Editorial: avoiding corticosteroids in the treatment of inflammatory bowel disease—Author’s reply

We thank Drs Colizzo and Friedman for their editorial regarding our recent publication. Corticosteroids undoubtedly play an important role in inducing remission in moderate to severe inflammatory bowel disease (IBD), but have no role in the maintenance of remission. Drs Colizzo and Friedman rightfully point out that corticosteroids cause significant side effects and that their use is an important predictor of infection and mortality. Data on potential adverse patient outcomes would therefore have been very useful but were unfortunately outside the scope of our study.

Clinicians and patient groups have set the achievement of steroid-free remission as a key outcome measure in IBD. Nevertheless, capture of these data has previously been challenging in routine clinical practice. Using a deliberately simple data recording process, we have demonstrated that measuring steroid use is feasible in routine clinic practice without the need for time-consuming retrospective audit. The importance of considering and assessing this metric is underlined by the fact that we identified a rate of excess steroid exposure within our own patients that was higher than our expectations when we started the study, as well as identifying patients accessing steroids from routes outside of secondary care, including domestic ‘stockpiles’ and primary care prescriptions that were largely inappropriate.

We are grateful for Drs Colizzo and Friedman’s recommendation to consider this approach as a quality metric for inflammatory bowel disease care. Replication and validation of the study approach in other cohorts should be encouraged. We would be especially interested in seeing results from other countries, to assess how health care system design might impact steroid exposure. In particular, it would be of interest to explore our findings of an apparent protective effect of several important but previously untested aspects of IBD service design, including the use of an IBD Multi-Disciplinary Team (MDT).

In our study we adopted definitions of excess steroid exposure drawn from ECCO guidelines. As new treatment options and therapeutic goals emerge in IBD, we need increased scrutiny by, and ideally agreement between, different professional societies on what constitutes excess steroid use. In order to inform this process, and for the sake of our patients, we should routinely record, critically assess and report the use of corticosteroids in our practice of IBD.

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This article is linked to Colizzo and Friedman, and Selinger et al papers. To view these articles visit https://doi.org/10.1111/apt.14399 and https://doi.org/10.1111/apt.14334.

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