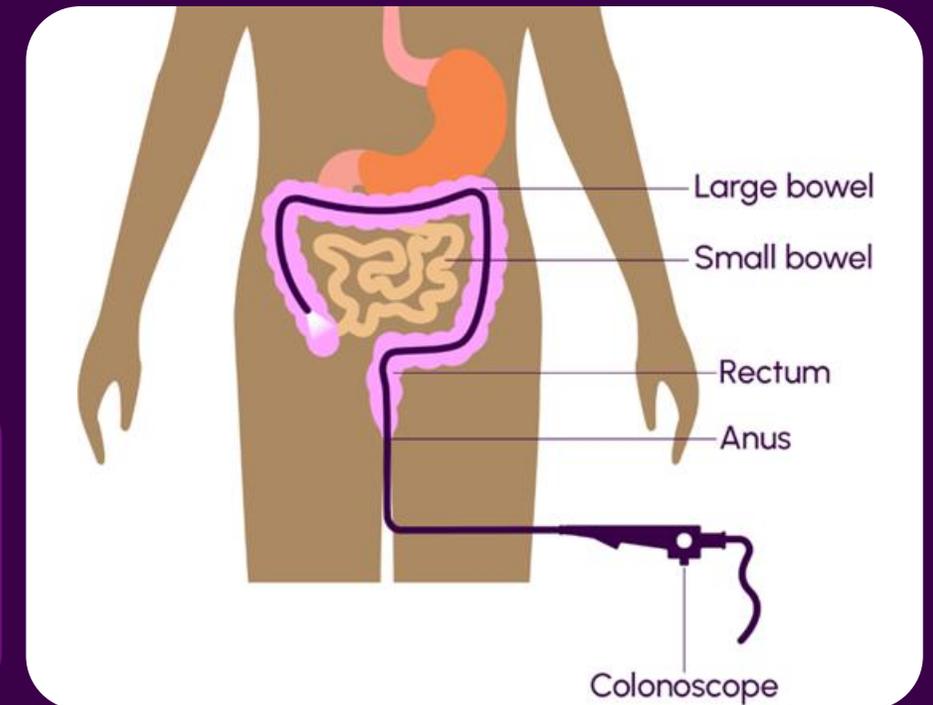
Microscopic Colitis

Diagnostic Biopsies For Unexplained Diarrhoea

100% of patients with unexplained diarrhoea to have rectal biopsies.

As an aspiration 100% with unexplained diarrhoea undergoing colonoscopy to have right and left sided colonic biopsies.

A macroscopically normal examination does not exclude all causes of unexplained diarrhoea[61], with the commonest diagnosis being microscopic colitis. Microscopic colitis can be patchy and biopsies from both the right and transverse colon are required for diagnosis[62-65], a practice reinforced by the ASGE guidelines[66]. We recommend that the minimum standard remains that 100% of patients with unexplained diarrhoea have rectal biopsies performed. As an aspiration, 100% of patients undergoing colonoscopy to investigate unexplained diarrhoea should have right and left sided colonic biopsies.



Rees CJ, Thomas Gibson S, Rutter MD on behalf of: the British Society of Gastroenterology, the Joint Advisory Group on GI Endoscopy, the Association of Coloproctology of Great Britain and Ireland, *et al* UK key performance indicators and quality assurance standards for colonoscopy
Gut 2016;65:1923-1929.



TREATMENTS



MEDICATIONS THAT MIGHT MAKE MICROSCOPIC COLITIS WORSE

- **NSAIDs** – non-steroidal anti-inflammatory drugs (e.g. ibuprofen, aspirin)
- **PPIs** – proton pump inhibitors (e.g. lansoprazole)
- **Statins** (e.g. simvastatin)
- Some **H2 antagonists** (e.g. famotidine)
- Some **diabetic medications** (e.g. acarbose)
- Some **antidepressants** (e.g. sertraline)
- Some **anticoagulants** (e.g. ticlopidine)
- **HRT** (in high doses)
- Some **anticonvulsants** (e.g. carbamazepine)

Always discuss medication changes with your doctor

Do not change, reduce or stop taking medications without their advice



BUDESONIDE

Budesonide is a steroid that can be given when the disease is active to get symptoms under control, or to maintain remission.

Budenofalk

Induction of remission (granules or capsules)

9 mg once daily for up to 8 weeks, to be taken in the morning. Reduce dose gradually over 2 weeks following treatment course before stopping.

