Management of IBD in Asia-Pacific Region

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The incidence and prevalence of inflammatory bowel disease (IBD) in Asia has rapidly increased within several decades. It shows different clinical manifestations and disease susceptibility genes in Asian population than western countries. The strategy of medical management for IBD patients depends on disease activity, location, extension and the potential involvement of other organs. The assessment of these factors allows a tailored therapeutic approach.

5-Aminosalicylic acid (5-ASA) and corticosteroid was the main stay of treatment of IBD. There are many challenges in optimizing its targeted delivery increase 5-ASA delivery to the colon efficiently. The higher dose was more effective achieving remission. The combination therapy revealed a faster clinical response and could achieve clinical and endoscopic healing. Corticosteroid is not recommended for maintenance of remission. Azathioprine/6-mercaptopurin are widely used in the management of patients with IBD. But, it is limited by drug toxicity like bone marrow suppression, hepatotoxicity, and risk of opportunistic infections. Gradual dose adjustment with blood cell count monitoring is essential to reduce complication. Maintaining with low dose of thiopurines can be a great alternative.

Biological agents are effective for induction of remission and maintenance of remission in patients with Crohn's disease and ulcerative colitis. Combined use of anti-TNF agents with immunosuppressives are highly effective when initiated in high-risk patients early in the course of disease. A significant proportion of patients does not respond to anti-TNF agents or lose response over time. Therefore, the comparative effectiveness and long-term safety profile such as risk of opportunistic infection, availability in the country, and cost, as well as patient preferences should be taken into account to help physicians through the decision-making process.

The management of inflammatory bowel disease is complicated, not only for choice of therapeutic regimen, it needed dedicated staffs, interdisciplinary expert team, and proper utilization of medical resources. The standard of care should be supported by local academic societies and interactive educational program for patients should be operated.