GI CENTRAL Access & Triage

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Secure Fax: 1-888-398-7091

CONFIRMATION: Referral Received

TRIAGE CATEGORY: Enhanced Primary Care Pathway

REFERRAL STATUS: **CLOSED**

Microscopic Colitis

Dear colleague,

The clinical and diagnostic information you have provided for the above named patient is consistent with a diagnosis of microscopic colitis. Based on full review of your referral, it has been determined that **management of this patient within an Enhanced Primary Care Pathway is appropriate, without need for specialist consultation at this time.**

Microscopic colitis is a chronic immune-mediated disease characterized by chronic watery, non-bloody diarrhea and normal colonoscopy. Histopathology shows either increased collagen or increased lymphocytes in the colonic mucosa, defining the two main subtypes of microscopic colitis, collagenous colitis and lymphocytic colitis.

Microscopic colitis tends to occur in middle-aged or older individuals, with female predominance. It can be associated with other immune-mediated conditions including autoimmune thyroiditis, type 1 diabetes, and celiac disease. Lymphocytic colitis is frequently found in patients with celiac disease. Other cases are found in association with certain drugs (e.g. olmesartan, NSAIDs, ranitidine, proton pump inhibitors, aspirin, sertraline, acarbose, ticlopidine, simvastatin, carbamazepine, lininopril) and some cases are found in postinfectious states. Causality is often hard to establish and reversing any possible risk factor(s) often does not positively affect the underlying disease.

The most practical long-term treatment is with anti-diarrheal medications, loperamide or cholestyramine/colestid, which require ongoing use. Alternatively, anti-inflammatory treatment can considered, with budesonide (Entocort) being the preferred agent at 9 mg PO daily for 2 months, followed by 6 mg daily for 2 weeks, and finally 3 mg daily for 2 weeks. After stopping budesonide recurrence of symptoms may happen relatively quickly or take months to years to reoccur.

Empiric retreatment with budesonide can be considered, titrated to the lowest effective dose that controls symptoms. While budesonide is associated with relatively few steroid side effects, **chronic daily use is nonetheless not recommended**.

Reference:
Nguyen GC et al. American Gastroenterological Association Institute Guideline on the Medical Management of Microscopic Colitis. Gastroenterology. 2016, Volume 150, Issue 1, Pages 242–246.

Cost table (approximate):
Imodium $360 (3 month supply) or $4.00 (typical daily cost)
Cholestyramine $75 (3 month supply) or $0.85 (typical daily cost)
Colestid $44.00-$176.00 (1-4 tab x 3 month supply) or $0.49-$1.96 (typical daily cost)
Entocort $580 (full three month course) or $6.45 (typical daily cost)
**Imodium and Entocort can have a special authority form submitted to have costs applied to yearly Pharmacare deductible.

This referral is <u>DECLINED</u>.

If you would like to discuss this referral, one of our Gastroenterologists is available for phone advice via the South Island RACE program 08:00-17:00 weekdays. This service is accessible by downloading the RACEApp+ on your smart phone.

If you have any questions or concerns, please contact us via fax at 1-888-398-7091.

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