Maintenance (capsules only)

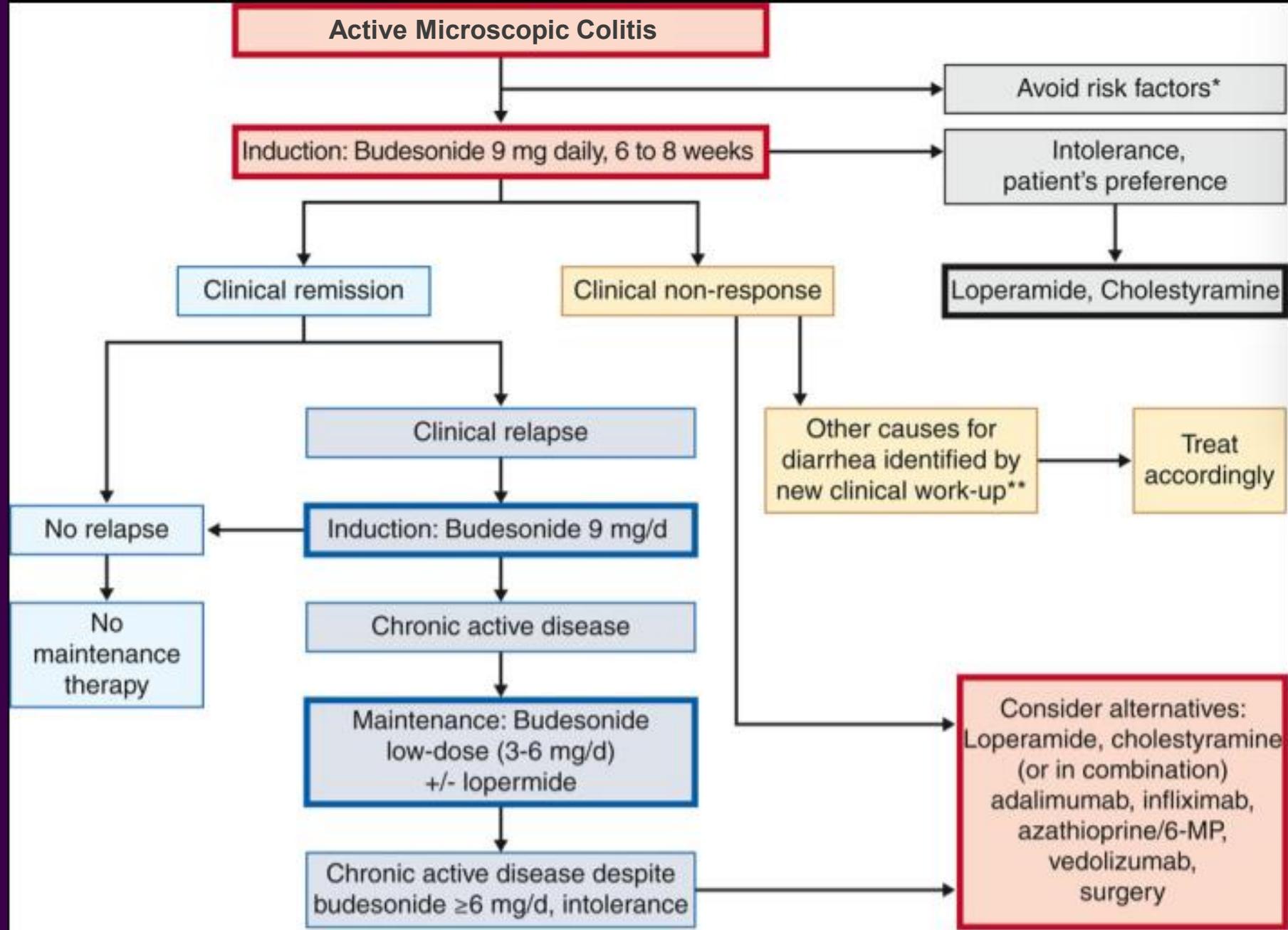
6 mg once daily, to be taken in the morning. Alternatively, 6 mg once daily and 3 mg once daily, to be taken on alternate mornings. Review treatment regularly and no later than 12 months after initiation of maintenance treatment. Treatment may be extended to beyond 12 months if required. When stopping treatment, reduce dose gradually over 2 weeks.

Cortiment

Induction of remission

9 mg once daily for up to 8 weeks, dose to be taken in the morning.





