Interventions for the Diagnosis, Treatment, or Management of Conditions of the Small Bowel: Guidelines
Research Questions

1. What are the evidence-based guidelines regarding interventions to diagnose conditions of the small bowel?

2. What are the evidence-based guidelines regarding interventions to treat or manage conditions of the small bowel?

Key Findings

Six evidence-based guidelines were identified regarding interventions to diagnose, treat, or manage conditions of the small bowel.

Methods

A limited literature search was conducted on key resources including PubMed, The Cochrane Library, University of York Centre for Reviews and Dissemination (CRD) databases, Canadian and major international health technology agencies, as well as a focused Internet search. Methodological filters were applied to limit retrieval to health technology assessments, systematic reviews, meta-analyses, and guidelines. Where possible, retrieval was limited to the human population. The search was also limited to English language documents published between January 1, 2012 and May 17, 2017. Internet links were provided, where available.

Selection Criteria

One reviewer screened citations and selected studies based on the inclusion criteria presented in Table 1.

<table>
<thead>
<tr>
<th>Table 1: Selection Criteria</th>
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<tbody>
<tr>
<td><strong>Population</strong></td>
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<td><strong>Intervention</strong></td>
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<td><strong>Comparator</strong></td>
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<td><strong>Outcomes</strong></td>
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<td><strong>Study Designs</strong></td>
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Results

Six evidence-based guidelines were identified regarding interventions to diagnose, treat, or manage conditions of the small bowel.

Additional references of potential interest are provided in the appendix.

Overall Summary of Findings

Recommendations for capsule endoscopy (CE) for visualisation of the small bowel are reported in three guidelines.\textsuperscript{1,4,6} When described, the strength of the evidence to support the recommendation has been provided. In these guidelines, CE is recommended for:

- Investigation of the small bowel for patients with current or suspected Crohn’s disease when ileocolonoscopy and other imaging studies were negative,\textsuperscript{1}
- Assessment, but not treatment, of patients with celiac disease with unexplained symptoms and adequate treatment,\textsuperscript{1}
- Assessment of patients with suspected celiac disease who are unwilling or unable to have investigation by conventional endoscopy (strong recommendation, low quality evidence),\textsuperscript{4}
- Only in selected patients with unexplained, mild, chronic iron-deficiency anemia,\textsuperscript{1}
- Surveillance of patients with small bowel cancers who need small bowel studies,\textsuperscript{1}
- “…first-line investigation in patients with obscure gastrointestinal bleeding (strong recommendation, moderate quality evidence),”\textsuperscript{4}
- Overt obscure gastrointestinal bleeding as soon as possible (within 14 days) after the bleeding episode (strong recommendation, moderate quality evidence),\textsuperscript{4}
- General diagnosis of patients with small bowel disease after other diagnostic methods have been attempted.\textsuperscript{6}

Abstracts outlining aims and methodology were identified for three additional guidelines\textsuperscript{2,3,5} regarding the use of CE for investigation of the small bowel. However, because the recommendations were not summarized within the abstracts, the recommendations have not been summarized in this report.

The European Society of Gastrointestinal Endoscopy\textsuperscript{4} recommends “…device-assisted enteroscopy to confirm and possibly treat lesions identified by capsule endoscopy (strong recommendation, high quality evidence).”

References Summarized

Guidelines and Recommendations
PubMed: PM25844340


PubMed: PM23423225

Appendix — Further Information

Previous CADTH Reports

Economic Evaluations
PubMed: PM26355732

Clinical Practice Guidelines – Methodology Not Stated


Review Articles


PubMed: PM24567648

PubMed: PM23840112
Additional References


PubMed: PM26855918


PubMed: PM26755883


PubMed: PM25688052