

Publication

Appropriateness of therapy for active Crohn's disease : results of a multidisciplinary international expert panel–EPACT II

JournalArticle (Originalarbeit in einer wissenschaftlichen Zeitschrift)**ID** 1197866**Author(s)** Michetti, Pierre; Stelle, Marc; Juillerat, Pascal; Gassull, Miquel; Heil, Franz Josef; Stange, Eduard; Mottet, Christian; Gonvers, Jean-Jacques; Pittet, Valérie; Vader, John-Paul; Froehlich, Florian; Felley, Christian; EPACT II Study Group**Author(s) at UniBasel** [Froehlich, Florian](#) ;**Year** 2009**Title** Appropriateness of therapy for active Crohn's disease : results of a multidisciplinary international expert panel–EPACT II**Journal** Journal of Crohn's and Colitis**Volume** 3**Number** 4**Pages / Article-Number** 232-40**Keywords** Crohn's Disease, Therapy, Steroids, Azathioprine, Methotrexate, Anti-TNF, Pegol

The increasing number of trials testing management strategies for luminal Crohn's disease (CD) has not fitted all the gaps in our knowledge and thus, in clinical practice, many decisions for CD patients have to be taken without the benefit of high-quality evidence. **Methods:** A multidisciplinary European expert panel used the RAND Appropriateness Method to develop and rate explicit criteria for the management of individual patients with active, steroid-dependent (ST-D) and steroid-refractory (ST-R) CD. **Results:** Overall, 296 indications pertaining to mild-to-moderate, severe, ST-D, and ST-R CD were rated. In anti-TNF naive patients, budesonide and prednisone were found to be appropriate for mild-moderate CD, and infliximab (IFX) was appropriate when these had previously failed or had not been tolerated. In patients with a prior successful treatment by IFX, this drug, with or without co-administration of a thiopurine analog, was favoured. Other anti-TNFs were appropriate in the presence of intolerance or resistance to IFX. High-dose steroids, IFX or adalimumab were appropriate in severe active CD. For the 105 indications for ST-D or ST-R disease, the panel considered the thiopurine analogs, methotrexate, IFX, adalimumab, and surgery for limited resection, to be appropriate, depending on the outcome of prior therapies. Anti-TNFs were generally considered appropriate in ST-R. **Conclusion:** Steroids, including budesonide for mild-to-moderate CD, remain the first-line therapy for active luminal CD. Anti-TNFs, in particular IFX as shown by the amount of available evidence, remain the second-line therapy for most indications. Thiopurine analogs, methotrexate and anti-TNFs are favoured in ST-D patients and ST-R patients. (C) 2009 European Crohn's and Colitis Organisation. Published by Elsevier B.V. All rights reserved.

Publisher Elsevier**ISSN/ISBN** 1873-9946**edoc-URL** <http://edoc.unibas.ch/dok/A6008017>**Full Text on edoc** No;**Digital Object Identifier DOI** 10.1016/j.crohns.2009.05.003**PubMed ID** <http://www.ncbi.nlm.nih.gov/pubmed/21172281>**ISI-Number** WOS:000272826900003**Document type (ISI)** Article