Miehke S,
 Guagnozzi D,
 Zabana Y, et al.
 European
 guidelines on
 microscopic colitis:
 United European
 Gastroenterology
 and European
 Microscopic
 Colitis Group
 statements and
 recommendations
*United European
 Gastroenterol J.*
 2021;9(1):13-37.
 doi:10.1177/205064
 0620951905

*smoking, NSAID, PPI **i.e. bile acid diarrhoea, coeliac disease



OTHER TREATMENTS

These treatments need to be started by a specialist.

Immunosuppressants

Azathioprine and mercaptopurine may help some people if budesonide has not worked.

Biologics

There is some evidence from small studies to support the use of biologics – but there have not yet been any well-controlled clinical trials.



MYTH #4: "This diet will cure your Microscopic Colitis"

Things to consider cutting down on:

- Caffeine – tea/coffee/chocolate/energy drinks
- Dairy and saturated fats
- Artificial sweeteners
- Alcohol
- Processed foods
- **Highly individual:** not all of these are triggers for all people



Be aware of possible overlaps with:

- IBS
- Coeliac disease. People with Microscopic Colitis are more likely to have coeliac disease than the general population. Sometimes excluding gluten can help with the symptoms of Microscopic Colitis even if you don't have coeliac disease, but be careful not to restrict your diet too much as people with Microscopic Colitis are at higher risk of malabsorption.
- BAM (Bile Acid Malabsorption). Around 4 out of 10 people with Microscopic Colitis also have BAM. This is when bile acids used in digestion cannot be reabsorbed as usual and cause bile acid diarrhoea (BAD).



THINGS THAT MAY HELP

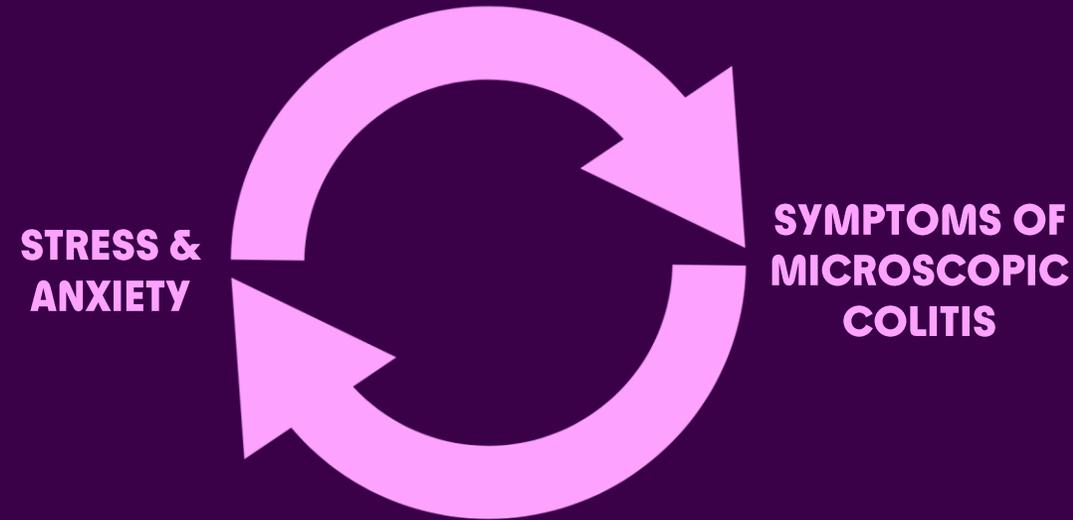
- During a flare – soft, small particles; soups and smoothies
- Electrolytes – avoid sugary caffeinated drinks (the ones with wings!)
Electrolyte tablets may be helpful
- Protein – soy milk, almond butter
- Omega 3 fatty acids
- Soluble fibres and resistant starches – oat bran, cooked potatoes, rice, slightly green bananas
- Psyllium husk



MYTH #5: "Tiredness is all in your head"

Causes of fatigue:

- Sleep disturbance due to symptoms (pain, urgency)
- Direct effect of pro-inflammatory chemicals on the brain (cytokines and interleukins)
- Stress and decreased quality of life
- Malnutrition from faster bowel transit times and/or dietary restrictions – iron, vitamin D (may also be linked to being housebound), vitamin B, electrolyte disturbances
- Cognitive behavioral therapy (CBT) can be beneficial



MYTH #6: *"There's no point bothering the doctor – there's nothing they can do"*

- **Getting a correct diagnosis is important** – stops symptoms being dismissed as being "all in your head" or "self-inflicted"
- Being prescribed **cholestyramine** (a bile acid sequestrant usually used for bile acid diarrhoea) can help some patients
- Other relatively simple measures can include the use of **loperamide** as an anti-diarrhoeal agent before moving onto other therapies
- **A re-referral can always be done if symptoms don't respond**
- Many people don't need to stay under the care of a specialist, unlike most people with Ulcerative Colitis/Crohn's Disease – GPs, dietitians and pharmacists in primary care can be helpful in providing support around medication, including the increased risk of reduced absorption of some medication (for example oral contraceptives)
- If further support is needed then some areas have GPs with a specialist interest in gastroenterology who have had additional training on Microscopic Colitis
- **Don't forget to seek advice if your symptoms change** – don't assume everything is due to the Microscopic Colitis – patients with one gastrointestinal (or gynaecological) condition can develop others (this is known as "diagnostic overshadowing")



MENTAL HEALTH & WELLBEING

- Normal to feel a range of emotions
- If you're struggling, reach out for help
- Talk to your GP, or to your IBD Team if you are under one
- Learning more about the condition may help relieve anxiety
- Sleep and exercise
- Talk things through



MENTAL HEALTH & WELLBEING

The screenshot shows the website's header with the logo on the left, a search bar, and buttons for 'BECOME A MEMBER' and 'MAKE A DONATION'. A navigation bar below contains links for 'Info & Support', 'Our work', 'Get involved', and 'News & Stories'. On the right of the navigation bar are links for 'Need to talk?', a phone number '0300 222 5700', 'Email', and 'LiveChat'. The main content area features a central purple box with white text and a yellow button. The text reads: 'Whoever you want to talk to and whatever you want them to know - you're in the right place. We've got the words to help break the ice. Just answer five questions to get your own personalised talking toolkit - which will have all the information, talking tips and resources you'll need to feel confident to start your conversation.' The button says 'CREATE YOUR TALKING TOOLKIT'. There are gear and fingerprint icons in the bottom corners of the page.

CROHN'S & COLITIS UK

SEARCH

BECOME A MEMBER

MAKE A DONATION

Info & Support Our work Get involved News & Stories

Need to talk? 0300 222 5700 Email LiveChat

Whoever you want to talk to and whatever you want them to know - you're in the right place. We've got the words to help break the ice.

Just answer five questions to get your own personalised talking toolkit - which will have all the information, talking tips and resources you'll need to feel confident to start your conversation.

CREATE YOUR TALKING TOOLKIT

crohnsandcolitis.org.uk/talkingtoolkit



TAKEAWAYS

- Microscopic Colitis is rare but underdiagnosed
- It is a lifelong condition with no cure
- It can co-exist with other bowel and gynaecological conditions
- It is more common in older people, but can affect adults of any age
- A diagnosis requires biopsies from the bowel
- Lifestyle measures and simple medications can help
- Budesonide can be an effective medication for many, with a low risk of side effects
- Stopping smoking
- Don't forget the psychological impact
- Employers can support with reasonable adjustments where required (crohnsandcolitis.org.uk/employment), and there may be support available if you're financially impacted (crohnsandcolitis.org.uk/finances)
- If the symptoms aren't controlled, keep asking for further help



REFERENCES & FURTHER READING

- crohnsandcolitis.org.uk/microscopiccolitis
- Barrett K. Microscopic colitis: a guide for general practice. *British Journal of General Practice* 2021; 71 (702): 41-42. DOI: 10.3399/bjgp21X714593 bjgp.org/content/71/702/41
- Townsend T, Campbell F, O'Toole P, *et al* Microscopic colitis: diagnosis and management *Frontline Gastroenterology* 2019;10:388-393. fg.bmj.com/content/10/4/388
- Miehlik, S., Guagnozzi, D., Zabana, Y., Tontini, G.E., Kanstrup Fiehn, A.-M., Wildt, S., Bohr, J., Bonderup, O., Bouma, G., D'Amato, M., Heiberg Engel, P.J., Fernandez-Banares, F., Macaigne, G., Hjortswang, H., Hultgren-Hörnquist, E., Koulaouzidis, A., Kupcinskis, J., Landolfi, S., Latella, G., Lucendo, A., Lyutakov, I., Madisch, A., Magro, F., Marlicz, W., Mihaly, E., Munck, L.K., Ostvik, A.-E., Patai, Á.V., Penchev, P., Skonieczna-Żydecka, K., Verhaegh, B. and Münch, A. (2021), European guidelines on microscopic colitis: United European Gastroenterology and European Microscopic Colitis Group statements and recommendations. *United European Gastroenterol J*, 9: 13-37. doi.org/10.1177/2050640620951905
- bnf.nice.org.uk/drugs/budesonide/#indications-and-dose

